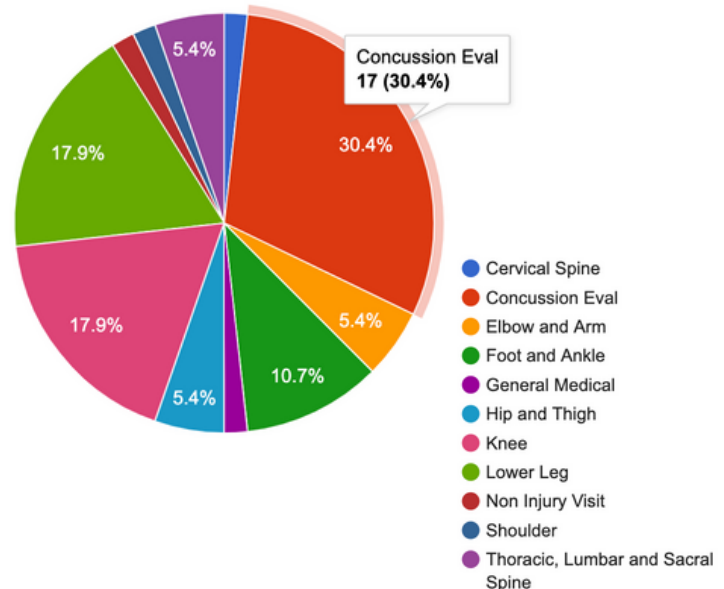


DOCUMENTATION GUIDELINES

THE INS AND OUTS OF PROPER DOCUMENTATION FOR ATHLETIC TRAINERS

Athletic trainers report a common barrier to proper patient care documentation is a lack of knowledge on what and how to document. With ATGenius, we want to help your record-keeping process improve patient outcomes, enhance communication, show your value, and protect you legally. So we've provided this guide to help you understand best practices for injury care documentation. Use this information along with NATA, BOC, employer and state recommendations to shape your daily patient documentation practices. With the implementation of these guidelines, your record-keeping will be complete, accurate, efficient, and effective, all while being available anytime you or your staff need access.

Injury Statistics Report



DID YOU KNOW?

Documenting only time-loss injuries can result in missing substantial data, inhibiting your ability to fully demonstrate the value of your AT services.

WHAT TO DOCUMENT

Any interaction or communication where AT services are provided including:

- Initial injury evaluation & re-evaluations using a standard method such as a SOAP note.
- Time-loss & non-time loss injuries.
- Progress notes, discharge notes, referrals.
- Patient Reported Outcome Measures (PROMs) throughout the treatment process.
- Treatment Sign-In.
- Communication with other healthcare professionals, parents and coaches relative to the patient's care.

WHY TO DOCUMENT

- Track progress & monitor patient care
- Professional Responsibility
- Insurance
- Legal protection & implication
- Improve patient outcomes
- Communication among healthcare providers
- Demonstrate treatment effectiveness
- Show the monetary value of care
- Demonstrate patient volume to add staff and improve resources

WHAT GOES WHERE?

SOAP Notes Simplified

- **Subjective** - What patients tell you: patient history, MOI, chief complaint, symptoms, patient statements.
- **Objective** - What you see, find or feel: injury signs, clinical observations, measurable data including ROM, strength and muscle girth, special tests.
- **Assessment** - Interpretation of findings or diagnosis.
- **Plan** - Next steps and future approach to care.

DID YOU KNOW?

There is no need to double-document with pen & paper with ATGenius. Our system backs-up your injury data every 3 hours. Double-documenting with an EMR and paper results in clinician inefficiency, more errors, inconsistent records, and greater risk of patient confidentiality breaches than using either method alone.

Nottingham SL, Kasamatsu TM, Eberman LE, Neil ER, Welch Bacon CE. Aspects of technology that influence athletic trainers' current patient care strategies in the secondary school. *J Athl Train.* 2020;55(8):780-788.

DID YOU KNOW?

A large study found that ATs tracked a total of 8,484 services and 4,254 patient visits for knee injury care. The median total cost of AT care provided was valued at \$564 per knee injury and \$73 per visit.

Lam KC, et al. Cost and treatment characteristics for sport-related knee injuries managed by athletic trainers: a report from the Athletic Training Practice-Based Research Network. *J Athl Train.* 2020.

Objective

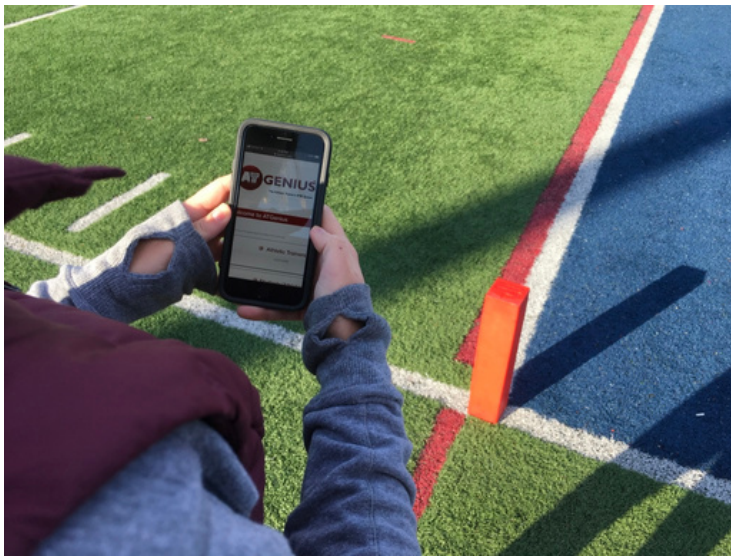
TTP over popliteal fossa
Dermatomes WNL
5/5 knee flx
5/5 knee ext
Pos. Anterior Drawer
Neg. Duck Walk
Neg. Posterior Drawer
Neg. Bounce Home
Neg. Valgus Stress

HOW TO TIPS

- Establish measurable goals with stated time frames and the frequency & expected duration of treatment.
- Record short, concise statements using appropriate abbreviations your co-workers will understand.
- Avoid opinions or judgments about what the patient tells you.
- Use quotes when recording statements made by the patient.

ELECTRONIC DOCUMENTATION BENEFITS

- Document anytime, anywhere
- Quick access to patient records from any device
- No more paper files!
- Demonstrate treatment statistics and identify injury trends
- All entries are date and time stamped
- Improve your efficiency and communication



DID YOU KNOW?

You can send self-scoring PROMs to your patients via text message to help you better track patient progress, identify problem areas, adjust treatment & demonstrate treatment effectiveness.

OTHER HELPFUL LINKS

[NATA Best Practice Guidelines for Athletic Training Documentation](#)
[BOC Appropriate Documentation in Athletic Training](#)

COMMON DOCUMENTATION BARRIERS & HOW ATGENIUS CAN HELP

Barrier #1: Lack of time and too many patients.

ATG Solution: Quickly document anytime, anywhere with our simple, practical EMR system. Use our reports to show injury and treatment stats to justify your position, or add staff to help with your patient load.

Barrier #2: Lack of knowledge and quality documentation training.

ATG Solution: Our system design guides you through the proper documentation process and provides all of the necessary areas to do it the correct way! These include SOAP notes, progress notes, concussion RTP procedures, referrals, parent communication, and more.

Barrier #3: Technology, budget and software limitations.

ATG Solution: With a base price of \$499/year, we provide a user-friendly, comprehensive EMR system that's affordable and works on any device. Our [flyer](#), [security document](#), [website](#) and [YouTube page](#) help educate administrators on the value of ATGenius.

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