Arriving at a Diagnosis
ICD-9 vs. TCM Diagnosis
how to do this

Kevin McNamee, DC, LAc
800 - 549 - 5993
www.TheSupplyCenter.com
Prepare for the Board Exam

Complete the Workshop Series
Take the Written and Clinical Competency Exam
Receive your Diploma as a Diplomat of the AAPOM
Expert Witness and Insurance Company Consultant

800-549-5993  www.TheSupplyCenter.com
Overview

Clinical Case Management

- Parts of the patient encounter include
  - History
  - Performing an examination
  - Ordering laboratory and diagnostic imaging,
  - Designing a treatment plan, and
  - Monitoring the results of the treatment

- Acronym memory devices are used
  - Reduce or minimize forgotten steps
  - During the exam, many details to remember and decisions made
  - Acronym
    - Free your thoughts for clinical decisions
    - Not require your concentration on which tests to be performed
Overview
Clinical Case Management

☐ The acronym used is **HIPPIRONEL**

☐ The **H**, standing for **History**, is broken down into **O P Q R S T** and **F A O M A S H**.

☐ **HIPPIRONEL**, refers to the examination and Diagnostic Imaging / Laboratory section.
Overview
Clinical Case Management

- **History (OPQRST)**
  - Identification
    - Age
    - Race
    - Gender
  - Chief Complaint cc:
  - Onset/Occurrence
  - Palliative/Provocative
  - Quality/Quantity
  - Radiation
  - Site
  - Time

- Past Medical History (FAOMASH)
  - Family History
  - Accidents
  - Other Doctors
  - Medications/Vitamins/Herbs
  - Allergies
  - Surgeries
  - Hospitalization
  - Usual ChildHood Diseases (UCHD)
  - Social History

- System Review: Inquiring
  (from a TCM perspective which overlaps with the system review)
Overview
Clinical Case Management

- Examination (IPPIRONEL)
  - (I) Inspection
  - (P) Palpation
  - (P) Percussion
  - (I) Instrumentation
  - (R) Range of Motion
  - (O) Orthopedic
  - (N) Neurological
  - (E) X-ray and Diagnostic Imaging
  - (L) Laboratory
Initial History and Exam

cc: Chief Complaint
Chief complaint leads to the type of history

(H) History
(OPQRST and FAOMASH)

This leads you into the type examination

Examination

(I) Inspection
(P) Palpation
(P) Percussion
(I) Instrumentation
(R) Range of Motion
(O) Orthopedic
(N) Neurological

Diagnostic imaging and Laboratory Tests
Depending on the history and exam, lab and/or diagnostic imaging maybe ordered

(E) X-ray and Diagnostic Imaging
(L) Laboratory

Daily Progress Notes (SOAP)

Subjective, Objective, Assessment and Plan

Subjective
(Comes from the History)

Assessment (Diagnosis) → Treatment Plan → Discharge

Objective
(Comes from IPPIRONEL)

(Re-evaluate)

Diagnostic imaging and Laboratory Tests

(Re-evaluate)

800-549-5993  www.TheSupplyCenter.com
Overview

Clinical Case Management

- Base line for the patient’s condition comes from:
  - The history, examination and any laboratory / diagnostic imaging

- Patient's response to care and progress is evaluated

- Clinical decisions are made based on this data

- Three case management choices can be made:
  - Treat and manage the condition exclusively;
  - Co-treat with other health providers with you providing the type of care with which you are comfortable; or
  - Refer the patient to another provider

800-549-5993  www.TheSupplyCenter.com
Monitor the Patient’s Subjectives, Objectives, and Laboratory/Diagnostic Imaging

- The patient's condition will
  - **Improve** to where the condition is at a preinjury status or a level of maximum medical improvement;
  - **Exhibit no change** in the subjectives, objectives and/or laboratory / diagnostic imaging regardless of what changes you make in the treatment methods; or
  - Become **worse**.
Arriving at a Diagnosis

- Progress notes are kept in the SOAP note format.
- The A in SOAP stands for Assessment.
- The term assessment is the same as diagnosis or impression:
  - using the data from the chief complaint, patient subjective, examination objectives, laboratory, and diagnostic imaging to arrive at a diagnosis.
- Consider other possible diagnoses called differential diagnosis to keep in mind while laboratory and/or diagnostic tests return or patient responds to treatment, etc.
- During the course of care, the diagnosis may be modified as you go along and other data reveals itself.
- You are not being graded here but it does need to be consistent with the chief complaint, patient subjective and exam objectives.
- Diagnosis codes used by the insurance industry are found in a book titled International Classification of Diseases Volume 9 (ICD-9) code book.

800-549-5993  www.TheSupplyCenter.com
**Arriving at a Diagnosis**

What is the minimum to be present to arrive at an ICD-9 diagnosis?

- **Sprain and/or Strain**
  - Pain in the body area
  - Affected joint has painful movement
  - Spasms or hyper tonicity of the muscles in the body area
  - Palpation tenderness
  - History of trauma or insult to the body area

- **Intervertebral disc without myelopathy**
  - Pain in the body area
  - Affected joint movement painful and/or increases symptoms
  - Positive CT or MRI
  - Positive orthopedic compression test disc herniation (Valsalva's, Spurling's, Compression Test, Kemp's, SLR, Lasegue's Test, etc.)
  - May include sensory changes, antalgic posture, reflex changes or muscle strength changes.
  - Palpation tenderness of the affected body area
  - Spasms or hyper tonicity of the body area

800-549-5993  www.TheSupplyCenter.com
Arriving at a Diagnosis

- **Myalgia and Myositis**
  - Tenderness either latent or active in the involved muscles
  - Circumscribed palpable nodule (trigger point)

- **Facet syndrome**
  - Subjective localized spinal pain
  - Spasm or hyper tonicity of the paraspinal region (especially with weight bearing)
  - Extension of affected area causes pain
  - History of trauma or insult to the region
## Arriving at a Diagnosis

<table>
<thead>
<tr>
<th>Sciatica</th>
<th>Sacroiliac sprain/strain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buttock and/or lower limb pain distribution</td>
<td>Pain in the sacroiliac joint</td>
</tr>
<tr>
<td>Positive SLR at 30 to 70 degrees</td>
<td>Affected joint movement is painful</td>
</tr>
<tr>
<td>Low or absent DTR (Achilles)</td>
<td>Tenderness on palpation</td>
</tr>
<tr>
<td></td>
<td>History of trauma or insult to the sacroiliac region</td>
</tr>
</tbody>
</table>
Arriving at a Diagnosis

- **Piriformis Muscle Syndrome**
  - Pain and parenthesis along the sciatic nerve
  - May have burning sensations, Hyperesthesia, or anesthesia
  - May have motor weakness of hip external rotation
  - Sciatic notch tenderness with palpation
  - Palpable mass or swelling over the Piriformis muscle with exacerbation of pain
  - Increased pain with hip internal rotation
  - Decreased pain with external rotation of the hip
Arriving at a Diagnosis

- **Headache - symptoms involving the head and neck**
  - Head pain
  - Tenderness by palpation in the head, suboccipital region, cervical or para-cervical areas.

- **Brachial neuritis or radiculitis**
  - (Includes cervical radiculitis and radicular syndrome of upper limb)
  - Pain and/or parenthesis in the neck, shoulder, arm and/or hand
  - Weakness of the arm and/or hand
  - Arm symptoms aggravated by neck and/or arm movements
Differential Diagnosis

- The list is a general guide to commonly encountered symptoms and conditions.

- **Arthritis**
  - Osteoarthritis, bursitis, tendinitis, connective tissue disease (rheumatoid arthritis, systemic lupus erythematosus (SLE), rheumatic fever, Scleroderma, gout, pseudogout, rheumatoid variants (ankylosing spondylitis, psoriatic arthritis, Reiter's syndrome, infection (bacterial, viral, TB, fungal), trauma, sarcoïdosis, sickle cell anemia, hemochromatosis, amyloid.

- **Headache**
  - Includes cluster, tension, and migraine (classic or simple), Cranial arteritis, toxin exposure, intra cranial mass, subarachnoid hemorrhage, meningitis, trauma, vascular (menstruation, hypertension), fever, sinusitis, eyestrain, lumbar puncture (spinal headache), middle ear infection.

- **Foot / Ankle Pain / Numbness**
  - Morton's metarsalgia (neuroma), excessive foot pronation, Lumbosacral spine disorders, calcaneodynia, plantar fascitis, tarsal tunnel syndrome, diabetes.

- **Left Shoulder or Arm Pain**
  - Acute myocardial infarction, pancoast tumor, tumor of the left upper chest region, lymphadenopathy, splenomegaly.

- **Right Shoulder Pain**
  - Liver and/or gallbladder disease (cholecystitis, cholangitis, choledocholithiasis), hepatitis, hepatomegaly, cervical spine intervertebral disc, thoracic outlet syndrome.

- **Mid and Low Back Pain**
  - Acute myocardial infarction, angina, liver disease, aortic aneurysm, gallbladder disease, pancreatitis, peptic ulcer, hiatal hernia, gastritis, endometriosis, ovarian cyst or tumor, pelvic inflammatory disease, UTI, spastic colon.

- **Hand Pain / Numbness**
  - Carpal tunnel syndrome, Raynaud's phenomenon, thoracic outlet, ulnar tunnel syndrome, cervical intervertebral disc, sulcus ulnaris syndrome.

- **Neck or Jaw Pain**
  - Acute myocardial infarction, middle ear infection, osteoarthritis, cervical vertebrae osteophyte, dissecting carotid artery, meningitis, mumps.
YES YOU CAN

YOU CAN TREAT A PATIENT WITH

ACUPUNCTURE

AND

CHIROPRACTIC

CARE ON THE SAME VISIT

Sponsored by The Supply Center 800-549-5993 www.TheSupplyCenter.com 800-549-5993
Diagnosis from a TCM Paradigm

- For musculoskeletal complaints use
  - External vs. Internal
  - Superficial vs. Deep
  - Hot vs. Cold
  - Damp vs. Dry
  - Yin vs. Yang
  - Excess vs. Deficient
Arriving at a Diagnosis

- Do not use
  - Zang Fu
  - Shang Han Lun
  - Wen Bing

- These are for internal disorders which may manifest as a musculoskeletal complaint
Musculoskeletal injuries have three stages of healing:

- **Acute Inflammatory Stage (48 to 72 hrs from onset of treatment)**
  - Body is dissolving blood elements and tissue debris.
  - Characterized by swelling, heat, redness and local pain/tenderness.

- **Reparative Stage/Subacute (48 hrs to 6 wks from onset of treatment)**
  - Body is laying down fibrin and fibroblasts which begin the repairs.
  - Characterized by local heat, redness, tenderness, decreased circulation and decreased flexibility.

- **Toughening/Remodeling or Rehabilitation Stage (3 weeks to 12 plus months from onset of treatment)**
  - Body has fibrous deposition (scar tissue) and chronic inflammatory reaction.
  - Characterized by palpable thickening and in duration of the area.

The Traditional Oriental Medicine (TOM) condition is:

- Superficial or Deep Heat with Damp, Excess and Blood Stagnation -- False Cold due to Damp.

- Superficial or Deep Heat with an Excess and Blood and/or Qi Stagnation.

- May be Deficiency with Stagnation of Qi.
Case Management Workshop (P4)

- Place the cards on the table in order of procedure done in the patient encounter. Be sure all team members (8 to 10 people per team is ideal) are able to see the cards and participate in the discussion.

- The cards are turned over in order and read aloud by the team leader. The cards are left face up on the table.

- After all the cards are turned over, clinical decisions regarding the working diagnosis, differential diagnosis and treatment plan (what phase of care is the patient in at this point, what other diagnostic tests may be done, what therapies may be selected, etc)?

- Complete the team's Case Management Question and Answer Sheet for this case. You have approximately 10 minutes per station.

- Once the questions are completed, turn the Case Management cards over for the next group to begin the process.

- Take your Case Management Question and Answer Sheet to the next table when the instructor directs the groups to move. This Sheet will be read aloud during the discussion with the instructor.
BEGIN