



SKILLED TERMS to Describe YOU

Daily Narrative Notes and Progress-type Notes written by both Therapists and Assistants need two things: Descriptors of what the PATIENT is doing in and out of the treatment sessions AND descriptors of what the CLINICIAN is doing in the treatment sessions.

What the PATIENT is Doing = The "R" (Result, Response) in the OPRA Daily Narrative Note describing the patient's response/ability as a result of your treatment; and in the Progress-type Note, descriptions of the patient are included in the Goal Update and Remaining Functional Deficits/Underlying Impairments.

What the CLINICIAN is Doing = The "P" (Procedure) in the OPRA Daily Narrative Note describing what YOU were doing during the treatment session to facilitate progress toward the goals ; and in the Progress-type Note what YOU did or thought (clinical reasoning) is described in the Clinical Impression, Summary of Skilled Services, and Patient/Caregiver Update.

Use these SKILLED TERMS (or similar skilled action verbs) when documenting the "P" in OPRA and when documenting the overview of your SKILLED SERVICES on Progress-type Notes.

SKILLED TERMS	Context Needed when Using These SKILLED Terms
Adapted	Describe the adaptation YOU provided.
Adjusted	Describe what YOU changed in the stimulus, task, or response expected from the patient.
Analyzed	Describe the results of YOUR analysis and the treatment implications (what needs to change because of what you found).
Anticipate	Describe what YOU anticipate might be the expectation or the result in order to demonstrate your clinical analysis.
Assessed	Describe what YOU tested, the results, and the treatment implications (what needs to happen due to the test results).
Compensatory training	Describe the compensatory techniques YOU taught. Indicate if the technique taught obtained the results expected or not.
Educated	Describe the specific topic that YOU taught.
Fabricated	Describe what YOU fabricated.
Facilitated	Describe the response YOU were facilitating.
Incorporated	Describe the technique/strategy YOU incorporated.
Inhibited	Describe what YOU inhibited and the inhibitory techniques used.
Instructed or Trained	Describe the specific technique/strategy YOU instructed or trained and the response.
Modeled	Describe the technique/task YOU modeled.
Modified	Describe the modification YOU made to the task, activity, technique to change the expected response from the patient.
Normalized	Describe what YOU normalized and the technique used.
Progressed	Describe the specific progression to the next more challenging task YOU facilitated.
Reduced	Describe what YOU were reducing and the technique used.
Upgraded or Advanced	Describe the upgrade or advancement YOU made.
Did not progress as anticipated	Suggested phrase for use if the patient did not progress during a progress reporting period. Must include an explanation for why you believe the patient did not progress.

UNSKILLED TERMS to Generally Avoid

UNSKILLED TERMINOLOGY	Explanation and Suggestions
Tolerate treatment well.	Too generic. Does not show your skilled clinical analysis.
Continue per plan.	Does not demonstrate that your skill is needed to plan and progress treatment activities.
No progress (without an explanation)	Instead, use: "Did not progress as anticipated. Complicating factors that limited expected progress were..."
Minimal progress (w/o an explanation)	Instead, use: "Did not progress as anticipated. Complicating factors that limited expected progress were..."
Plateaued (without an explanation)	Instead, use: "There was a slowing of expected progress due to ..."
Least restrictive	Not an objective, measurable target. Does not demonstrate your skill in projecting and planning.
Highest level of function	Not an objective, measurable target. Does not demonstrate your skill in projecting and planning.
Observed or Monitored	Non-skilled persons can observe and monitor. If using these words add your analysis of what you observed/monitored and any related adjustments made as a result of your findings.
Maintain	Maintaining is acceptable in a Stay Well Skilled Maintenance program, but generally not an expectation in therapy to restore lost functions.
Walked	Walking with patients is generally not considered a skilled service.
Unmotivated	Determine reason for the "decreased participation" and describe what you are going to do to improve participation.
Non-compliant or Uncooperative	"Patient refusing to perform/attempt due to..." and then explain what you are going to modify to obtain the desired response.
Reminded patient to...	Non- skilled persons can remind patients to do things as reminding does not take our skill. Determining appropriate cues and modifying cues may require our skill.
Practiced	Patients practice outside of therapy time. Practicing does not suggest that skilled analysis and adjustment is being applied on the part of the therapist.
Helped	Non-skilled persons can help a patient. Need to describe what YOU were doing that took your skilled knowledge during the task.
Patient performed...	Reporting on performance during activities is the patient's response (which is good to document) and not a description of the skilled services YOU provided. Must describe YOUR analysis, modification, feedback, training, etc provided to elicit the patient performance.
Repetitive	Treatments or activities that are repetitive are generally considered unskilled. If prolonged repetition is needed for learning, need to have a cognitive assessment that would support the ability to learn with prolonged repetition and this needs to be explained in the documentation.
Endurance	Increasing endurance in a patient that does not have a cardio-pulmonary condition is often considered unskilled as endurance is improved through repetitive activity. For the cardio-pulmonary patient, include measures of vitals and analysis of normal/abnormal cardio-pulmonary responses.
Activity tolerance	Activity tolerance, like endurance, can be considered unskilled - especially if there is not a description of the impairment that is limiting the activity tolerance. There are many impairments that limit activity tolerance such as pain, weakness, balance deficits, cardio-pulmonary compromise. The related impairment you are addressing when focusing on improving activity tolerance must be described to show that your skill is necessary.