



The Anatomy of a Routine Visit Note - Preventive Maintenance

For preventive maintenance care, documentation guidelines are minimal. Therefore, we must default back to documentation guidance to meet the standard of care, state board and malpractice guidelines. All treatment must be recorded in the patient's clinical record. This example shows the basic requirements of a non-active treatment note, where the patient is asymptomatic and fully functional with their ADLs and activities of enjoyment, but notable issues are exposed upon evaluation. Often, providers suggest a more regular cadence of maintenance care to address these objective issues before deterioration to the point of acute exacerbation. This supportive care, by Medicare's definition, is maintenance care. Always ensure documentation meets the State Board requirements and malpractice carrier guidelines for risk management.

S

Subjective:

Daily Encounter:

- **Subjective/Patient Assessment:** Preventative Maintenance Encounter: Theresa was asymptomatic today but reported intermittent slight lower back stiffness with prolonged sitting due to her job. Pain scale reported as 1/10. Theresa currently has no major functional deficits or restrictions in her activities of daily living or playing softball on the weekends. She returns today to be examined and, if indicated, adjusted for subluxations.

These minimal concerns and no functional loss indicate clinical appropriateness but lack of medical necessity.

O

Objective:

Daily Objective Findings:

- Spinal Restriction(s)/Subluxation(s): Lt T11, T12, Rt L4, Rt Sacrum, Rt ilium
- Postural Analysis: right short leg, mild anterior head carriage, right low shoulder
- Tissue Tone Change(s): mild tightness on the right side of the neck, moderate tightness and tenderness in the Rt lumbar region, mild to moderate hypertonicity and mild to moderate tenderness of Rt Piriformis/Sciatic notch and Rt Gluteus Medius.

Objective findings clear for all spinal regions being treated.

A

Assessment:

- Current Status: Preventative Maintenance care for subluxation correction to maintain neuro-spinal integrity and prevent deterioration of the functional spinal motion units. Patient is fully functional and without pain or symptoms in all their activities. She will further benefit from an additional spinal evaluation within the week given some of today's findings.

Minimal Assessment due to the nature of the patient presentation

Basic diagnosis is expected for Preventative Maintenance visits and patient receipt

Diagnosis: (M99.02) Thoracic Subluxation, (M99.03) Lumbar Subluxation, (M99.04) Sacral Subluxation, (M99.05) Pelvic Subluxation.

P

Plan:

Today's Treatment:

Primary Treatment:

- Diversified, Drop Table - Chiropractic Manipulative Treatment (CMT) to the Lt T11, T12, Rt L4, Rt Sacrum, Rt ilium spinal levels.

Home Care: hip abductor stretching previously given .

Chiropractic technique clearly indicated

Specific segments adjusted are noted

Basic information to demonstrate patient management

Advised

- Tx Effect: Treatment rendered without incident
- Next Visit: within 1 week and then expected to resume monthly treatment