

# Documentation for Physical Therapist Assistants 5th Edition Test Bank

## Chapter 1. Introduction to Documentation

### Multiple Choice

1. What is the definition of **documentation**?

- A. Anything written without supplying evidence
- B. The use of documentary evidence to support original written work
- C. Classifying knowledge that is not readily available
- D. The assembling of documents without classification of knowledge

ANS: B

Rationale: Proper documentation must supply evidence, and knowledge must be readily available and classified.

2. Why is documentation **necessary** in patient care?

- A. It helps provide written and legal proof that treatment occurred.
- B. It does not need to be written if it is reported verbally.
- C. It helps determine what one might do with a patient.
- D. It is not necessary at all.

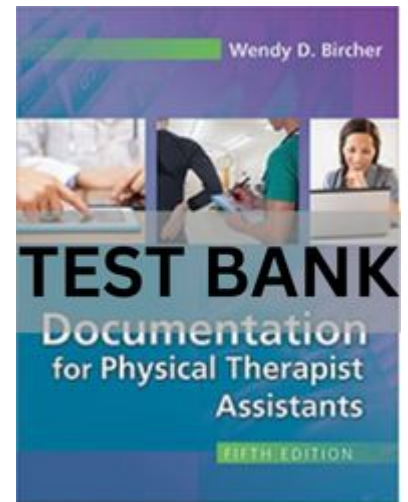
ANS: A

Rationale: Information about patient care must be written, not just verbally discussed, or it did not happen. Documentation might help a therapist plan the treatment session, but it is always necessary to provide the written and legal proof of care.

**2-8-98:** Pt. feeling better today. Pt. was seen for a 30 minute therapy visit.  
**S:** Mom told PTA that her son is cranky and stiff.  
**O:** Worked on sitting and rolling.  
**A:** Pt. able to sit by himself for short time periods.  
**P:** Continue PT sessions.

3. In the SOAP note example provided in Figure 1–1, why was the **objective** section incorrect?

- A. It did not report how much assistance was given in sitting and rolling and could not be followed.
- B. It did not report how long the patient was able to sit, but rolling is a skill that can be understood without further clarification.
- C. It did not report how many times the patient rolled, but sitting can be done in only one position.
- D. It did not report the specific parameters of the treatment session and was not reproducible.



## Documentation for Physical Therapist Assistants 5th Edition Test Bank

ANS: D

Rationale: The objective section must give information related to the specific time span, amount or type of assistance, and positions or placement of hands for support. It must be easily reproduced by another therapist based on the information given.

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4. In the SOAP note example provided in Figure 1–1, why is the **assessment** section incorrect?

- A. It is correct and no changes are necessary.
- B. It needs to include more specific goals for rolling and sitting.
- C. It needs to delineate how long the patient sat compared with the last session.
- D. It is correct but should also include the short-term goal of rolling.

ANS: C

Rationale: The assessment section needs to summarize what happened in the objective section. It should provide information based on the skills performed, type of improvement compared with the last session and the relationship of the comparison, and how the skill meets short- or long-term goals set up in the original plan of care.

5. Documentation classification has evolved over many years. Which **documentation classification** provides a definitive summary of an active pathology with the relationship to the resulting impairment?

- A. ICIDH Classification
- B. National Center for Medical Rehabilitation Research
- C. Nagi Disablement Model
- D. Functional Impairment Model

ANS: C

Rationale: This is the definition of the Nagi Disablement Model.

6. Which **taxonomy** can be defined as the loss or abnormality of a physiological, psychological, or anatomical structure or function?

- A. Disability
- B. Functional limitation
- C. Handicap
- D. Impairment

ANS: D

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Rationale: This is the definition of impairment.

7. What two events changed treatment and documentation responsibilities for the PT and PTA?

- A. Medicare insurance and physician referrals
- B. Medicaid insurance and types of documentation
- C. HMO and physician referrals
- D. Medicare insurance and types of documentation

ANS: A

Rationale: Responsibilities for the PT and PTA changed because of the requirements of Medicare insurance and physician referrals for physical therapy services.

8. When was the **first** academic program developed for the PTA?

- A. 1959
- B. 1967
- C. 1973
- D. 1979

ANS: B

Rationale: The first PTA program was established in 1967.

9. What type of **access** allows a patient to see a PT without a physician's referral?

- A. Indirect
- B. Express
- C. Timely
- D. Direct

ANS: D

Rationale: Direct access provides the ability for a patient to see a PT without a physician's referral.

10. What state became the **first** state to allow direct access?

- A. California
- B. Nebraska
- C. Maryland
- D. New York

ANS: B

Rationale: Nebraska was the first state to allow direct access for physical therapy treatment in 1957.

## Documentation for Physical Therapist Assistants 5th Edition Test Bank

11. Direct access allows PTs to practice with autonomy because it is understood that PTs recognize their legal responsibilities. What is this **legal responsibility** called?

- A. Scope of practice
- B. Legal responsibilities
- C. Ethical issues
- D. Code of ethics

ANS: A

Rationale: The legal responsibility of the practicing PT relates to the scope of practice for the state in which the PT will practice. Because of this scope of practice, the physical therapist would know when it is legally necessary to refer the patient to a physician or another medical specialist, depending on the symptoms exhibited by the patient.

12. During which **time period** did documentation change, requiring more specific information?

- A. Mid-1950s
- B. Mid-1960s
- C. Mid-1970s
- D. Mid-1980s

ANS: B

Rationale: The change from general documentation to more specific documentation requirements began in the mid-1960s because of the enactment of Medicare insurance policies.

13. What specific piece of **legislation** was responsible for changing the documentation process?

- A. Public Law 504
- B. Americans With Disabilities Act
- C. Rehabilitation Act
- D. Health Insurance for the Aged and Disabled Act

ANS: D

Rationale: The Health Insurance for the Aged and Disabled Act, commonly known as Medicare, drove the changes in documentation.

14. Which **two** goals must physical therapy meet for the PT to receive reimbursement for services?

- A. Inefficient and disorganized
- B. Efficient and organized
- C. Effective and efficient
- D. Organized and effective

## Documentation for Physical Therapist Assistants 5th Edition Test Bank

ANS: C

Rationale: Physical therapy must be effective and efficient to ensure appropriate reimbursement for treatment.

15. Documentation must meet today's standards for reimbursement and provides the basis for research. What **two** standards must be met for reimbursement to be successful?

- A. Measures functional outcomes and identifies effective and efficient treatment
- B. Describes functional activities that demonstrate appropriate interventions
- C. Identifies appropriate interventions based on the type of treatments
- D. Demonstrates effective and efficient treatment

ANS: A

Rationale: Documentation must be effective and efficient and must measure functional outcomes to meet today's standards for reimbursement.

16. What is the **website** for the American Physical Therapy Association (APTA)?

- A. [www.apta.us.net](http://www.apta.us.net)
- B. [www.apta.org](http://www.apta.org)
- C. [www.apta.com](http://www.apta.com)
- D. [www.apta.us.com](http://www.apta.us.com)

ANS: B

Rationale: The correct website for the APTA is [www.apta.org](http://www.apta.org).

17. To provide high-quality medical care, the PT and PTA must demonstrate **one** exceptional skill. What is that one skill?

- A. Writing
- B. Organization
- C. Treatment
- D. Communication

ANS: D

Rationale: The PT and PTA must have exceptional communication skills, both verbally and in writing, to be able to provide high-quality medical care.

18. What is the former name of the **accrediting agency** for hospitals?

- A. CARF
- B. CAPTE
- C. JCAHO
- D. HIPAA

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ANS: C

Rationale: The Joint Commission, formerly The Joint Commission on Accreditation of Healthcare Organizations, or JCAHO, is the accrediting body for hospitals.

19. What is the name of the **accrediting agency** for rehabilitation facilities?
- A. CARF
  - B. CAPTE
  - C. JCAHO
  - D. HIPAA

ANS: A

Rationale: The Commission on Accreditation of Rehabilitation Facilities, or CARF, is the accrediting body for rehabilitation facilities.

20. What is the **focus** of outcomes in patient care related to PT and PTA documentation?
- A. The ability to provide cost-effective care for the patient
  - B. The ability to provide efficient care for the patient
  - C. The ability to improve functional abilities of the patient
  - D. The ability to document appropriate patient care

ANS: C

Rationale: It is imperative that treating PTs and PTAs provide a mechanism to improve functional abilities of the patient.

Chapter 2. The World Health Organization and the International Classification of Functioning, Disability and Health

Multiple Choice

1. What **organization** is responsible for development of the ICF framework for coding functional abilities in rehabilitation?
- A. United Nations (UN)
  - B. World Health Organization (WHO)
  - C. United States
  - D. United Nations Children's Fund (UNICEF)

ANS: B

Rationale: The WHO is responsible for the development of the ICF framework to be used in conjunction with the ICD coding system for disease and diagnosis.

## Documentation for Physical Therapist Assistants 5th Edition Test Bank

2. What is the **difference** between the ICF framework and the ICD coding system?

- A. The ICF framework is responsible for coding diseases, whereas the ICD coding system codes a medical diagnosis.
- B. The ICD coding system codes diseases, whereas the ICF framework codes a medical diagnosis.
- C. The ICF framework is responsible for coding functional abilities, whereas the ICD coding system codes diseases.
- D. The ICF framework and the ICD coding system both code a medical diagnosis and diseases.

ANS: C

Rationale: The ICF framework is used to code functional abilities in conjunction with the ICD framework, which is used to code diseases or a medical diagnosis.

3. The ICD coding system and the ICF framework are part of a broader system known as the Family of International Classifications. Which **classification system** is responsible for the parameters related to the ICD coding system and the ICF framework?

- A. Reference classifications
- B. Derived classifications
- C. Related classifications
- D. Functional classifications

ANS: A

Rationale: Reference classifications are those responsible for the ICD and the ICF framework. They cover those parameters related to health issues affecting a person's ability to function. Derived classifications include more specialized classifications of diseases or disorders (ICF-CY), and related classifications include aspects of health not commonly addressed or related to specific diseases or disorders. Functional classifications are not part of this system.

4. The ICF framework is important for multiple reasons. Identify the **reason** that signifies its importance in the care of patients in rehabilitation.

- A. It is used only in the United States to determine how function is affected by a patient's disease process.
- B. It is used in conjunction with HIPAA to protect patient confidentiality.
- C. It is used to determine how a patient's disease can affect his or her ability to function.
- D. It is used to provide foreign countries with the ability to evaluate a patient's disease or diagnosis.

ANS: C

Rationale: The ICF framework was developed as a worldwide classification system, in conjunction with the ICD framework, to determine how a patient's function is affected by his or her disease or diagnosis.

5. What **organization** endorsed the use of the ICF framework in its publications in 2010?

- A. HIPAA
- B. ICE
- C. WHO
- D. APTA

## Documentation for Physical Therapist Assistants 5th Edition Test Bank

ANS: D

Rationale: The American Physical Therapy Association (APTA) unanimously voted to endorse the use of the ICF framework in the House of Delegates in 2010. Preparations are being made to convert all publications using this material over the next year. HIPAA represents the Health Insurance Portability and Accountability Act, ICE represents Immigration and Customs Enforcement, and WHO represents the World Health Organization.

6. The ICF framework was developed from two key components. Identify the **correct** components.

- A. Functioning and disability, and contextual factors
- B. Disability and disease, and functioning
- C. Functioning, and disease and environmental factors
- D. Contextual, and disability and disease factors

ANS: A

Rationale: The ICF framework was developed from two main components: functioning and disability, and contextual factors.

7. Which **component** includes environmental factors within the ICF?

- A. Functional factors
- B. Disabilities
- C. Disease factors
- D. Contextual factors

ANS: D

Rationale: Environmental factors are included within the component of contextual factors. Functional abilities include the other three domains of body structures, body functions, and activities and participation.

8. The ICF framework is divided into four domains, which can then be used to identify the impact on a patient's disease process or disability on his or her function. Choose the **correct domain** that can be identified using the letter *b*.

- A. Environmental factors
- B. Body structure
- C. Body function
- D. Activities and participation

ANS: C

Rationale: Body function is the domain represented by the letter *b* in the ICF framework. Body structure is represented by the letter *s*, activities and participation by the letter *d*, and environmental factors by the letter *e*.

9. The letter *d* is used to denote a specific domain in the ICF framework. Identify the **correct domain** that uses this specific letter for identification.