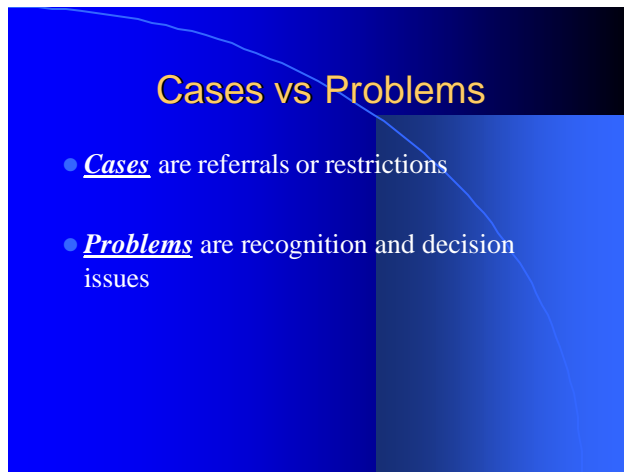


Injuries and Illnesses Page

On the Injuries and Illnesses Page you input the initial information about a case or problem. We will discuss shortly what makes a case different from a problem and how we deal with each. Everything that is entered for this screen is **onset** information with the exception that you must come back to this page to input return dates for cases or termination dates for problems. Information is entered into four categories of injury information: general, onset details, initial response, and initial assessment. **The**

final screen allows you to enter a maintenance note using this page, such as when you have a new case to enter and some treatment or progress has taken place since the onset. This occasion occurs commonly with away meets or contests. The next few slides will deal with general provisions for the Injuries and Illnesses Page.



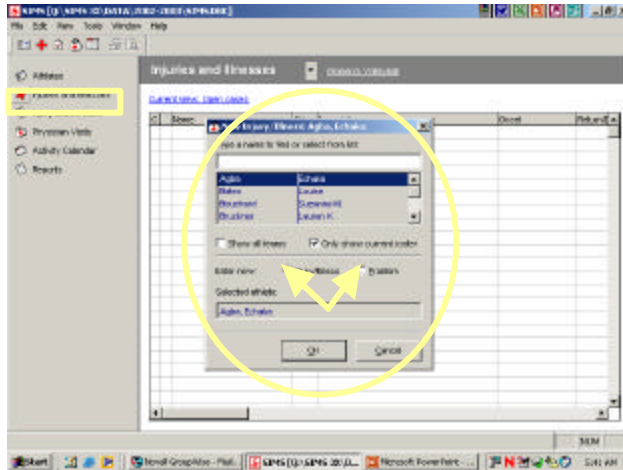
Problems vs Cases

We are regularly challenged to determine what to record from the myriad of issues and problems that come to our attention. One of the first things you will do with a new entry is to determine if the injury is a problem or a case. The easiest marker for recording injuries is the case. **The case has a beginning and an ending date. The beginning is the onset and the ending is the full return date for participation.** Be sure to edit the participation status on these occasions. The final date we are interested in with the cases is the **discontinuation date**, which usually is after the

return date. Discontinuation means that we are no longer following the case for recording our contribution to care. It typically means that the injuries have healed sufficiently and the athlete has recovered sufficiently that we have no further benefit to them in the way of therapy. Cases are injuries or illnesses that require a referral. Just because a physician sees an athlete in the Training Room does not constitute a referral. **We refer to establish a diagnosis and to obtain a definitive treatment plan.** These are most easily determined for example, when an athlete is referred to Student Health for a possible strep throat. That would be a case. **We also recognize injuries or illnesses as cases if there is any limitation on participation that extends beyond the day of onset.** These cases may not be referred to a physician for examination or procedures, such as with a minor ankle sprain that resolves quickly and without functional deficits. The Team Physician is ultimately responsible for the Case or Problem but for our purposes in recording, the ankle sprain with no lost time and no referral might be recorded as a problem when treatment is given for a few days, but may be recorded as a case when the athlete misses a few days of practice. Problems can easily be converted to a case by methods we will discuss in this orientation. **Other situations that traditionally are called cases include all dental injuries, all head injuries, and all neurological injuries that involve the spine.**

Problems are judgment calls and preferences of staff athletic trainers. Most often they represent **minor issues that require a decision** and/or minor management so that professional services are rendered. The other common factor is related to **potential risk factors for further injury** and some notation is made to follow the progress of the athlete. An example would be when an athlete comes in after practice complaining of generalized anterior knee pain that has started to occur during practices. The athlete has a past history of this complaint and wears orthotics as part of his/her maintenance program. For any given staff, the knee pain complaint may have been the only requirement to call this a Problem. For others, it might have been the combined features of complaints and a past history.

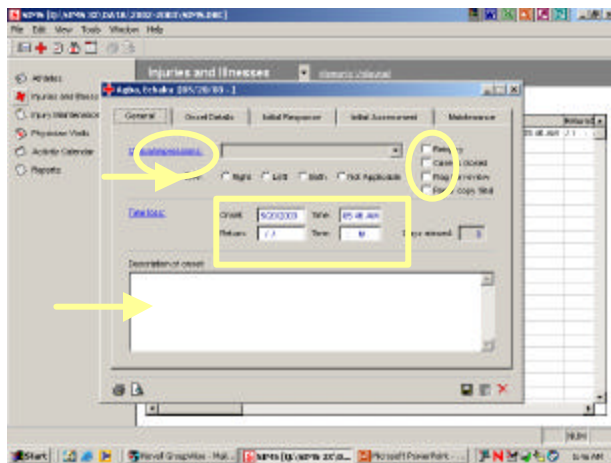
In order to recognize our limitations in establishing cases, we are allowed to carry Problems for 14 days after which time the Problem must be converted to a Case. Although the Team Physicians are aware of both Problems and Cases, the conversion of a Problem to a Case after 14 days of management formally recognizes more details about the injuries or illnesses involved. The rest of the information in SIMS will deal with Problems and Cases so it is important to recognize the differences now before discussing SIMS further.



Case/Problem Pull Down Menu

When the Injuries and Illnesses Page (box) is selected and on that Page when you right click the mouse on a blank line, you generate a new case or problem menu (circle). Select from the roster an athlete. Note that in the middle of the pop up screen is a button for injury/illness (or Case – left arrow) and one for Problem (right arrow). Be sure to designate which is to appear before selecting OK.

You can get to this same selection screen from any Page by selecting the red cross icon below the edit menu button (top left of the page).



General Information

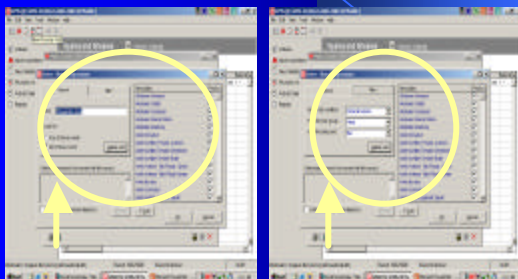
After you have selected a case, you will have four main screens to complete: General, Onset Details, Initial Response, and Initial Assessment. A final screen is called Maintenance. You should be aware that no such screens will appear for Problems; however, you can enter maintenance information for those Problems on the Maintenance Page. The first screen is called General and that is pictured to the left. **This is where you will identify the clinical impressions** that your staff has made or at least that your staff has agreed with if you input your impressions, or **this is where the diagnosis(es) that your Team Physician has described** to you and your staff. Note that these can change and should change as the clarity of the information about the nature of the injury unfolds.

We will discuss next the way these clinical impressions are selected or named, but first note the side of the body (top arrow). **The side of the body is almost always applicable.** If the injury affects the nose or is a systemic illness, then maybe it is not applicable to designate a side, otherwise, it is most helpful to be very specific. The general status options (right circle) are not exclusive; more than one can be checked at a time. The two check boxes most appropriate for any given case is whether or not the injury you have now identified is a **Re-injury** or **Case is Closed**. Re-injury can occur to the same body part after full recovery or in the process of recovery. For a case that is open and a Re-injury occurs, close the current Case and start a new one. This is an important element of tracking injuries. Re-injury is not a complication, such as recurrent swelling and pain or loss of motion, but rather a Re-injury to tissues. That re-injury makes it a new case. Be sure to put in the **onset date and time** (box) for all cases, no matter which status is selected. Be thinking of approximate time of day as you go through these things. The current date and time will be placed in the record automatically, so if you record the case or problem at a later time than close to the onset, you will need to change those numbers. When you come back to this case to edit or if there is no time loss associated with the case, **you will come back to this screen to input a return date and time.**

Time loss starts when you indicate an onset date. **For our purposes, the injury onset is the time when the athlete was removed from practice for medical reasons.** The staff athletic trainer in consultation with the Team Physician determines if removal is indicated. Time loss that occurs because the coaches or the player decide not to participate is not the issue in designating a case for the time loss reason. The medical staff determines that the athlete must not participate, because they are at high risk and need to recover or be treated before returning. This is usually related to the standard of care expected. If the athlete chooses not take the advise to refrain from full participation from the athletic training staff and has not seen a physician, then the staff may interpret the situation in one of two ways: either the situation is not considered a case but rather a problem, or it is a case with no time loss. For the problem onset, the reporting is carried for 14 days of "heightened" surveillance and then converted to a case if still warranted.

Finally, a **description of the onset is a text screen** (bottom arrow). This entry will depend on your staff, because the same information could go into a SOAP note for the case and put into the initial assessment text screen (that is the fourth screen in this series on Injuries and Illnesses). Injury onset information is usually the mechanism of injury and surround situations and circumstances. This is not a conclusion but rather a description of the available facts. The next slide will show the clinical impression options and recording.

Clinical Impression

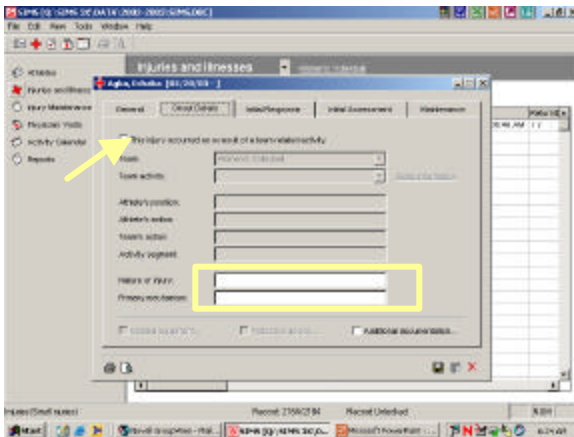


Clinical Impression

On the General Information Screen is a place for Clinical Impressions (left arrow on the slide above). The two screens shown in the slide to the left are two ways of finding specific diagnostic codes for the injuries and illnesses you encounter. It is important to be as precise as possible with these descriptions because they are all coded and those codes eventually describe the cases by anatomic part, type of injury, and specific anatomy involved.

Whenever the exact diagnostic term is not found, be sure to write it in your notes and describe the terms as close as is possible under clinical impression. This instruction is true of surgical injury as well.

Once surgery is performed, you have two options: a new case is started and the old case injury is ended, or check the surgery box (right circle above) and continue the case. Because there are no surgery codes, be sure to write in the surgical procedure in the note you generate. The clinical impression for the surgery case would still be the original injury or further diagnostic clarification of the tissue injuries present at surgery. When using the **search screen (left circle)**, you can look for body part terms listed on the right side of that screen. The search means that you know exactly what you are looking for. To make the search easier, you can use the **filter screen (right circle)**. The filter asks those questions I mentioned that make up the diagnostic term: condition, anatomy, specific anatomy. By filtering the terms for those features, you can group the potential terms in a listing on the right of the filter search screen. Select the term or terms that best describe the case one at a time by left clicking on the term and then clicking on the <<Add button. The term should appear in the box on the lower left of either screen (arrows). **The clinical impression is an athletic training impression on initial examination. Later, if this is confirmed by the Team Physician, make a check in the appropriate box. If the diagnosis changes, use the diagnosis terminology and do not retain the initial impression.**



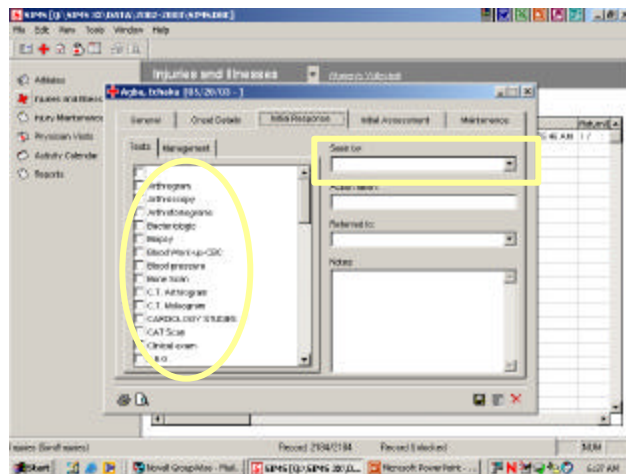
Onset Details

Onset details are self explanatory with a couple of exceptions. You will notice that only two lines appear accessible on the screen to your left (box). To get each line to become accessible for input, check the box at the top labeled "This injury occurred as a result of an athletic sponsored activity (arrow)." Be sure to go through each line of input. You only need enter this information once so take the time to gather the most helpful information. Some of the information is automatically entered but

may need to be changed. Changes occur in position at injury if the player was playing a different position than their designated team position. The nature of injury box works by clicking the mouse key on the box and a drop down list will appear. Your choices are Acute Injury, Chronic History, Complication, Recurrent Injury, and Subacute Injury. **You can put two natures in this box by having a primary and secondary one.** The primary nature goes in the text box that appears on the left side. Complication and Subacute Injury may be the nature of many Problems. For example, a chronic recurrent shoulder subluxation patient who develops a stage I secondary shoulder impingement. This might be interpreted as a subacute primary disease and classified as a complication of an existing disease. Both might be listed to describe the nature of the case with subacute listed in the left side of the Nature box.

The other fill-in box of interest for clarification is Primary Mechanism. This is often difficult, so a good review of these things with your staff is appropriate. In general, these are mostly trauma terms and direction of forces or excessive movement directions in tension, compression or shear. Be sure to go back through each box to complete it accurately and to initially designate if the care or problem occurred as a result of team related activity. The designation of team related activity should definitely be reviewed with staff. The dark boxes that do not appear open right now will open for options when the box, "This injury occurred as a result of athletic sponsored activity (arrow)," is checked.

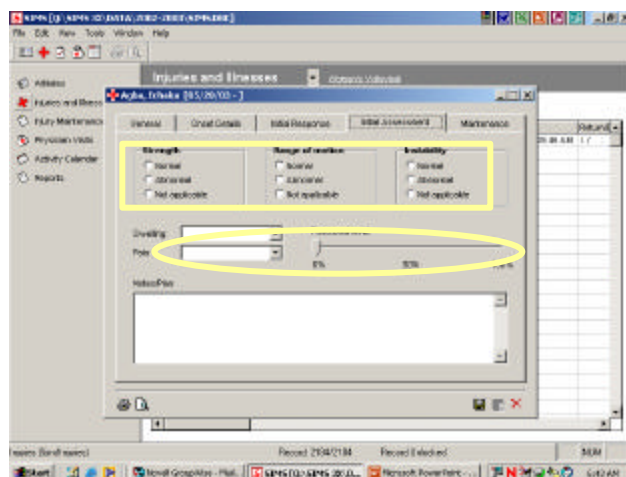
In general, the "athletic activity" box is checked when an athletic injury or illness can be directly tied to a team practice, conditioning, weight training session, team travel, or competition during the academic year. The Team Physicians will determine if a medical condition is related to these activities, such as colds and systemic infections. During the academic year, the athletic program is allowed to pay for diagnostic procedures that help to determine the safety of the athlete in participating with an illness, disease or injury incurred outside of athletic participation. These details are the substance of review with you staff.



Initial Response

The Initial Response screen is the place to designate which tests were performed to obtain the Initial Impression, who performed the initial evaluation, and what was done immediately. Third year students may enter this information and designate themselves as the person "Seen By (box)." Initial contact will be for first aid response, so this may be appropriate; otherwise, the staff will always be the designated person for athletic training decisions. Check the appropriate boxes on the left (circle) for the primary impression or diagnostic procedures. Our athletic training

examination procedures will likely be "Clinical Exam." If you are writing the note before your staff has reviewed the case with you, then put in your name for Seen By. Otherwise, put in your staff's name. **Staff are responsible for initial and reexamination decisions;** however, you can develop an impression and record that here as the initial note. The notes will be initialed by staff and in that way confirm or change the Initial Impression, both on the General Screen and on the next, screen Initial Assessment.

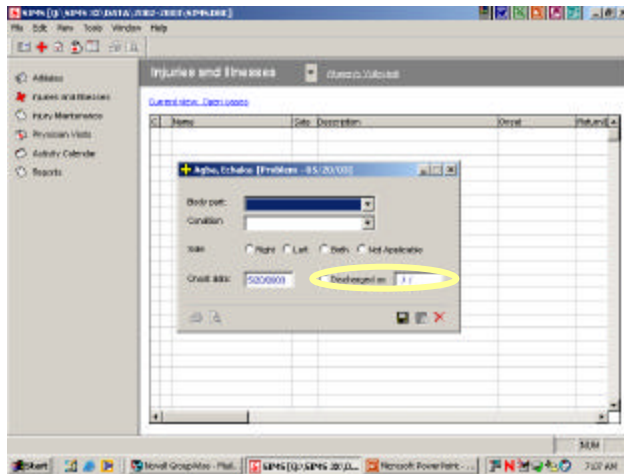


Initial Assessment

The Initial Assessment screen is primarily an initial note screen with some specifics that the Team Physicians want to know about. Strength, Range of Motion, and Instability for extremity trauma are routine things to do and are expected information items to gather for every case (box). The details of "abnormal" are recorded along a continuum or entered digitally. To do this, you click on [Abnormal](#). Another screen will appear to indicate the measures. Swelling, pain, and function round out symptoms and signs that are easy to look at to determine the nature of the case (circle). I would recommend measuring for

swelling whenever possible, but what appears as an option is a descriptive severity scale: mild, moderate, or severe. Pain is recorded from a visual analog scale 1-10 (VAS). Finally, **Functional Level is the athlete's estimation of their ability to function compared to their unhindered athletic performances.** All of these markers will be used through the recovery process to determine improvement.

The note/plan text box can be used to write the initial SOAP note or to write out an initial plan for care and any other pertinent notes. The preference of your staff is important here. Most will require that an original SOAP note be used, so your notes that are intended to go in the Onset Details screen (as described earlier) may be entered here in a full SOAP note fashion. Remember, each screen requests details of the onset, so focus your attention to those details and record this information within hours of the onset (as often as is possible).



Review for Problems

If we go back to the beginning as a short review and to show the differences between cases and problems, the screen to the left will appear if you select Problem instead of Case. How did you get there? You selected the Injuries and Illnesses icon on the left navigation bar (maybe the easiest way). You then right-clicked on a line to bring up a new injury/illness or problem screen with the athlete roster showing. Once you have selected an athlete and designated this as a Problem, the screen to the left appears. What we just went through in the preceding pages shows up when injury/illness is selected.

What appears above is the screen that shows up when you select Problem. As you can tell, we are not too specific about problems as far as an impression but minimally they are noted. Select the options. The onset date is automatically input when the screen appears. That is the date that you open the Problem. This should be your default unless treatments have been authorized before record entry or if the onset was determined to be on a weekend following a contest and no other team activities have occurred before seeing the athlete. As with the case entries there is a return date of sorts. If this problem is not converted to a case within 14 days, you will be discharging the problem by selecting that check box and designate the appropriate conversion date (which should be the date of recording). When you go back to a problem in the Injuries and illnesses page and right click on a Problem already entered, you will see that you will have access to "convert" the problem to a case (circle). That is how your Problems will be continued as Cases. Otherwise, close out or end a Problem by entering a date. **We do not close out a Problem and start a new Case** for the continuation of an existing Problem.

Injury/Illnesses - Review

- Most important initial case information
- Designate case or problem
- Complete initial information should not change after the fact – one entry only

Review

The injury/illness page is where you go to input all new Cases or Problems, convert Problems to Cases, and designate return to participation dates. The details of Cases and the onset are the focus of the screens where you input data. You will go back to this page for changing diagnoses or impressions, and for return to participation date information. The editing feature allows us to change diagnoses and impressions as they become clear and then use those most accurate descriptions in anchoring the

epidemiology of the Case or Problem.