

PART Documentation for Medicare

PAIN AND TENDERNESS

Identify using one or more of the following:

P

Observation	Observe the pain the patient exhibits during the course of the examination. Document the location, quality, and severity of the pain
Percussion, Palpation, or Provocation	During the exam, ask the patient if pain is reproduced (e.g., "Let me know if any of this causes discomfort.")
Visual Analog Scale	Ask the patient to grade the pain from 0-10 on a visual analog scale
Audio Confirmation	Ask the patient to verbally grade the pain from 0-10
Pain Questionnaires	Use patient questionnaires, such as the McGill pain questionnaire or an in-office patient history form, for the patient to describe his/her pain

ASYMMETRY/MISALIGNMENT

Identify on a sectional or segmental level by using one or more of the following:



Observation	Observe patient posture and/or analyze gait
Motion Palpation	Describe the misaligned spinal vertebrae and asymmetry
Diagnostic Imaging	Use x-ray, CAT scan, and MRI to identify misalignments

RANGE OF MOTION ABNORMALITY

Identify an increase or decrease in segmental mobility using one or more of the following:

R

Observation	Observe an increase or decrease in the patient's range of motion
Percussion, Palpation, or Provocation	Record palpation findings—include listing(s). Be sure to record the various areas involved and correlate to the regions manipulated
Stress Diagnostic Imaging	Flexion/Extension views or digital motion x-rays
Range of Motion Measurement	Devices such as goniometers or inclinometers can be used to record specific measurements

TISSUE, TONE CHANGES

Identify using one or more of the following:

T

Observation	Observe visible changes (e.g., muscle twitching, inflammation, swelling, rigidity, etc.)
Palpation	Palpated changes in the tissue, such as hypertonicity, hypotonicity, spasm, inflammation, tautness, rigidity, flaccidity, etc. can be found on palpation.
Use of instrumentation	Document the instrument used and findings