



Please Lend Us A Hand

The evaluation of impairment of complex upper limb injuries can be tedious, not only for the evaluating specialist, but also anyone in the system required to read the report. Fortunately, the *AMA Guides to the Evaluation of Permanent Impairment, 5th Edition (the Guides)*, provides on pages 436-437 a worksheet. This worksheet serves to save time and reduce error for the evaluator, and also provides an easy-to-follow summary of the impairment for the reader. So, when evaluating impairment of an upper limb injury which involves the hand, multiple joints, or includes impairment due to amputation, vascular disorders, or peripheral nerve disorders, please use this worksheet and submit it with your report.

"If it's Not Documented, it was Not Done"

We've all heard this dictum at some point in our training or practice, usually in reference to documenting a part of a procedure, an examination of a body part, or instructions to a patient. It implies not documenting what was done might give rise to allegations of error by omission.

Let's look at it from a slightly different perspective- that of the examinee's "experience", or perceived interaction with the doctor. There are elements of the interaction which should not only be done, but also documented by the practitioner as a matter of sound professional practice. These elements, and examples of associated dialogue, are discussed below:

- 1. Documented element:** Purpose and limits of the encounter. (*Who requested the examination, and why*)
Sample dialogue: "I understand you've applied for Permanent Total Disability with the Industrial Commission (IC). They've asked me to review your records, examine your low back and left shoulder and send them a report of what I see."
- 2. Documented element:** Experience, training, qualifications, and preparation of the examiner.
Sample dialogue: "I am Dr. Smith. I'm a board-certified orthopedic surgeon. I've been in practice 20 years. I've had experience with a lot of cases like yours, and so the IC selected me to do your examination. They've provided me with your records, which I reviewed before I came in to see you."
- 3. Documented element:** Relationship between the examiner and the examinee (no doctor-patient relationship).
Sample dialogue: "Because of the type of this examination, I can't become your doctor or give you any medical advice."
- 4. Documented element:** Providing a chaperone for the encounter, and/or allowing a family member to be present.
Sample dialogue: "Your wife is welcome to stay in the room while I talk to you and examine you. My assistant, Tracey, will also be with us."
- 5. Documented element:** What the examination will consist of, and the need for disrobing if necessary.
Sample dialogue: "I will need to look at your back, your legs, and your shoulder. I will check your reflexes, strength, and sensation. I will ask you to walk, and to move your back and shoulder as best you can. To accomplish the exam, I'll to step out and let you get changed into this gown."
- 6. Documented element:** Inviting dialogue during the encounter in the event of discomfort or uncomfortable feelings.
Sample dialogue: "I don't want you to feel uncomfortable or have any discomfort during the examination. If you feel like you can't do something, or have any discomfort, please let me know right away, and I will stop."
- 7. Documented element:** What will be done with the information obtained during the encounter.
Sample dialogue: "After I am finished examining you, I will make a report. I'll send my report to the IC, where it will be made available to you and your representative."
- 8. Documented element:** Infectious disease precautions.
Sample dialogue: "The staff has disinfected this area, and I will wear a mask during the examination, for your safety, and the safety of the staff and their families. I will confine my examination to your back, shoulder, and legs, and work through it thoroughly, but as quickly as I can, again, for your safety."
- 9. Documented element:** Inviting questions about the encounter to assure understanding.
Sample dialogue: "Did you have any questions? Is there anything else you would like for me to know?" *
- 10. Documented element:** Consent for the examination and the right to refuse any or all of it at any time.
Sample dialogue: "Are you OK with me going ahead with the examination? Again, please let me know if you are uncomfortable with any part of it, and I will stop." *

*Note: some examiners ask for a signed acknowledgement of understanding and consent.

Using this type of dialogue in the interactions with those you examine will help to bring a greater sense of professionalism and comfort to the encounter. However, to avoid ambiguity regarding the mutual understanding of the nature of the interaction, it is essential you document the elements of that conversation.

MediScene Review Questions

You read the content, now earn some credit!*

DIRECTIONS AND SUBMISSION

After reviewing the material in the newsletter, please fill in your name, date, time spent on the activity, and your answers to the review questions.

When completed, you may print this page and fax it to 614-466-1051, attention Medical Services, subject "MediScene Review Questions", to be placed in your file and held for your future reapplication. Alternatively, you may save your completed form to your computer by choosing "Print", and then choose "Destination" as "Save to PDF". Please email the saved document as an attachment to medical.services@ic.ohio.gov, subject line "MediScene Review Questions".

Your Name: _____

Time Spent on CME Activity: _____

Date: _____

(Maximum 30 minutes)

MEDISCENE REVIEW QUESTIONS, FEBRUARY 2022 - ISSUE 2

- It is beneficial to the evaluating specialist, and to the reader of the report, to utilize the AMA Guides worksheet for complex upper limb injuries, and submit it with the report. Complex upper limb injuries, for the purpose of IC PTD examinations, include:
 - A. Compound fractures
 - B. Multiple joint injuries
 - C. CRPS
 - D. Shoulder replacement
 - E. Amputations
 - F. Peripheral nerve injuries
 - G. Vascular disorders
 - H. Repeat carpal tunnel surgery
 - I. Any hand injury
- Routine documentation at the time of service is best practice for avoiding misunderstanding regarding perception about what occurs during an interaction.
 - A. True
 - B. False
- The following behaviors are considered standard professional practice during interactions:
 - A. Introducing yourself
 - B. Explaining your understanding of the purpose of the interaction, and the relationship of those involved
 - C. Having others present for verification of the nature of the interaction
 - D. Explaining what will occur during the interaction, and agreeing on parameters
 - E. Inviting mutually constructive communication
 - F. Describing safety measures
 - G. Asking permission
 - H. Checking for understanding
 - I. All of the above

*NOTE: This activity is not a certified AMA category 1 activity, and so it cannot be used as credit toward medical board licensure in Ohio. However, it can be used toward the Ohio Industrial Commission requirement for continuing education credit specific to impairment rating, at the time of your five-year application for reappointment to the specialist examiners' panel.

ANSWERS: 1. B,C,E,F,G,I; 2. A; 3. I