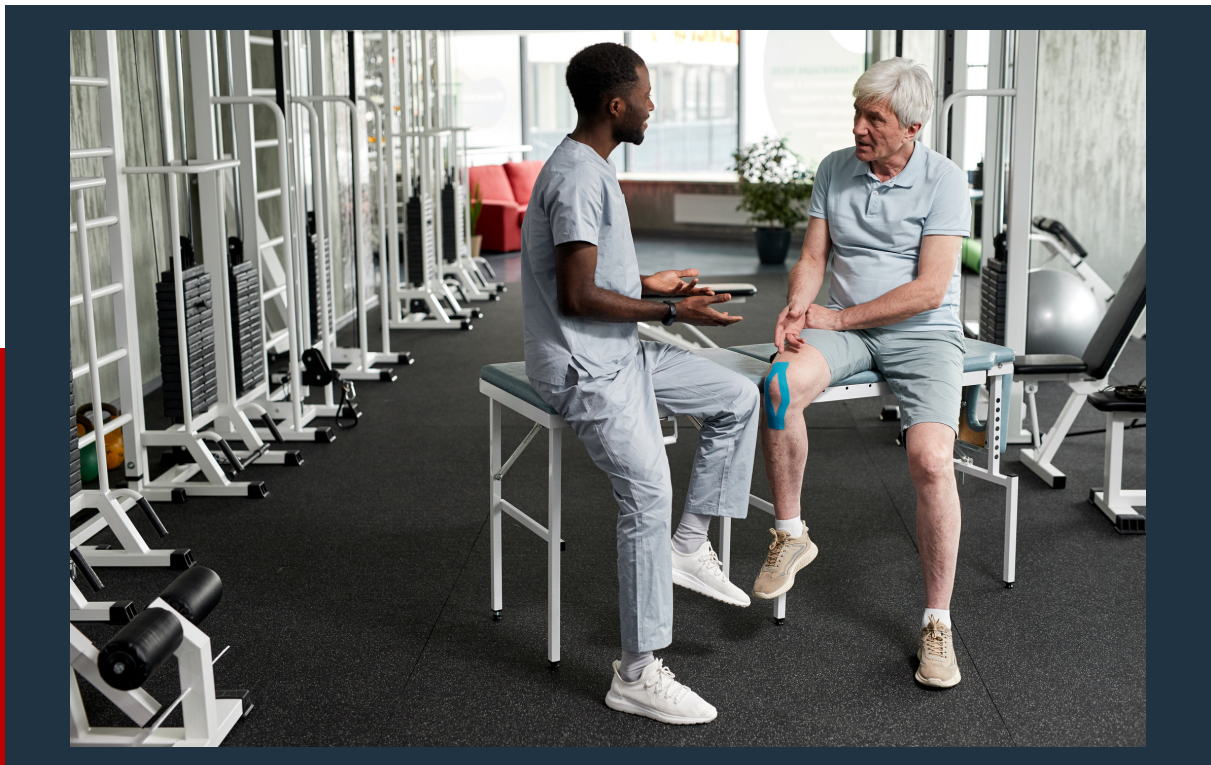




## **4 WAYS TO BULLETPROOF YOUR DOCUMENTATION:**

# **CHANGE HOW YOU THINK ABOUT FUNCTION & EXERCISE**



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## Experience Matters

Since the 1980s, I've dealt with clinical notes as a provider, as a small business owner, and then in a corporate setting.

Whether billing Medicare or managed care, your Plan of Care (POC) and supportive documentation is key to having your hard work and patient care treatments paid for by the insurer.

I have been a physical therapist for 40 years, with 30 of those years being in direct patient care, administration, including billing, collections, and quality assurance. I HAVE SEEN IT ALL.

While I also have a masters and a PhD in business, nothing replaces the years of experience dealing with Medicare, claims and reimbursement...all relating back to the initial plan of care, and how well a therapist documented the path of the patient from evaluation to discharge.



### As a Physical Therapist of 40 years

I thought I knew it all until 2015 when I started training (not treating) seniors. In retrospect, I was way too cautious in my care plans. I was too concerned with their inability to gain strength without causing injury. I was seriously underdosing my senior patients out of concern for their lack of ability to handle "intensity" whether from a movement, a load or the amount of work at the speed I needed them to work.



### As an Educator

Fast forward from educating my therapy colleagues on advances in knee rehabilitation, to training young athletes in a CrossFit gym, to now, training seniors in a functional fitness gym...nothing has changed. Educate, execute.



### As a Coach

My senior athletes are like my kids – I want them to get straight As and excel in Phys. Ed...so when they get a "C", I'm peeved! With my background I can design, execute and manipulate an exercise program and an athlete to achieve the result I want at any level.

And with my experience as a P.T., my athletes not only get my passion for gaining strength and function in life through fitness, but they know I'm always eyeing their gait, how evenly they push "up", and how long they "sit" in the waiting area (vs. stand) before coming onto the gym floor class. Always a P.T.

# Change How You Think



*We've come so far but we have so far to go.*

As a Physical Therapist, you've seen times change. Paper files and pen & pencil documentation has morphed into an electronic medical record with rapid exchanges of information thanks to technology. Our society has changed as well. Americans are weaker, sicker and more in need of our services than ever before.

WE must change how WE think about function and exercise, especially for seniors.

Not only do we rehabilitate through injury, but we have newly added obstacles. The physicality of our society has changed. Especially with seniors. Gone are the days of retiring to travel and do all the things they always wanted to enjoy.

Now, retirement is riddled with medical appointments, labs and medication management.

As PT's we're now faced with new challenges on top of the diagnoses we see:

- Overweight and obesity increases systemic inflammation & pain
- Deconditioning prevents our rehabilitation efforts from fully transferring to daily activities
- Sarcopenia and Dynapenia create delays in our strengthening efforts

What hasn't changed is our job! We just need to be better at it.

## 4 WAYS TO BULLETPROOF YOUR DOCUMENTATION

1. Define the problem(s) and how it relates to the diagnosis & function
2. Establish the Plan of Care
3. Establish the timelines, inclusive of short- and long-term goals
4. Execute & measure

We must approach it differently.

We must think differently about Function and Exercise.

**In residential buildings,  
one flight of stairs could range from 10 to 20 steps.**

**One way.**

**Are you ready to set realistic, and difficult goals  
for your seniors to achieve?**



# Fail to Plan, Plan to Fail..to get paid

Foresight gained by research and study can help you better understand the real-life functional challenges seniors face.



Creating care plans for seniors and documenting treatment that clearly indicates an emphasis toward function and not simply toward a patient's recovery is critical for success.

A clear and concise plan of objectives and ways of attaining superior functionality not only substantiates your treatment guaranteeing payment, but also contributes toward a 5-star customer service rating.

Plans of Care that ensure success and reimbursement by the payor need only 2 things:

1. Medical Necessity
2. Objective Functional Measures

## Medical Necessity

Generally, the determining factors for medical necessity are:

1. ICD-10 diagnosis
2. Impairment that correlates to the diagnosis
3. Services or treatment require the skills & knowledge of a qualified clinician
4. Interventions being provided are appropriate for the patient's condition, alleviating symptoms & **improving functionality**

## Objective, Functional Measures

Documentation of comparable **objective, functional measures** plays a key role in demonstrating medical necessity.

Many managed care and private insurance plans outline in their contracts that care and treatment plans must be patient-centered and consider the individuals needs including environmental factors.

Keeping your long-term goals at the forefront of your care plan can help reviewers see the reimbursable reason for your choice of treatment.

Now, you might say, **“But Ed, what about my artistic efforts in EXECUTING that plan of care that led to the great outcomes? Doesn’t that count? “**

Of course it does. And it will be validated by your **objective, functional measures**. Fear not!

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## Plan to Succeed... and get paid

Next, let’s look at how objective, functional measures can be improved through:

- questioning the patient
- creatively and ambitiously establishing a care plan, and
- meticulously measuring and retesting your patient’s level of functional progress

## Change how you think

Using one of the most common orthopedic complaints we see...knee pain can be a very limiting factor in a seniors’ ADLs. It’s crucial to identify these limitations and how the affect function. Then, build your POC around those findings. Not only does the payor mandate continued and documented progress toward positive outcomes, but our seniors deserve the highest degree of independence and quality of life.

Have your patient care plans, or daily progress notes ever been audited? Or worse, were you or your organization ever placed under Medicare’s Claim Review Program? If the answer is “yes”, I’m hoping you passed without any denial of claims.

+++++ ++



***Knee pain can be a very limiting factor regarding a seniors’ ADLs.***

And if the answer is no, let's bulletproof your work so that you have no fear of having your notes audited!

Back to the knee patient example...

**Ask yourself:**

- Do you consider straight leg raises and short arc quadricep exercises functional in the rehabilitation process?
- Are they truly functional or are they introductory accessory exercises needed prior to beginning true functional movements?
- Does an improved manual muscle test of knee extension progressing from a 3/5 to a 4/5 indicate functional improvement?

It's allowable, but specifically, does it show function?

While the documentation of the manual muscle test for knee extension example is an acceptable note, adding how it relates to improved function or ADLs will improve your note and tie together your goal of this skilled care plan for your patient. For example, related to those 10-20 flights of stairs up and down, a few times a day.

It also provides an extra layer of protection from a denial or request for review.

**#bulletproof**





## — Objective, functional measures related to daily chores

### Questions to ask/assess

- Does the patient live independently? With/Without a spouse? Roommate?
- Can they navigate a 16-inch shower tub to bathe?
- Can they vacuum and/or mop?
- Can they climb a ladder to replace a lightbulb or dust a ceiling fan?
- Can they bend to feed/pick up their pet?
- **Can they carry a laundry basket full of clothes to the washer/dryer (or washer/dryer “room” if in a condo or apartment with shared facilities)?**
  - *We'll use this as our example*

### Translate problems to plans

- If laundry is the task, consider the weight of the laundry basket and if strength is sufficient to safely pick up & carry
- If the washer is front loading, does mobility in the LE's and/or low back play

a role in achieving this necessary ADL

### Create short- and long-term goals.

The POC will effectively navigate the challenges and timelines involved in performing the ADL: laundry. Beyond the physical demands of loads, describe trouble shooting basket placement & how often the chore is performed to reduce excessive and unachievable weight limits.

Half kneeling is necessary for this task but list how many other functional movements & ADLs, including arising from the ground, are achieved from the successful completion of this goal.

Clearly defined goals with assigned timelines are not only mandated by insurers but seniors love the challenge!

**You CANNOT underestimate your senior patients.**

## — Objective, functional measures related to driving

### Questions to ask/assess

- Does the patient live independently? With/Without a spouse? Roommate?
- Do they drive?
- With/without adaptive upgrades to their automobile, can your patient drive in their current state of health?
- Do they have the mobility and transfer capabilities to navigate the “ins” and “outs” of transportation?

### Translate problems to plans

- Regarding transportation, if restricted to a wheelchair, upper body strength, body awareness & LE ROM are critical considerations
- If the patient is not wheelchair bound, gait and navigating to & from a vehicle must be addressed

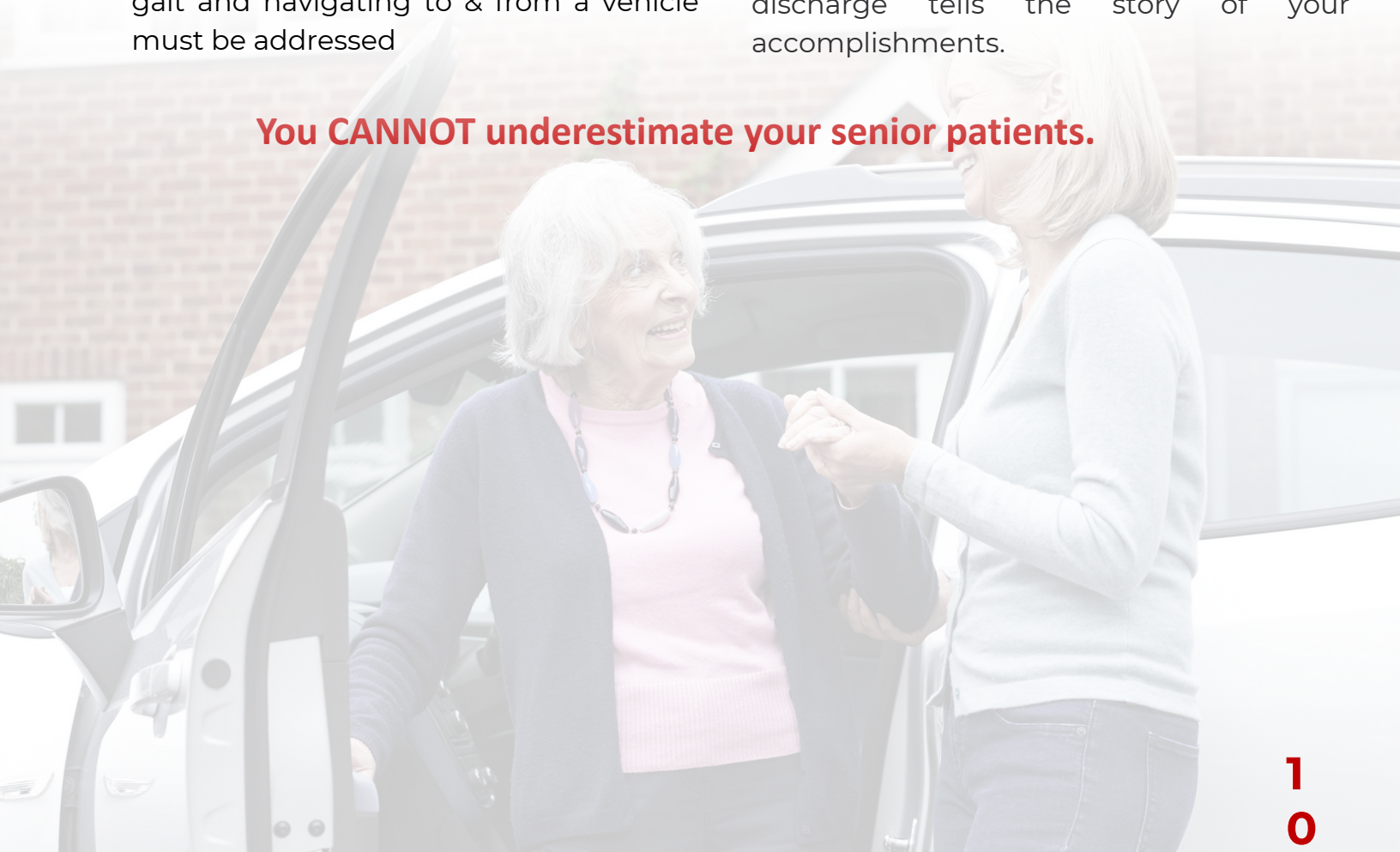
### Create short- and long-term goals.

Transportation for seniors is crucial, specifically to & from medical appointments. Transfers in and out of an automobile are difficult and require practice. This task generally requires a less spacious area to move.

The POC and goal setting for this ADL need to document the necessary steps. Include exercises and skills to be performed as part of a HEP.

Your goals with timelines hold you and your patient accountable and show considerations to the insurers. Your documentation from evaluation to discharge tells the story of your accomplishments.

**You CANNOT underestimate your senior patients.**



## — Objective, functional measures related to climbing stairs

### Questions to ask/assess

- Does the patient live independently? With/Without a spouse? Roommate?
- Are there stairs where they live? To the house? In the house? How many?
- How high are the steps?
- Are they carpeted or wood/vinyl?
- Are there handrails that allow for assistance?

### Translate problems to plans

- Consider how balance is a factor with strength deficits
- Plan to address the deficiencies of balance & LE strength with how you plan to improve
- If handrails exist, UE strength must also be addressed

These questions, among many, begin to clearly define what is necessary to successfully overcome stair climbing and thus lead an independent life within and outside the confines of the patient's home.

### Create short- and long-term goals

The goals will obviously call for closed kinetic chain, weight bearing exercises to be performed with or without the use of support, depending on the characteristics of the home.

The POC must address appropriate hip mobility, bilateral LE strength & balance and cardiovascular endurance to conquer his/her ADLs in a timely manner. It's your job to outline these steps, inclusive of timelines, and document how you will execute the POC.

**You CANNOT underestimate your senior patients.**

## A Broad Perspective

Healthy aging, as defined by the World Health Organization, is **“the process of developing & maintaining the functional ability that enables wellbeing in older age”**.

The world is getting older... globally, the number of people over the age of 60 is predicted to increase from 12% to 22% by the year 2050.

Demographic changes with the world's population become an incredibly important issue when discussing the role of **physical function and mobility**. Limitations in physical function and mobility increase fall risk, hospitalizations and mortality. Physical limitations also decrease quality of life and wellbeing.

Most ADLs are complex and require significant ROM & strength, balance, neuro-proprioceptive training, and some minimal standard of cardiovascular capacity.

Clear & concise documentation and implementation of the POC will:

- pave the way towards your patients' functional goals, and
- substantiate your services

The Centers for Disease Control, CDC, reports on the 6 domains of functioning that include:

- Seeing
- Hearing
- Communication
- Cognition
- **Self-Care**
- **Mobility\*...our specialty!**

*\*The CDC's definition of mobility as it relates to functional limitations “assumes” the following: balance, strength, locomotion, ascending, descending, propulsion, pulling, pushing,*

**Mobility limitations** are prevalent in older people affecting 35% of people aged 70 and most people over 85. **Losing mobility destroys function.**

# RECAP

## **4 WAYS TO BULLETPROOF YOUR DOCUMENTATION BY CHANGING HOW YOU THINK ABOUT FUNCTION & EXERCISE**

1. Define the problem(s) and how it relates to the diagnosis & function
2. Establish the Plan of Care
3. Establish the timelines, inclusive of short- and long-term goals
4. Execute & measure

All while thinking differently about the senior population. With declining health and ability, our jobs are harder. We will have to elevate our expectations in order to overcome both their limitations and their lifestyle. Expect more of them and you will see them rise to the occasion.

Our specialty is caring for old people! We love them & we care about them. Improving function and being able to define it in measurable terms is critical to their happiness and to successful living. Your role as their patient care provider is to optimize their functionality as well as to get paid for your services. Creating an active, multi-joint or compound exercise program that mimics daily tasks and other movement patterns is key.

Programs, active tests and treatment sessions that quantify sit-2-stands or squatting, speed during gait, picking objects off the ground or deadlifting, pushing objects overhead or pressing are all examples of multi-joint, progressive functional exercises that imitate many of the daily activities our patients need to safely navigate their life. Become an expert who develops and leads a senior patient through challenging rehab goals. Quantify these training exercises with a continual focus on functionality by making your care plans progressionary with a documentation trail that paves the way toward success in their daily activities at home, work & play.

Your patient's will admire and appreciate your creativity and care.



## STAY IN TOUCH WITH US!

We're a small business without a lot of layers between us and those we help. We're passionate about senior health and fitness. We are seniors, after all! We see where we want to be when we're 80 and how to get there. And in both our professions, we can create positive change in the lives of seniors, and we want you to feel that level of insane satisfaction that you made a difference, too.



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Our new educational platform is in its infancy stages, but you can find us here: <https://grandmastersrxpro.com>

And our gym is here: <https://gmrxclearwater.com>



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