Prognosis Guarded – What do you mean?
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I could never understand, when reviewing charts, why next to “prognosis” the treating clinician’s response was often listed as “guarded”. This occurred mostly when reviewing chiropractic records.

Let me get this straight. Here I am reviewing chiropractic records that 1] were being submitted by someone who I believe is the most skilled in diagnosing and treating musculoskeletal conditions, 2] who just completed one of the most extensive consultations and examinations, and 3] who submitted a diagnosis that is reasonably accurate. And now when it comes to providing an opinion as to how this patient is likely to respond to treatment, the doctor, at best, can only offer a guarded prognosis!

I always believed one primary objective when treating patients was to improve the quality of their lives. That might mean any number of things to you and your patients. But more times than not, during my 27 years of practice, patients simply wanted to feel better so they could return to the kinds of activities of daily living they enjoyed most. My patients typically would rate the quality of their lives largely upon whether they were capable of performing some, if not all, of their more enjoyable daily activities.

You and I know that in the clear majority of cases, chiropractic treatment offers a prognosis that is excellent for full recovery; or in more chronic conditions, will reduce discomfort to a level allowing patients to return to a more active and enjoyable lifestyle. Why not say that?

I firmly believe a guarded prognosis is often submitted because the doctor believes being vague and ambiguous will then open the door for more extensive treatment. Nothing could be farther from the truth. Clinical opinions that remain 1] non-committal relating to the amount of treatment anticipated or 2] ambiguous regarding "likelihood of a favorable response" will simply be "red flagged" and reviewed.

When patients are paying cash, how can they not be upset, if after spending all this time and money following initial work-up, the chiropractor is vague in, 1] offering an opinion as to how they are likely to respond to treatment, 2] how long treatment will last, and 3] approximately how many visits are required?

Whether you're treating a patient paying cash, or filing a workers compensation or personal claim, or even submitting a claim covered by the patient's insurance company, I recommend you communicate clearly and decisively on these issues. Most importantly, remember it's your clinical judgment, and if you're incorrect early on, then update those opinions in follow-up reports. It's that simple.

For example, I recommend that following initial evaluation and during the acute stage, you report to the patient and/or payer at 2-week intervals. That can increase to 4 week periods as the patient continues to respond favorably. During all my years treating patients and following initial work-up, I would typically inform the patient or conclude my report to the payer as follows:
"Based upon initial evaluation and diagnosis submitted, the patient presents as an appropriate candidate for a course of chiropractic treatment. Initial course of treatment will extend 2-4 weeks. I anticipate visits being scheduled multiple times weekly, and then tapering as patient responds favorably. Re-evaluation completed at approximately two-week intervals will include outcome assessment tools. Treatment effectiveness will be based mostly on the patient's ability to return to more normal activities of daily living."

You also need to be clear in your reporting when managing workers compensation or personal injury claims, especially if you believe the patient has reached a clinical level that is permanent and stationary or is at maximum improvement. I assume when you've made that determination, patients have already explored and completed all appropriate diagnostics and other treatment alternatives, and now are reporting residuals.

If future care is necessary in supportive fashion then consider outlining the amount of treatment you believe is required over 12-month intervals. Consider the example below when concluding your report under the heading of "Future Treatment":

"Given residual symptoms patient will require future care characterized as supportive in nature. It is within reasonable clinical probability that up to four flares in symptoms are likely to occur during the course of a 12-month period based upon the patient's present activities of daily living. I anticipate 3-5 visits being required for each episode. As a result, visits ranging up to 20 are recommended annually. To evaluate in the future efficacy and amount of treatment being recommended, I suggest this patient and records be reviewed at 12-18 month intervals."

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