## Physical Therapy Complexity Evaluation – Documentation Tips

<table>
<thead>
<tr>
<th>Element</th>
<th>Assists In Supporting Level of Evaluation Reported</th>
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| **History:** Personal Factors & Comorbidities | • Clear documentation of comorbidities that impact function and ability to progress through a plan of care  
• Identify specific factors / comorbidities and how they impact the POC  
• Include well-established PLOF, along with past treatment approaches if applicable  
• Includes social history, living environment, work status, cultural preference, medications, other clinical tests, etc.  
• Data used to support the complexity level must be well supported. Payers cannot assume criteria based on past medical history / PLOF in the evaluation report  
**Examples:**  
Diabetes for wound care patient, exacerbation of COPD / cardiopulmonary precautions requiring skilled clinician assessment, patient with gait limitations who lives in a tri-level home, etc. |
| **Examination & Assessment:** Body Systems Elements (Body Structures and Functions, Activity Limitations, Participation Restrictions) | Formalized testing and objective baseline measures established through thorough assessment:  
• Include thorough objective baseline measures, along with formalized testing  
• Documentation must clearly support any body regions, structures, and functions to address within the POC  
• Activity limitations with any precautions and restrictions must be included  
• Specify the total number and specific body systems elements to support the complexity level  
**Examples:**  
• **High Complexity with 4 or more elements:** 1) knee contracture (supported by goniometric measurements and impact on function), 2) balance impairment (supported by balance grades, formalized tests), 3) gait impairment (supported by detailed gait analysis with objective measures deviations, AD, assist level, etc.), 4) transfers/transitions (supported by assist level, AD, safety deficits, cues required, etc.)  
• **Moderate Complexity with 3 or more elements:** 1) increased heart rate with exertion/gait (supported by HR at rest and with activity), 2) gross motor and balance impairment (supported by Tinetti and balance grades), 3) LE/trunk strength deficits (noted MMT of each area), 4) gait impairments/safety deficits (noted objective measures, deviations, assist level, AD, etc.) |
| **Clinical Presentation** | Specify stable, evolving, or unstable / unpredictable clinical presentation, along with rationale  
• Stable: uncomplicated, not changing, condition remaining constant  
• Evolving: changing clinical characteristics, may be expected change in presentation, predictable changes  
• Unstable: unpredictable characteristics, varying presentation, condition may be volatile and inconsistent, fluctuating  
**Examples:**  
low back pain with pain now down the leg (not getting better), orthostatic hypotension (cardiac conditions), active infection with presenting symptoms, vital signs, sweating & fatigue (respiratory status), unstable joint with propensity for buckling, fluctuating performance levels, etc. |
| **Clinical Decision Making** | Document within a clinical impressions statement:  
• Should reflect judgement and multi-dimensional thinking  
• Document the number of components analyzed, examined and coordinated to support the specific level of clinical decision making  
**Examples:**  
Refer to the selection of formalized tests, deficits analyzed and objective components assessed during the evaluation in order to achieve thorough assessment and plan of care (including treatment options) for the patient. |