

## COLLECTION TOOL

*Corresponds w/Spine Care Guideline for PT, Chiropractic and Massage Key Indicators*

Site: \_\_\_\_\_

Audit Date: \_\_\_\_\_

Auditor: \_\_\_\_\_

Date Range: \_\_\_\_\_

PATIENT ID:																
Type of treatment received	PT	CH	MT	PT	CH	MT	PT	CH	MT	PT	CH	MT				
<b>Patients receiving more Than 8 visits:</b>	Yes          No		Yes          No		Yes          No		Yes          No		Yes          No							
If Yes, # of visits:																
<b>Patients receiving exercise with strengthening instructions:</b>	Yes          No		Yes          No		Yes          No		Yes          No		Yes          No							
<b>Patients receiving walking/swimming/fitness program:</b>	Yes          No		Yes          No		Yes          No		Yes          No		Yes          No							
<b>Patients receiving additional care:</b>	Yes          No		Yes          No		Yes          No		Yes          No		Yes          No							
If Yes:	Referral to MD	Continue current care	Referral to MD	Continue current care	Referral to MD	Continue current care	Referral to MD	Continue current care	Referral to MD	Continue current care						
<b>Patient has functional goals stated &amp; met:</b>	Yes          No		Yes          No		Yes          No		Yes          No		Yes          No							
If Yes:	RTW	FD	E&S	FP	RTW	FD	E&S	FP	RTW	FD	E&S	FP	RTW	FD	E&S	FP

**RTW** = return to work  
**FD** = Full Duty w/o restrictions

**E&S** = Independent full home exercise & strengthening program  
**FP** = Independent on-going fitness program

## **Operational Definitions**

- 1) What type treatment did patients receive? Physical Therapy (PT), Chiropractic (CH) or Massage Therapy (MS)
- 2) Did the patient receive more than 8 treatments? If Yes, the number of treatments received?
- 3) Did the patient receive exercise & strengthening instructions?
- 4) Did patient receive instructions in swimming/walking/fitness program
- 5) Did patient receive additional care? If yes, referral to MD, continue current therapy
- 6) Did patient have functional goals stated and met? If yes:
  - Return to Duty (RTW)
  - Full duty without restrictions
  - Independent full exercise with strengthening program
  - Independent full home fitness program