

Report Writing



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- **There are many formats that will lead to a good, defensible report.**
- **There are, however, some common elements that all good reports include as a minimum standard.**



These are:

- **Current symptoms.**
- **History of Event:**
- **Past History:**



- **Socioeconomic and family data**
- **Physical examination**
- **Review of imaging**
- **Diagnosis:**



- **A discussion of your Impressions and the conclusions at which you arrived after consideration of the information derived in the other elements of the report.**



- **An IME report is many things, one of which is a legal document. You only get to see the patient one time, so make the most of it.**
- **You can't ask a question you think of later on the next visit, because there will not be one.**

Current Symptoms



- Be as specific as you can as to the location and character of the pain.
- What makes it worse, better?
- Ask semi open ended questions, while still keeping control of the interview.

Query



- **Is there a difference between numbness (anesthesia) and paresthesia?**
- **Does the patient necessarily know the difference?**

History of Event:



- The history of event should include the date of the accident and a description of the accident that is sufficient to provide correlation between the subsequent symptoms and the mechanism of injury.
- This section should also include a brief review of the treatments is been provided.



- **A listing of all providers seen and the treatment administered should be given as well as the results obtained from that treatment.**
- **This is usually done in a chronological order for clarity, as you're trying to tell a story to the reader.**



- It is helpful, to dictate some of the exam findings that are documented in the attending providers examinations. Particularly findings that document either improvement or lack of improvement.
- These could include specific neurologic examinations, range of motion, orthopedic testing.



- **At the end of the section the patient should be queried as to the efficacy of the treatment.**
- **I.e. from their immediate post injury state until present the patient endorses a 65% improvement.**



- You should also ask if the patient has experienced any ongoing improvement for the last 30 to 60 days, or if they have reached a symptomatic plateau.
- This can be helpful, particularly in an industrial setting, of determining the point at which maximum medical improvement is reached.

Past History:



- This section is most often overlooked or given only cursory attention.
- This, however, can be massively important in a legal case.
- Past accidents, surgery, allergies, current medication can all have a bearing on the outcome of a case.

Socioeconomic and Family Data:



- This may include:
- Familial incidents of disease
- Marital status and number of children
- Military service



- **Work history – time loss**
- **Habits – tobacco, alcohol, or recreational drugs**
- **Exercise routines**

Physical examination



- This should be complete enough to cover the area of injury, which is generally the accepted condition, but not always.
- Depending on the adequacy of the prior histories, you may be the patient's last chance to have an industrial condition accepted.



- **Waddell's criteria**
- **Range of motion**
- **Neurologic evaluation**
- **Orthopedic testing**
- **Palpation**



- **The physical examination begins when you first lay eyes on the patient, and continues until you can no longer see the patient.**
- **You are looking for consistency of results or conversely inconsistencies.**

Imaging section



- This consists of reports of findings, generally from a radiologist, or your actual review of the physical images either on film or disc.
- I do not usually include mention that other doctors have made regarding reports that they read in this section.

Review of Records



- Discuss the two ways to perform a record review and the advantages and disadvantages of each.
- In the presence of the patient.
- Prior to seeing the patient.

Diagnosis



- The diagnosis in an industrial setting is always given on “a more probable than not basis”.
- This basically means a greater than 50% chance.
- In other venues, a more probable than not basis is also the general rule.



- **Your diagnostic conclusions should be consistent with and supported by your examination findings, history, and the mechanism of injury.**

Discussion



- **MMI versus further treatment.**
- **If at MMI => rate.**
- **If further treatment is warranted then suggest it. This may include additional diagnostics, referrals for evaluation, or additional conservative care.**



- **If you are recommending additional care you should be fairly specific as to the type, frequency, and duration. You should also opine as to the probable results, i.e. a complete recovery is expected, or the patient is expected to have permanent residuals and will require an additional rating examination.**



- **Ideally everything should make sense.**