



Interpreting Physical Therapy Notes

Written by: Physical Therapy Expert Witness

[Expert No. 3269](#)

Sending a patient to physical therapy does not always guarantee that they are going to receive the same treatment. In fact, the same patient with the same diagnosis sent to varying practices most likely will receive a variety of different treatment techniques. While all aimed at decreasing pain, increasing strength, and improving the patients' function, each therapist has their own different methods and techniques in which they feel will lead to the patient's recovery. Even when different therapists see the same patient in the same therapy practice, they often come up with a different plan of care for the patient to follow.

Some therapists may choose a modality oriented therapy approach, while others advocate exercises. Some therapists are overly aggressive with their patients and some insist on passive therapies. Many work injury patients endure an industrial rehabilitation approach while others go through more hands-on therapy. Most therapies have been proven to be successful and often if one approach is not working the therapist will switch gears to concentrate on a different technique. No one can say for sure which therapy technique would be most appropriate until the patient begins therapy.

Since there are so many different types of physical therapy, all aimed at accomplishing similar goals – often it is difficult to determine whether or not the therapy that the patient is receiving is justified, necessary, and appropriate.

Reading therapy notes

Scrutinizing Physical Therapy notes is an expected part of an expert witness job when reviewing medical files. The expert might need to estimate return to work dates or provide assistance in preparing for trial. All too often this task becomes a struggle as medical terminology, medical abbreviations and what appears to be pure hieroglyphics get in the way.

Most physical therapy notes are written in a basic S.O.A.P. note format. The S.O.A.P. standing for Subjective, Objective, Analysis/Assessment and Plan. While not always defined by the letter, most PT notes will contain the S.O.A.P. information within the note. The expert should be able to not only read the note, but interpret whether the correct course of action is being followed.

S = Subjective: This is the information that the patient tells the therapist. For example, "I had a much better night sleep last night" is a subjective comment made without any therapist interpretation. There should be no analysis or interpretation in this section. Try to look for the subjective portion of the note to be specific, such as "Pain = Level 4/10 or patient states he has made a 30% improvement overall". The more specific this section of the note is, the easier the patient's subjective input will be to follow throughout the course of their therapy.

O = Objective: This is the section of the note where any concrete measurements and treatments performed are recorded. This is the non-disputable portion of the record. For example, an objective section might state 1) Worked on proper positioning for sleeping 2) Lumbar flexion to 45 degrees today 3) Ultrasound 1.5 w/cm² for 10 minutes to lumbar spine with patient in prone. This section must be specific enough for another therapist to pick up and treat the patient should their treating therapist be out for the day.

A= Analysis/Assessment: In this analysis section, the therapists put their own thoughts in writing, such as "Patient appears to be improving" or "question patients' compliance with home program". None of this information came directly from the patient, but is extremely relevant as this section can tell you what the therapists' impression of the situation is. The case manager should look for functional statements that may help determine if the therapy is appropriate. "Tolerated treatment well"... is a commonly used waste of words. It is nice to know that the patient tolerated that day's treatment well, but what is really important is whether or not the patient is progressing through the overall therapy plan.

P = Plan: This is where the therapist writes what they would like to do going forward. If the treatment is to continue following the original plan from the evaluation/plan of care, then it might just say "Continue with current plan". If the therapist would like to change a course of action, you might see "Begin more functional lifting activities next visit" written in this section.

As reimbursement issues have decreased the time a therapist is allowed to spend with a patient, note writing has taken a turn for the basic. Now pressed for time, the therapist must write only the basic details in a note – often using charts and flow sheets to reduce the time spent writing a note. These charts and graphs can often be more helpful than sheets of writing in interpreting a physical therapy note.

While a perfectly legal (but non-functional) therapy note might read:

S = Better.
O = US, Massage, Hamstring stretch
A = Tol. Well
P = Cont.

A good, functional therapy note should read more like this:

S = Pt. States that he was able to lift his 20 pound son last night. He rates his pain at a 3/10 and feels he has made 60% improvement overall.
O = 1) Interferential electrical stimulation 80-150Hz X-set up through pain x 20min. in prone.
2) Educated patient on good body mechanics with 10lb. Box lift. For 20 reps.
3) Prone lumbar extensions x 30 reps.
A = Appears to be muscular, patient responding well to treatment, patient appears compliant with home program.
P = Continue therapeutic exercise progression towards work simulation. Caution – patient needs constant verbal cueing with body mechanics.

While reading through the physical therapy note, it is helpful to understand the PT terminology and 'short-hand'. While there is no official standard in PT note writing, many PT's have adopted some of these common abbreviations. In recent years of declining reimbursement, PT's have more patients on their schedules and have less time to write, therefore, they have come to rely more and more upon some standard abbreviations to speed up their note writing. Electronic records often adopt these abbreviations.

Often terminology is used interchangeably although often has different meanings. The Dictionary of Occupational Titles (1) has standardized industrial rehabilitation terminology by providing the following definitions for work restrictions:

| <u>Work Restriction</u> | <u>Lifting Max</u> | <u>Carrying Frequently</u> |
|--------------------------------|---------------------------|-----------------------------------|
| Sedentary work | 10lbs. | 10lbs. |
| Light work | 20lbs. | 10lbs. |
| Medium work | 50lbs. | 25lbs. |
| Heavy work | 100lbs. | 50lbs. |
| Very heavy work | Lifting over 100lbs. | |

Time restrictions have also been standardized: (1)

No restrictions

Occasionally – activity or condition can be performed up to 1/3 of the time

Frequently – activity or condition can be performed from 1/3 to 2/3 of the time.

Constantly – activity or condition can be performed 2/3 or more of the time.

A therapist using these standardized terms when addressing a patient's ability to return to work will help decrease the chance of any communication problems between the therapist, case manager and employer.

Looking for Function

Medicare requires that all physical therapy performed on a patient be intended to improve the patient's function. Physical therapy note writing must reflect function in order for the physical therapy to be reimbursed. In order to determine whether a course of therapy is appropriate for a patient, make sure that the therapist is using return to function as their guiding light during the therapy.

A therapy evaluation, while noting objective physical findings should also note functional limitations.

For example:

Physical Findings

2/5 ant. Tibialis strength

10 deg external rotation of shoulder

Functional Limitations

Cannot clear foot while walking

unable to elevate arm past shoulder level and unable to perform overhead work duties

The therapist should be able to translate the functional limitations into specific goals of therapy. Therapy goals should be reasonable, related to function and easily understood. There must be an expectation of return to function in a reasonable period of time.

For example:

Functional limitations

Cannot elevate arm past

Shoulder level

Functional Goal

Elevate arm to dress self independently by 2 weeks

The therapist should then translate the goals into effective treatment programs.

For example:

Functional Goal

Treatment

Elevate arm to dress self

Shoulder mobilization, shoulder range of motion

Independently by 2 weeks

home program, modified lifting techniques for work

The therapy program should be continually heading towards the original functional goal. For example, a physical goal might be to reduce a patient's pain, but the functional goal should be to return them to lifting 25 pound boxes at work. Although often important to achieve the physical goal before achieving the functional one, the therapist should be always keeping the functional goal as a part of the design of the treatment program. In our example, even though the patient is experiencing a pain level of 5/10, they may still be able to perform lumbar stabilization exercise in an aquatic therapy pool or practice good body mechanics with an empty box. It is important that the treatment being performed be oriented towards achieving a functional outcome.

Red Flags

Repeated treatments over and over with little to no improvement should be a red flag for the expert witness. Ultrasound, when used appropriately can be a tremendous asset to a therapist, but once the patient progresses to a more active phase of therapy, ultrasound treatments can usually be discarded. Continuous hands-on treatments like massage can be abused if they are not used concurrently with an active or exercise oriented treatments. Often patients, who like the feel of the massage during the treatment, will resist doing the active (harder) therapy. Massage techniques should not be allowed to continue indefinitely without the addition of muscular strengthening activities.

Poor demonstration of compliance by the patient should be another cause for concern. The therapy clinic should be documenting both the attended and the missed treatment visits. If the therapy is ordered 3 times per week and the patient is missing every other appointment, then the course of therapy is being severely limited by the patient, and a positive outcome will be harder if not impossible to achieve.

Therapy at home should be an extension or addition to what is performed in the clinic. Question a therapist who does not issue a home program of exercises and/or activities for the patient. A therapist who sees a patient for 3 hours per week cannot expect to make permanent lifestyle changes with the patient unless they are incorporating some of what the patient is doing in therapy into their home environment.

Most importantly, watch therapy documentation for signs of improving function. For example, if difficulty sleeping is presented as a problem, then some position education and a cervical pillow would be appropriate therapy aimed at getting an improved functional outcome. The therapist might be contributing to the patient's problem by not addressing sleep as a functional issue. If all of the therapy is aimed at the patient's pain, then it is likely that functional issues are being missed by the therapist.

The Importance of Communication

The physical therapist is highly trained to design often complex treatment programs that must take into account physical and functional goals, including return to work goals. In addition, it is important to realize that the program that has been designed also reflects the patient's past medical and psychological history as well as tissue healing time. Ligamentous injury may take 3 to 6 weeks to heal, muscle tissue may take 2-3 weeks, and bone injuries can take up to 12 weeks for the tissue to heal enough to start an aggressive rehabilitation program.

The benefits of a highly involved communicative case manager and physician are felt by the therapist, the employer and most importantly the patient, helping them to achieve the best possible outcome. When reading through PT notes – look for active communication with the referring physician.

Physical therapy notes can provide attorneys and expert witnesses with insight into the patients subjective complaints and objective function during specific dates of service. Understanding how to read physical therapy notes can help unlock important information in the patients' medical care.

Bibliography

1. Dictionary of Occupational Titles, Vol. 1, US Department of Labor, NTC Publishing Group, April 1992.

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Noise: A Worldwide Problem Requires Legal Assistance

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That our society is becoming noisier and that more people are being disturbed by noise is evidenced by the growing number of books, chapters and articles being written about noise and their call for greater quiet in our lives. In 2010, the New York Times reviewed three books dealing with noise and the quest for quiet and I contributed a chapter on noise to two books dealing with environmental issues, as well as an article on noise to The Corsini Encyclopedia of Psychology (Weiner, I. B. and Craighead, W. E., 2010). Additionally, the United States Environmental Protection Agency has recently added a noise section on its website <http://www.epa.gov/air/noise.html> in the last few years other books have been written about noise; noise chapters are increasingly appearing in books dealing with environmental hazards; and the media has paid close attention to stories addressing the harmful effects of noise on people. The books, chapters, articles and media stories on noise speak eloquently to the adverse effects of noise to people's mental and physical well-being. However, actions to lessen the din have not followed this greater awareness that noise is hazardous to health.

The United States government, in passing the Noise Control Act in 1972, acknowledged its responsibility in protecting Americans from the harmful effects of noise. The Office of Noise Abatement and Control (ONAC) was established in EPA to carry out this responsibility. In the 1970s ONAC published pamphlets designed to educate Americans about the hazards of noise and to inform them about ways to protect themselves from noise. The Federal government put pressure on other agencies, e.g. Federal Aviation Administration, to regulate noise emissions and assisted States in their noise abatement efforts. However, former President Reagan was permitted to curtail the funding of ONAC and the Congresses and Presidents that followed have not acted to fund this office despite the fact that the Noise Control Act still prevails. President Reagan believed that noise pollution was a local issue but, unfortunately, for the most part, the States did not treat noise abatement as a high priority.

The years passed and noise increased as did the noise complaints of citizens, especially those living near airports and in large cities, who were being exposed to more and more noise. Additionally, anti-noise groups were formed and the internet provided the opportunity for citizens worldwide to express their concerns about the dangers of noise. Some cities responded to the citizen cry for noise abatement and in 2007 New York City revised its thirty year old noise code which, at the time it was passed, demonstrated the city's concern about noise impacts. In London last year, the citizens were successful in stopping the addition of a runway to Heathrow Airport. Acknowledging that the "...problems of noise are likely to become more pervasive and lower the quality of life for everyone," the Report entitled [Technology for a Quieter America](#) (The National Academies

Press, Washington, D. C., 2010) looks at the sources of noise, efforts to reduce noise emissions, and reviews federal, state and local noise regulations.

When ONAC was established under the Noise Control Act of 1972, there were studies that linked noise to health and these were cited in ONAC's publications. However, today the scientific studies linking noise to adverse mental and health effects have grown considerably. Despite these studies, the many articles and chapters on noise in books and magazines, and the media's increased interest in noise pollution, too little is being done to "stop the noise." I have often analogized the smoking/health link to the noise/health link in that there were those people who called for smoking restrictions back in the 1950s, as there are today calls for noise abatement, but there were too many people who stated sixty years ago that there was not enough evidence to support a correlation between smoking and respiratory disorders, as there are those today who want less restrictions placed on noise emissions. To those who not yet convinced that noise is deleterious to health, I quote Dr. William H. Stewart, former U.S. Surgeon General, who said the following at a 1969 Conference on Noise as a Public Health Hazard. "Must we wait until we prove every link in the chain of causation.....To wait for it is to invite disaster or to prolong suffering unnecessarily."

I believe that while the research on smoking and health impacts moved us toward smoking bans, the lawsuits against the cigarette industry helped as well. Lawsuits by individuals damaged by years of smoking also contributed to a greater recognition that smoking was harmful to health. Thus, I believe lawsuits against noise offenders will help bring about more noise control laws and regulations. Although I have participated as an expert witness in cases involving noise intrusions, e.g. motocross raceways, wind turbines, lawsuits involving noise are still few in number, but more attorneys have been contacting me lately asking for my opinion on noise matters. Thus, I write this article to encourage the legal profession to look more closely at inquiries about noise disturbances and consider taking the cases of those beleaguered by noise. In so doing, they won't only help to lessen the stress and discomfort of their clients, but such lawsuits will support efforts to abate the noises around us, and in turn, provide a quieter and healthier environment for all the citizens.

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Navigating Marine and Marine Terminal Litigation

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The Court Systems and Types of Actions

Successful waterfront or intermodal transportation litigation involving personal injury, vessel/equipment damage or loss, and cargo claims requires knowledge of the laws and venues covering the industry.

First comes Admiralty Court. This venue is based on international treaties, many going back centuries, and updated at the UN in the recent past. Maritime matters are treated differently than normal litigation because of jurisdiction. The admiralty system is designed to allow the adjudication of legal matters across both national and state boundaries using a court system established at the federal level.

Workers Compensation statutes covering all seamen and most, but not all, waterfront workers has evolved with the same jurisdictional considerations as Admiralty Law. Waterfront workers pass constantly from dock to ship across international boundaries when boarding foreign flag vessels and often state lines on American vessels registered in another state.

An important caveat in waterfront workers compensation is which workers are covered by federal WC regulations and which workers are covered by state act. Add to that the fact that some state WC law allows for dual federal and state coverage and the need for determining the proper venue can be an initial point of contention.

Liability cases brought by truck drivers, terminal visitors, shipping line crewmen or shore side personnel, government agents (customs, immigration, agriculture, etc.), vendors, sub-contractors, and employees not covered by federal statutes are matters before state courts. Actions of this nature are widespread but mostly narrow in scope. An example is an injured security guard working as a sub-contractor for a terminal operator bringing an action against the stevedoring company and vessel owner. A very simple example is a truck driver hitting a pot hole.

Concerning liability actions, and worthy of special mention is that; while federally covered employees are prevented from suing their employers in cases of injury, there is no prohibition against suing a third party. In almost all cases of serious injury the injured person or their estate initiates a “third party action(s)” that can proceed against any entity even remotely connected to the operation at the time of the accident. Vessel owners, charterers, operators, agents, gear manufacturers, cargo handling equipment manufacturers, agents of foreign equipment manufacturers, cargo manufacturers or growers, lashing equipment manufacturers, container manufacturers, container leasing companies, chassis leasing companies, and trucking firms are just a few of the types of businesses named in these very broad actions. Defendants in these cases or their insurers initially seek summary dismissal. Failing that they attempt minor settlements. Failing that calls for a full legal defense. One complication is that defendants in these actions often point fingers at other defendants.

Complicating an already complicated process is the special status the marine terminal and ship repair industries have been accorded by the Departments of Labor, Commerce, and Homeland Security. There are two industries that have their own OSHA Standards. One is Marine Terminals/Stevedoring/Shipbuilding and Repair. The other is mining. The most important difference when it comes to litigation involves understanding and applying OSHA Standards. Employing the proper standards or violation of standards is often a major aspect of the plaintiff’s or a defendant’s case. Adherence to United States Coast Guard Regulations may be of equal or greater importance depending on circumstances.

Finally the accident or damage may have occurred many miles away from the ship and marine terminal. An example is a truck driver hurt while opening a container door that was sealed across the sea, passed through the terminal without being opened, only to have the cargo collapse on the driver far inland. This is an intermodal accident whose roots go all the way back to a foreign manufacturer. The driver would have redress against the manufacturer’s assets in the United States and possibly against the facility where the injury occurred.

The Roll of the Industry Expert Witness

As with everything in life there are good expert witnesses and poor expert witnesses. Verdicts and Settlements often swing on the reputation and level of expertise of the witness. Having a good operations expert witness is akin to having good medical.

The better witnesses will discuss the basic case before becoming part of the team. If the expert agrees your case has merit he will say so. If your client is in the wrong the witness will say so as well, and may offer ways to minimize the loss. Good expert witnesses may refer you to another expert who would be more helpful and/or provide the names of good experts in other fields. The good expert witnesses in maritime declines cases in order to maintain their reputations. Should none of us take the work, with some explaining why, it may be wise to rethink the options.

Maritime Operations Expert Witnesses can provide avenues to proceed not readily apparent to attorneys unfamiliar with the industry. Many legitimate grievances never get to litigation because of the difficulty of locating the negligent parties and determining assets. We provide an understanding of the environment, nomenclature, and technology of the maritime world. The sophistication and automation that allows a few workers to move in 12 hours cargo tonnage that used to take 200 people a week to handle is impressive. The industry has its own language which can be very confusing and may have several names for the same item or action. An expert provides attorneys with a clear picture of the lead up to the accident, what happened, and the resulting actions. This is most often done by the creation of diagrams based on discovery information. Once the legal team itself has a clear understanding of events they can begin to apply the law.

Deposition questions need to be developed that the deposed can understand. Witnesses are often not highly educated, may be foreign born, and have English as a second language. Once deposed their depositions need translation and interpretation for follow-up. The maritime expert may propose additional persons to be deposed. There are people in managerial control or safety related activities that attorneys are not aware of.

Police, OSHA, and employer reports are confusing to people unfamiliar with daily marine operations. In many cases the police, USCG, and OSHA reports are simply wrong in critical areas. This is because police officers

and/or compliance officers lack the same basic understanding as the attorneys attempting to decipher the reports months later. With official reports often taken at face value, it is critical to bring such errors to light.

A good maritime witness is well connected to other safety personnel in the industry. This allows him to research similar incidents and their results. He has other connections in insurance and on occasion law firms where he can pose hypothetical questions without compromising case confidentiality.

Any maritime expert witness who has worked in the field for many years (been there, done that) is quite capable of discrediting not only opposition operations experts but engineering witnesses, noise testing, accident recreations, management witnesses, and especially biased eye witnesses. Conversely he can proof read expert testimony from other favorable experts for accuracy and insure that the case is a more solid presentation.

Beware the expert witness that only wants a check. There are experts who always provide a report unexcelled in supporting who is paying them. Should the other side have an expert who knows the business, has recreated events, can support his findings citing depositions, laws, and regulations, and who believes in the case, he will expose these witnesses for what they are. When that happens the case is badly set back perhaps to the point of dismissal or nuisance settlement amount.

The report provided by a good maritime expert witness can run into dozens of pages with diagrams, photos, cited deposition testimony, cited regulations, and cited reports of all types. At its best it is a tour du force that leads to summary dismissal for defendants or summary judgments for the plaintiff. At least it should speed up the settlement process. He knows he has done a very good job with the report when he finds out his services are no longer required. At the very least he is confident in his findings and eager to be deposed. He sees his deposition as the next opportunity for success. The best maritime experts have never gone to trial.

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Large Life Loss Fire Investigation 49 Children Die in Day Care Fire in Hermosillo, Mexico

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On June 5, 2009 a devastating fire occurred in the ABC Day Care Facility in Hermosillo, Sonora, Mexico while most of the 142 children were taking their afternoon nap. This was a federally funded, privately operated facility, in Hermosillo, Sonora, Mexico, a city of about 700,000 people. Forty-nine (49) children died from the fire as a result of smoke inhalation and/or burns.

The Supreme Court of Justice (Mexico) contracted with the Consolidated Consultants Company to investigate the fire. The McMullen Company conducted the investigation to determine the cause, origin and spread of the fire within the building complex. In addition, the investigation incorporated many other aspects, including an analysis of the fire safety codes and standards pertaining to use, as well as life safety features of the building complex. The investigation focused on the cause, origin, and spread of the fire, and the requirements of the applicable National, State and City Codes, Regulations and Standards to conditions in the building complex involved in the fire.

The large life loss raised doubts about the safety standards at more than 1,500 day care centers where the Mexican government funds low cost care for over 200,000 children between the ages of 49 days and 4 years old. The findings were that the fire occurred and spread extremely fast due to failure of compliance with fire and life safety codes and regulations as adopted by the city of Hermosillo and State of Sonora. The final report provided a number of recommendations to avert future catastrophes due to fire in these federally-licensed daycare centers.

A team of four forensic experts and two translators traveled to Hermosillo, Mexico to conduct the fire investigation and life safety analysis. Upon our arrival we found that the fire scene had been secured and under 24 hour/day armed police protection. In addition to conducting the fire investigation there were other considerations. This was a very emotional assignment due to the loss of so many young children and the outrage this created in the community. This required meetings with advocates, parents and the news media to inform them of our investigation and how we would proceed. We coordinated with state and local police for the security of our team.

Upon our return to the United States a final report was produced. As the project manager I oversaw the analysis, review, and summary of our findings, laboratory analysis of samples, and code and regulation review which were used in the final report. A technical writer was utilized to assemble the final report.

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