

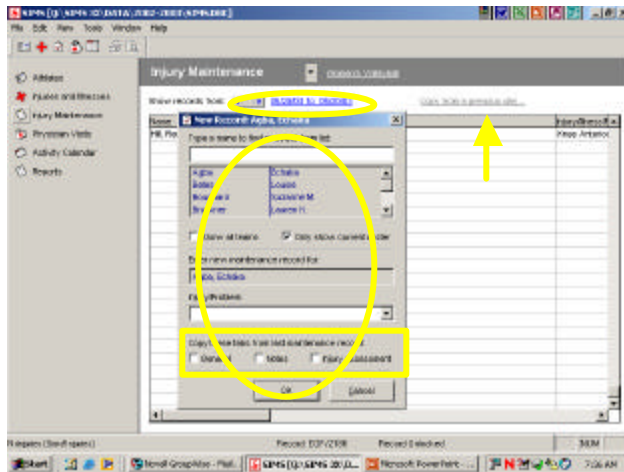
## Injury Maintenance

- General Information
  - Injury identifier, treatment codes, status update
- Notes
  - SOAP notes
- Injury Assessment
  - Same as in initial assessment + resolution %
- Medication Tracking

### Injury Maintenance

The Injury Maintenance Page is the most common injury Page to visit in SIMS. **You will visit this page for every Case or Problem treatment/exercise session, for weekly note updates with clarification of injury assessment, and for medication tracking.** As we go through the screens on this page, be aware that you need to regularly look at toggle or check boxes. For example, these will allow you to copy a previous day's entry into the current day. This saves a lot of time in treatment entry. However, if you have notes from a previous day, they will be

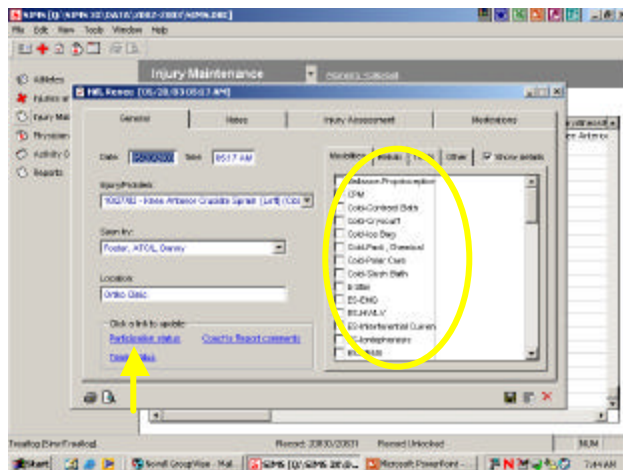
copied to the current day. If you do not make a point to look for a check mark (enable) in the notes box, you will perpetually have the same notes reprinted on consecutive days. Also, the resolution and function percentages will be copied if you do the same thing. If these percentages do change, you will have to enter those in manually. Some of the information about the screens that follow will be brief, because we have already visited them in earlier Parts. If you need a review, I will identify the page where that information can be found.



## Opening Screen for Injury Maintenance

There are a lot of important features on the Injury Maintenance Page. At the top, you can switch between dates one day at a time or through the calendar feature (upper circle). On the top right, you can copy a previous day's notes for all patients (arrow). If you select a new injury maintenance entry, which means there is a case or problem already entered from the Injuries and Illnesses Page, the screen shown on the left will appear (lower circle). Select the athlete and then be sure to select the case or problem of

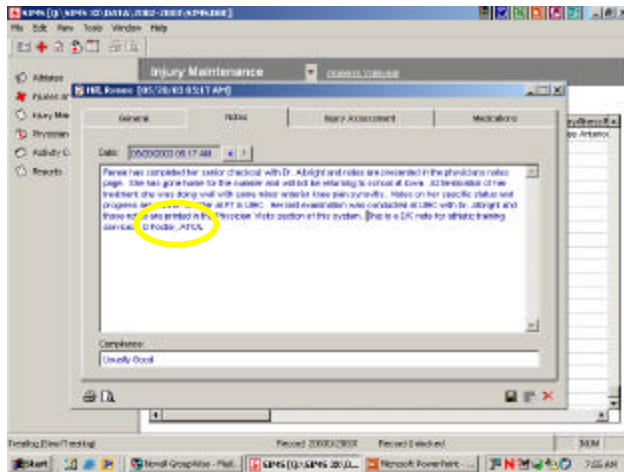
interest. **A default other/not injury related category appears when you select a name. Be sure to change this by using the scroll bar for Injury/Problem.** For any given case or problem, you can copy the previous day's entry by checking the appropriate boxes near the bottom of the options screen (box). I would recommend that you do not check the Notes box for copying purposes, except when you are writing a new note (at least weekly), so that you can update the findings and outcomes from the last assessment note quickly and easily (i.e. changing ROM measures, MME grades, and symptoms). You do not need to do this, it is just a suggestion. Your staff may have specific preferences about this feature.



## General

Once you enter OK on a new injury maintenance or edit an existing maintenance record, this General screen will appear (left). The General information is similar to parts of the Injuries and Illnesses Page we have reviewed. Also, **the athlete's participation status from the Athletes Page appears on the bottom left for participation status changes** (arrow). Notice that this is one of the other options to changing Participation Status mentions in Session II. This time, modalities and rehabilitation exercises can be checked

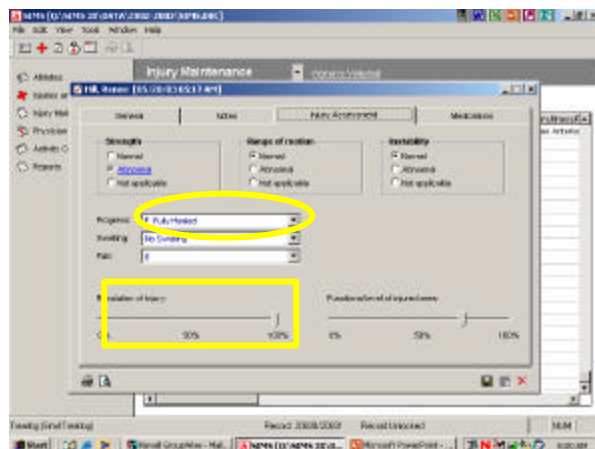
off on the lists to the right (circle). Be sure to check at least the two lists for modalities and rehab for appropriate activities. These are quite long lists and not easily reviewed. The good part about this is that the most recent treatments/exercises will appear at the top when you select copy General from the last Injury Maintenance (on the edit or new screen pop up as noted above). Be sure to keep these lists accurate and up to date.



## Notes

Notes are SOAP notes, usually, and those notes that are written to establish a therapy plan as well as re-evaluation of that plan. Use the designators S:, O:, A:, P: and begin your notes directly following the colon. At the end put your first initial, last name, and ATS designation (circle). Your staff will have the most input on what this note contains so I will not comment further here. However, your staff has an obligation to correct and adjust your notes or approve them as written, so they will contain staff initials soon after or as you

enter a note. Your entry of a note should be discussed with staff so that they have knowledge that you entered a note. Again, these may be more often, but should be done at least once every week. On other occasions between weekly notations, depending on staff preference, notes entered here may contain brief updates or acknowledgement of changes or accomplishments as well as being left blank.



## Injury Assessment

The Injury Assessment Screen is the same as in the Initial Assessment except that another percent is included, Resolution of the Injury (box). Change strength, range of motion, and instability as indicated. Also, change swelling and pain as indicated. **Pain is provoked pain by the maneuver that produces the most pain and not resting pain.** The other sign or symptom specific is a Progress (circle) determination. **Progress will change every week or so, meaning that progress will be positive or negative and sometimes no change.** If there is no progress for any long

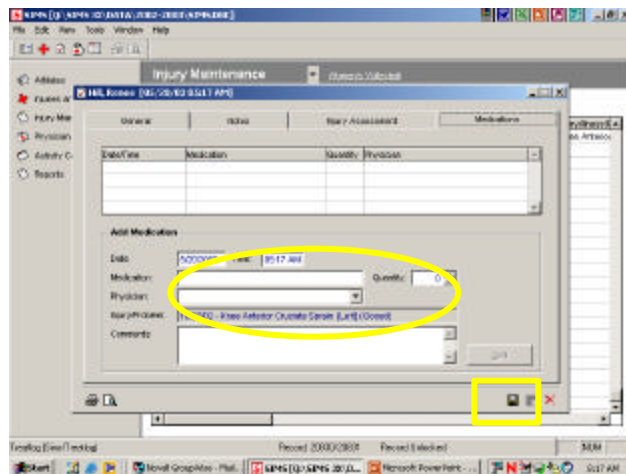
period of time (a week or more), something is usually wrong. Remember at the initial assessment or onset assessment, there is no change in progress, there is always a designation of New Injury unless you physically change it. At the final maintenance time you will note whether or not the injury has fully healed. **Be sure to change these progress indicators each time you enter a maintenance note for any reason or at least review them.** Functional level is defined the same as the Initial Injury Page: the athlete's subjective perception of their function related to their full activity capabilities. Finally the Resolution percentage is a harder concept to work with but is our (therapy) perception of performance with symptoms assessment. I will present the chart used to determine a consistent resolution percentage for each case. Injury resolution is rarely 0%. Follow the next slides to help with this concept.

## Injury Resolution Percentage

<ul style="list-style-type: none"> <li>• <u>Maximum Activity level</u></li> <li>• Disabled</li> <li>• Rehab Ex Only</li> <li>• Rehab Ex Only (full ROM)</li> <li>• Conditioning</li> <li>• Conditioning + Practice</li> <li>• Restricted Practice</li> <li>• Full Practice</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Low-High End Percentage</u></li> <li>• 0-10</li> <li>• 11-20</li> <li>• 21-50</li> <li>• 51-60</li> <li>• 61-75</li> <li>• 76-90</li> <li>• 91-100</li> </ul>
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### Injury Resolution Percentage

The general context of the injury resolution percentage is written in terms related to rehab, conditioning, and practice progressions in the column on the left. The corresponding percentage of resolution of the injury based on signs and symptoms are presented at the right. These scales are written in more detail and available through Dan. If your staff does not use this scale be sure to get a good understanding of the percent resolution from them in order to apply it consistently between and within every case.



### Medications

Medications are added at the bottom of the Medications Screen (circle). The medication listing will appear when you click on the box for medications. Fill in the other requested information. If this marks the end of your maintenance entry, click on the floppy disk icon (box) to save your entry. You can do that at any point on any screen.

## Injury Maintenance - Review

- Update your cases
- Be consistent with resolution, function, and status

### Review

The injury maintenance page is the place to update your cases and problems with treatments given and other assessment information including medication. The feature that is unique to this page is the resolution percentage. This percent is a relative measure of progress. Other progress markers are used to instantly visualize the patient's progress when the Team Physicians review cases. These markers are consistently desired by our physician reviewers.