

## P.A.R.T for Medicare

P= PAIN

A=ASYMMETRY

R=RANGE OF MOTION

T=TEMP, TONE, TONICITY

### P.A.R.T.

Using the acronym P.A.R.T., the five diagnostic criteria for spinal dysfunction (subluxation) are identified as follows:

**"P" - Pain/Tenderness:** The perception of pain and tenderness is evaluated in terms of location, quality, and intensity. Most primary neuromusculoskeletal disorders manifest primarily by a painful response. Pain and tenderness findings may be identified through one or more of the following: observation, percussion, palpation, provocation, etc. Furthermore, pain intensity may be assessed using one or more of the following: Visual Analog Scales, algometers, pain questionnaires, etc.

Documented on our DN FORM in the symptoms section (PG2). The 5 columns in the symptoms section represent what Medicare wants to know about the symptoms (Beginning in the 1<sup>st</sup> column we have the TYPE of problem, SEVERITY of the problem, CHARACTERISTICS, FREQUENCY, and WHETHER OR NOT THE PROBLEM IS IMPROVING). Also documented using the PAIN SCALE (VAS) and the PAIN DIAGRAMS. \*\*\* FROM THE DOCTOR'S EXAM – Document in the objective section using the TENDER and RADIATE columns under biomechanical exam (PG1).

Figure 1 – Symptoms Section, DN3c Form, Pg. 2

**SYMPTOMS** If Your Symptoms HAVE NOT Changed Since Your Last Visit Indicate Here  And Proceed To Section II   
 If Your Symptoms HAVE Changed Since Your Last Visit Please Complete Both Sections I and II

**SECTION I**

RIGHT SIDE	TYPE OF PROBLEM					SEVERITY OF PROBLEM			CHARACTERISTICS OF PROBLEM			FREQUENCY OF PROBLEM			WHETHER IMPROVING OR NOT									
	Pain	Numbness	Tingling	Stiffness	Soreness	Swelling	Weakness	Mild	Moderate	Severe	Burning	Dull	Sharp	Shooting	Throbbing	Occasional	Intermittent	Frequent	Constant	Improving	Worsening	Unchanged	Resolved	
Head																								
Neck																								
Upr Back																								
Mid Back																								
Low Back																								
Shoulder																								
Elbow																								
Wrist																								
Hand																								
Hip																								
Knee																								
Ankle																								
Foot																								
LEFT SIDE																								
Head																								
Neck																								
Upr Back																								
Mid Back																								
Low Back																								
Shoulder																								
Elbow																								
Wrist																								
Hand																								
Hip																								
Knee																								
Ankle																								
Foot																								

**SECTION II**  
 How Would You Rate Your Pain Today With 0 Being The Best And 10 Being The Worst  
**PAIN SCALE (VAS)** 9/10  
 No Pain  Worst Pain Possible   
 If Your Symptoms Change, When Are They Worse  
 Morning  Evening  Afternoon   
 Night  Other   
**WHAT MAKES SYMPTOMS WORSE**  
**PAIN DIAGRAMS** Please Mark The Location Of Your Pain On These Figures  
**PAIN DIAGRAM**  
**PATIENT SIGNATURE AND DATE**  
 No New Aggravation / Injury  
 New Injury  
**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Figure 2 – Subjective Section, Daily Note Report – SAMPLE TEXT

**SUBJECTIVE**

Bob Jones indicates during his visit this day that his main complaints are the following: The patient has in both sides of his neck a frequent sharp, shooting pain with stiffness and soreness of a severe level. In the right shoulder he is bothered by an intermittent pain with stiffness and soreness of a moderate degree. The patient is experiencing in the right wrist a frequent throbbing pain with swelling of a moderate level. He says that in both sides of his neck and right shoulder there is no change in the pain with stiffness and soreness. In his right wrist the pain with swelling is unchanged. On a visual analog scale of 0 to 10 with 0 being no pain and 10 being the worst pain possible, the patient reports his overall pain is an 8. He relates that his symptoms are worse in the morning. The patient notes that he has not had any new provocative incident.

**PAIN DIAGRAMS** Please Mark The Location Of Your Pain On These Figures

**PATIENT SIGNATURE:** Bob Jones **DATE:** 1-31-08

**FIGURE 3– BIOMECHANICAL EXAM, DN3c Form, Pg. 1**

**OBJECTIVE**  Same Assessment  
 Leg Length Deficiency  Equal

Left	W8	W4	W8	W2	W8	W4	W8	W2	W8	W4	W8	W2
Right												

**Biomechanical Exam**

LEFT	Sublux	Tender	Radiate	Sublux	Tender	Radiate	RIGHT
	U			U			
	M			M			
	L			L			
	U			U			
	M			M			
	L			L			
	U			U			
	M			M			
	L			L			
	S			S			
	P			P			
	U			U			
	L			L			

High Hip  
 Antalgia

Range Of Motion  
 Cervical  
 Dorsolumbar

Decreased  
 Normal  
 Mild  
 Moderate  
 Severe

**Figure 4 – Objective Section, Daily Note Report – SAMPLE TEXT**

**OBJECTIVE**

The following conclusions are indicated by a palpatory evaluation of the cervical spine and right upper extremity: Apparent pain to palpation is noted overlying the left upper cervical spine. Tender musculatures are located at the right upper cervical area which radiates. Pain to palpation is detected in the left middle cervical range. Pain to palpation is present specific to the right middle cervical area which radiates. Pain to palpation is apparent specific to the left lower cervical region. Tender muscles are evident specific to the right lower cervical spine which radiates. Evidence of tenderness is identified in the right upper extremity.

**A" -Asymmetry/Misalignment:** This criterion may be identified on a sectional or segmental level through one or more of the following: observation (posture and gait analysis), static palpation for misalignment of vertebral segments, diagnostic imaging, etc.

Documented on our DN FORM in the objective section (PG 1). LEG LENGTH DEFICIENCY, POSTURE, and FORWARD FLEXION all show asymmetry or misalignment.

**FIGURE 5 – LEG LENGTH DEFICIENCY / POSTURE**

**Figure 6 – Objective Section, Daily Note Report – SAMPLE TEXT**

**OBJECTIVE**

The evaluation of the disparity in the length of the legs confirms the right leg to be 1/8 of an inch short reflective of postural compromise. Analysis of his posture substantiates the head tilted to the right with forward flexion in the cervical spine.



**"T"-Tissue Tone, Texture, Temperature Abnormality:** Changes in the characteristics of contiguous and associated soft tissues including skin, fascia, muscle, and ligament may be identified through one or more of the following procedures: observation, palpation, use of instrumentation, tests of length and strength, etc.

Documented on our DN FORM in the objective section under **BIOMECHANICAL EXAM** using the **SPASM** and **INFLAMMATION** columns.

**FIGURE 9 – Objective Section, BIOMECHANICAL EXAM**

The image shows a portion of a medical form titled "Biomechanical Exam". At the top, there is a legend for "OBJECTIVE" with symbols for "Same Assessment" and "Equal". Below this, there are sections for "Leg Length Deficiency" (Left/Right) and "Range Of Motion" (Cervical/DorsalLumbar). The main section is a grid for "Biomechanical Exam" with columns for "LEFT" and "RIGHT", and rows for "Spasm", "Inflam", and "Rheumat". Red circles and vertical lines highlight specific cells in the "Spasm" and "Inflam" rows for both left and right sides.

**Figure 10 – Objective Section, Daily Note Report – SAMPLE TEXT**

**OBJECTIVE**

During the palpatory evaluation of the cervical spine, spastic deep paraspinal musculatures are present overlying the left upper range. There is spasm and edema noted specific to the right upper cervical spine. Spastic deep paraspinal musculatures are detected at the left middle cervical area. Myospasm and inflammation are located in the right middle cervical range. Myospasm is apparent at the left lower cervical area. Spastic and inflamed musculatures are evident specific to the right lower cervical spine. Cervical ranges-of-motion are diminished with severe pain, corresponding with clinical evaluation.

To ensure the medical necessity of treatment, Medicare requires that at least two of the four elements of PART be documented. It is also required that one of those two be either the asymmetry/misalignment or the range-of-motion abnormality. (Acceptable documentation of PART would include the "A" with "P," "R," or "T"; or the "R" with the "P," "A," or "T"; or just the "A" and the "R," but never just the "P" and the "T.")

If practitioners standardize their evaluation, comparisons of treatment effectiveness and efficiency are possible. PART is not meant to be a replacement for all joint evaluation procedures as there are testing procedures that are specific to a technique system (leg check, arm fossa test, therapy localization, etc.). Additionally, visceral relationships should be considered, as well as other testing procedures deemed necessary from data previously obtained.

\*\*\*This document is for informational purposes only and is not intended to be a conclusive outline of Medicare requirements. For conclusive information please review the Medicare documentation guidelines for your state.

References:

[http://findarticles.com/p/articles/mi\\_qa3841/is\\_199912/ai\\_n8856567/pg\\_2](http://findarticles.com/p/articles/mi_qa3841/is_199912/ai_n8856567/pg_2)  
[http://www.chiropub.com/issues/articles/2006-02\\_06.asp](http://www.chiropub.com/issues/articles/2006-02_06.asp)