

Bircher Review/Practice Questions and Answers

CHAPTER 1: REVIEW EXERCISES

1. Define **documentation**. Give an **example** of how it is used in physical therapy.
Documentation is the assembling of documents, the using of documentary evidence to support original written work or the evidence itself, the classifying and making available of knowledge as a procedure. Documentation is used to verify the type of treatment given, the parameters related to that treatment, and the response from that treatment to ensure proper patient care.
2. **Describe** what is meant by the following rule: “If it isn’t written, it didn’t happen.”
If there is no documentation that medical care was provided, it is assumed the care did not occur or was not given.
3. **Describe** why the note in Figure 1–1 is **not** an appropriate record by today’s documentation standards.
The note is not complete and does not delineate the specific care given to the patient, cannot be replicated based on the information given, does not describe the functional limitations, impairment, or disability. Based on today’s standards, this type of a note would be refused by the third-party payer as nonbillable because there was no proof that a skilled therapeutic intervention occurred.
4. Identify the three **major factors** currently influencing the provision of health-care services and PT and PTA responsibilities.
Three factors affecting the responsibilities of the PT with the PTA include (1) changes in physicians’ referrals for PT from a very prescriptive referral to a more generic one, (2) increased clinical decision-making power by the PT, and (3) increased autonomy in PT practice.
5. Describe the **changes** in the process for obtaining a referral for physical therapy that have occurred since the early 1960s.
First, physicians prescribed the therapy and told the PT exactly what treatments to do. Later, the prescription just referred the patient to the PT with a diagnosis, and the PT could evaluate and decide what treatments were appropriate. Finally, direct access legislation allowed the PT to see, evaluate, and treat a patient without the patient first going to a physician for referral.
6. Discuss how changes in the process for obtaining a referral for physical therapy **influenced** the evolution of the responsibilities of the PT and the PTA.
First, the PT was a technician, following the exact orders of the physician. Later, the PT added evaluation skills and made decisions about treatment plans, and the PTA carried out the plans under PT supervision. Now the PT consults, evaluates, and recognizes when to refer a patient to a physician or another more appropriate health-care provider. The PTA continues to carry out the treatment plan but does not require on-site supervision and is part of the PT–PTA team.

7. Describe **three** purposes for which the medical record is reviewed or audited.
A medical record is **reviewed** for the following purposes:
 - It provides a record of the quality of the medical care provided to the patient.
 - It provides a legal document submitting evidence of the care.
 - It is a method by which third-party payers determine the value of the care provided and reimbursement for that care.
 It can be **audited** to ensure that the standards and criteria for quality care and documentation are followed.
8. **Who** determines standards or criteria for documentation?
The federal government, state government, accrediting agencies, professional agencies, and the individual health-care facility all determine standards and criteria.
9. Explain **why** the PTA can use the rule “follow the policies and procedures at the facility where you work.”
Following the policies and procedures where you work ensures that your documentation will meet the necessary standards or criteria for that facility.
10. What is the **importance** of the ICF framework in documentation?
Through research in multiple countries and across cultures, a common language was developed that helped address the patient’s disability or disease process on his or her functional capabilities. This enables all health-care providers to use this common language when addressing treatment in a rehabilitation setting, independent of different languages, cultures, or demographics.
11. Explain the **differences** between the Nagi Disablement Model and the ICF framework.
The Nagi Disablement Model was developed in 1969 to provide a means of correlation between functional limitations, disability, and impairments while emphasizing the patient’s individual pathology. The ICF framework was developed in 2001 based on some of the parameters of the Nagi Disablement Model, but used research across multiple cultures to provide a common language to be used internationally when treating patients in rehabilitation and concentrated more on the patient’s ability to function instead of his or her disease or disability.

CHAPTER 2: REVIEW EXERCISES

1. **Explain** the importance of the WHO’s ICF conceptual framework in the health-care setting.
Through the development of the ICF, a universal language was developed to be used by all international agencies, thereby providing common terms to be used in health-care settings.
2. **Why** is it important for APTA to endorse the ICF conceptual framework?
APTA’s endorsement of the ICF framework further supports the use of a universal language to help show the interaction of the health condition with the components of functioning. It assists the therapist in providing a comprehensive view of the patient by taking the ICF data to develop a POC and plot progress.
3. Explain the **use** of the ICF in determining the effect of a disease on a person’s ability to function.
The ICF can be used to look at all areas of functioning that may need to be addressed to provide better assessment of the individual’s recovery.
4. **Explain** how the ICD coding system **differs** from the ICF coding system.
The ICD coding system is used to identify the patient’s diagnosis or disease without any reference to function. The ICF coding system provides an accurate depiction of an individual’s functioning within the context of the patient’s diagnosis or disease and environmental and personal factors.
5. **Describe** each of the five domains in the ICF framework.
 - Body Functions: Includes the individual’s ability to perform an activity (e.g., the Tinetti Assessment, FIM score, movement related functions, sensory issues)

- Body Structures: Includes the individual's anatomical or physiological body part related to the disability or disease (e.g., organs, limbs, nervous, and cardiovascular systems)
 - Activity and Participation: *Activity* includes what the individual can do related to his or her ability to function in the following areas:
 - Communication
 - Mobility
 - Interpersonal interactions
 - Self-care
 - Learning
 - Applying knowledge
 - *Participation* includes the individual's ability to take part in his or her daily routine (e.g., skills required by an employer or on the job, responsibilities as a parent or spouse, or inability to participate in social activities)
 - Environmental Factors: Includes the environment in which the individual lives/works (e.g., health services that meet the needs of the individual, equipment needed for return to function)
 - Personal Factors: Includes those items related to age, ethnicity, occupation, and so forth.
6. Within the ICF framework, **which** parameters are included in Part 1?
Body Functions, Body Structures, and Activities and Participation.
 7. Describe the **differences** between the Nagi Disablement Model and the ICF framework.
The Nagi Disablement Model is a system that identifies an individual's active pathology, impairment, functional limitation, and disability specific to that individual. The ICF takes that same information and utilizes a more multidimensional approach to the interaction of the individual's disease or disorder and provides the ability to look at how these entities affect the function of that individual.
 8. **When** was the ICD-10 coding system initiated in the United States?
October 1, 2015
 9. **When** was the last revision of the *Guide to Physical Therapist Practice*?
2014

PRACTICE EXERCISES

Practice Exercise 1 ►

Identify which domain the following categories fall under by writing the corresponding letter in parentheses after each example (you can access the WHO ICF browser to identify each listed item through the following website: <http://apps.who.int/classifications/icfbrowser/>)

- *body function* (*b*)
 - *body structure* (*s*)
 - *activities and participation* (*d*)
 - *environmental factors* (*e*)
1. domestic life (d)
 2. technology (e)
 3. skin and related structures (s)
 4. attitudes (b)
 5. nervous system (s)
 6. learning (d)
 7. eyes and ears (s)
 8. self-care (d)
 9. relationships (e)
 10. speech (s)

Practice Exercise 2 ►

Identify which domain the following categories fall under by writing the corresponding letter in parentheses after each example.

1. Crawling across the room (d)
2. Tightness in the IT band (s)
3. Radiating pain down the left arm (s)
4. Use of a front-wheeled walker (FWW) (d)
5. Lifting and carrying objects with the arms (d)
6. Difficulty judging width of door using wheelchair (b)
7. Weakness in the diaphragm muscle (b)
8. Use of a wheelchair to move about the house (d)
9. Increased hypersensitivity to temperature changes (b)
10. Difficulty following a one-step task (b)