



What's in a soap note- Part 2 – Objective Exam

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It's important to understand and properly document all aspects of a patient encounter. The bottom line is that you must show medical necessity. That is the Medicare way and all other carriers follow suit.

My goal with this lesson will be to show what basic aspects of the visit should clearly be documented. Anything additional you would like to include is typically alright, however I caution you to be careful when documenting exams not widely accepted and understood by all flavors of healthcare.

The Objective exam can consist of many types of testing and retesting to check for differences and improvements. In this lesson I am focusing on what exams to check in a typical follow up visit.

This is a difficult lesson to teach because everyone does exams and follow-ups differently. I will attempt to stick with the general approach to Objective exam. Objective exam is also difficult because there is no cut and dry number of items you must document to be compliant. Essentially it is very subjective since some could say simply listing 'cervical shows stiffness' would be the same as 'C1, C2 and C3 on the right show stiffness today'.

Generally speaking we want to be consistent with the items we check and document here. If a patient has neck pain, we want to check ROM, swelling, stiffness, muscle tension, etc. We also want to make notes of differences for each visit and approach the documentation slightly different each time. The nature of Chiropractic is repetitive, however your job is to change this up so you don't have 10 soap notes that all look like this: Swelling and stiffness in C1, C2 – The end.

Keep in mind that every day your notes should show medical necessity for the services you provide. There are some gray areas and you can push the envelope on extra services, however, those of you that do this often should pay extra attention to the medical necessity side of your documentation.

I want you to take away that Medicare wants you to check muscle findings along with your typical segmental areas checked. The choice is yours of course; however, briefly discussing muscles found close to a problem area of the spine is a quick and easy way to expand this area of your daily notes and improve your documentation.

Let's see an example of a proper documented Objective below. Keep in mind I am covering just a standard follow up visit as we will cover initial exam findings in another lesson.

Palpation Exam:

Asymmetry, edema and hypertonicity were found in the upper cervical region (specifically C2 and C3 on the right side). Swelling, tautness and tenderness were also noted in right C2, C3. Motion palpable fixation, muscle spasm, weakness was found in left trapezoid muscles.

The daily Objective doesn't have to be complicated. The challenge, as I already hit on, is how does this compare side by side against the 10 or 20 follow up visits you have between the exams? Do they all say the same thing? Are they simply a copy of the prior note? In the software notes world this can sometimes happen automatically for speed, however, you **MUST** change every day's visit objective so they are not identical.

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