Suggested Electronic Medical Record Documentation Dot Phrases for Telerheumatology

Documentation must contain:
□ Chief Complaint
□ Review of systems
□ Assessment/Diagnosis/Plan
□ Location of patient and location of the provider
□ Discussion about counselling and care coordination
□ Consent for telerheumatology visit
□ The names and credentials of all people involved in telemedicine visit and their role in the encounter at both originating (location of patient) and distant (provider location) sites.
□ Time spent for the visit

Dot Phrase
Direct Patient Telehealth Rheumatology Visit: · Patient location: _ . Platform: _, secure, live, face-to-face video conference · Clinical Staff with credentials: _ · Location of the provider: _ . People present for visit: _
1. What phone number should I call if we get disconnected? _
What number should I call if there is an emergency and I need to get help for you? _
2. Are you in a location where you are comfortable discussing your healthcare? _ [Yes/No/Unknown]
3. Review picture ID (for parent of patient), and showed them provider ID.
4. Location at the current time: _

Informed consent: Verbal consent, see below:
"You have chosen to receive care through the use of telemedicine. Telemedicine enables health care providers at different locations to provide safe, effective and convenient care through the use of technology. As with any health care service, there are risks associated with the use of telemedicine including: equipment failure, poor image resolution and information security issues. In particular, for pediatric rheumatology, given that I am unable to perform a hands-on joint examination there is a risk that you will need additional imagining studies or an in person visit subsequent to this telehealth visit. I am a Pediatric Rheumatology physician provider."

· Do you understand the risks and benefits of telemedicine as I have explained them to you? _
· Have your questions regarding telemedicine been answered? _
· Do you consent to the use of telemedicine in your medical care today? _
· I, Dr. _, have reviewed and discussed the information above with the patient.

Dot phrase for history and physical exam:

History:
V-pGALS questions (*denotes amends from the original pGALS)
Any Pain? (joint/muscle/back) scale 0-10*
Any Morning stiffness / Gelling? [_ minutes]*
Difficulty with dressing or undressing?
Difficulty walking or going up or downstairs?

Developed in collaboration between the PMM[1] team Newcastle University UK, and Seattle Children's Hospital[2] (USA)
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Physical Exam:
Physical exam conducted by observation over video platform:
General exam: Well developed well nourished, interactive on exam
MSK exam: V-pGALS: All maneuvers with normal symmetric range of motion except as noted below:

GAIT
Standing posture - *normal alignment*, no *swelling, deformity, wasting*
Walk & turn - _ *[normal, abnormal, not assessed]*
Walk on heels - _ *[normal, abnormal, not assessed]*
Walk on tiptoe - _ *[normal, abnormal, not assessed]*
[For walking - assess ability, foot posture, limp (favour left or right)]
ARMS
Observe _ (*nails, skin, muscles, deformity)*
Hands out straight - *elbow, wrist, finger extension _ [normal, abnormal, not assessed]*
Make cat claw/ monkey paw – *_full finger flexion _ [normal, abnormal, not assessed]*
Make a fist – *Supination, full finger flexion _ [normal, abnormal, not assessed]*
Pinch index finger & thumb - *finger joints, key grip strength _ [normal, abnormal, not assessed]*
Touch individual fingers to thumb - *dexterity, movement small finger joints _ [normal, abnormal, not assessed]_*
Caregiver squeeze MCP joints - *no pain _ [normal, abnormal, not assessed]*
Hands palm to palm/back to back - *wrist flexion/extension _ [normal, abnormal, not assessed]*
Reach arms up, head back - *elbow, wrist, neck extension _ [normal, abnormal, not assessed]*
Hands behind neck - *shoulder abduction, external rotation _ [normal, abnormal, not assessed]*
LEGS
Observation- _ (*nails, skin / soles, muscles, posture, alignment, leg length, flat feet)*
Caregiver feels knee at rest & on moving – *no reported warmth, swelling soft (grape like) or hard (stone)? or crepitus*
Caregiver assess range of movement of hips: _ *using leg roll* (or prone lying** 'X'/'W' leg position)
Caregiver assess range of movement knees: _ (*full extend and heel to buttock)*
Squat – *normal active knee flexion, no restriction at ankle _[normal, abnormal, not assessed]*
Balance on tip toes – *good plantar flexion _ [normal, abnormal, not assessed]*
1-leg stand – *symmetric balance, no Trendelenberg _ [normal, abnormal, not assessed]*
Sit cross legged & stand up*: no Gowers, fluency _ [normal, abnormal, not assessed]*
SPINE
Observation: _ (*skin, muscles, posture, normal lordosis, deformity)*
Touch ear to shoulder - *cervical spine lateral flexion _[normal, abnormal, not assessed]*
Open mouth & jaw side-to-side – *no TMJ deviation, _fingers wide* Forward bend – *_ [normal, abnormal, not assessed]*
Caregiver to assess sacroiliac joint tenderness [grade 0-10]* _
Total active joint count: _
Total questionable joint count: _
Physician Global assessment: _
Parent Global assessment: _
Parent Pain Assessment (0-10 over past week): _

Assessment and Plan
Total time of approximately _ minutes was spent face-to-face with the patient of which more than 50% was spent counseling and /or coordinating the patient's care regarding _.

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