Guide to Abbreviation Use in Osteopathic Case Notes

Introduction

The OCNZ Competency Standards require that case notes be recorded, noting a patient's personal history, examination findings and treatment. Abbreviations are often used within these notes, but can lead to confusion or misunderstanding when read by a third party. The OCNZ has identified a need to provide guidance on standardised abbreviations to ensure clear communication in written material.

This guide is not intended to be an exhaustive record of all abbreviations used, but more a recommendation for commonly used abbreviations. Abbreviations that are recognised and used in standard medical practice are also acceptable alternatives.

Background

Although there are several publications listing medical acronyms and abbreviations[1], there is a lack of definitive guidelines to osteopathic terminology. The abbreviations noted here are based on work by Fryer[2][3] and guidelines produced by the Department of Osteopathy, Unitec for use in the programme and student clinic.

The Educational Council on Osteopathic Principles also produce a Glossary of Osteopathic Terminology[4], which may be a useful guide for understanding osteopathic terms.

Discussion

Initially, a need for guidelines for abbreviations in case notes was identified after a case was reviewed by an external party. In investigating commonly used abbreviations, it has been noted that a large number of abbreviations are in use, with some degree of variation between practitioners.

The use of abbreviations, although commonplace, has met with controversy with Parvaiz, Subramanian & Kendall noting "Whilst abbreviations may indeed save time, the observed inter-group variation in correct interpretation of these abbreviations is unacceptable. We recommend that the abbreviations have no place in the multidisciplinary world and their continued use will only lead to eventual clinical error."[5]

Sinha, McDermott, Srinivas & Houghton note that "Use of abbreviations is widespread in medical records and may be a cause of concern" but "We believe that while it is impossible to expect healthcare professionals not to use abbreviations altogether, their use should be kept to an absolute minimum for effective and safe communication in patient care." They also note that, where present, recommendations for abbreviation use tends to either consist of an outright ban, an approved abbreviation list and/or a 'do not use' list of banned and potentially confusing abbreviations. [6]

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[1] For example: W.B. Saunders Company. (1992). *Dorland's Medical Abbreviations*. Saunders.
[2] Fryer, G. (2000). Abbreviations used in Australasian Osteopathic Teaching Clinics: a preliminary study. *Journal of Osteopathic Medicine*, 3(1), 7-12
[3] Fryer, G. (2001). Abbreviations for use in osteopathic case notes. *Journal of Osteopathic Medicine*, 4(1), 21-24
[4] http://www.aacom.org/people/councils/Pages/ECOP.aspx
[5] Parvaiz M, Subramanian A & Kendall N. (2008). The use of abbreviations in medical records in a multidisciplinary world--an imminent disaster. *Communication and Medicine*, 5(1), 25-33
[6] Sinha S, McDermott F, Srinivas G & Houghton P. (2011). Use of Abbreviations by Healthcare Professionals. *Postgraduate Medical Journal*, *87(1029), 450-452*

Guide to Abbreviations

Words & phrases	Abbreviation	Alternative
CASE HISTORY		
Case history	CH	
Ache	(used in full)	
Pain		(P) Px
Low back pain	LBP	LBPx Lsp ϟ
Low back ache	(not generally used)	LBA
Left	(L) (L)	
Right	(R) (R)	
Anterior	ant	A
Posterior	post	P
Medial	med	
Lateral	lat	
Inferior	inf	
Superior	sup	
Bilateral	(B)	Bilat
Central	©	
Radiation	Rad	
Motor	M	mtr
Sensory	S	sns
Pins and needles	P&N	
Weight	WT	wt
Weight Bearing	WB	
Height	ht	HT

Patient	pt	PT
Occupation	occ	
Symptom	Sx	Sym, Σ
Unilateral	Ⓤ	
Complaining of	c/o CO	PCO (patient complains of)
Patient presents with	PPW	
Previous	prev	
Past medical history	PMH	
Primary	1°	
Secondary	2°	
Cervical	C	Cx
Thoracic	T	Tx
Dorsal	D	Dx
Lumbar	L	Lx
Thoracolumbar	T/L	
Rib	(used in full)	R
Lumbosacral	L/S	
Cervicothoracic	C/T	C/D (cervicodorsal)
Spine	(used in full)	Sp (e.g. CSp = cervical spine)
Degenerative	degen	(used in full)
Arthritis	(used in full)	arth
Osteoarthritis	OA	(used in full)
Rheumatoid arthritis	RA	(used in full)
Anti-inflamatory	Anti-inflam	
Non steroidal anti-inflamatory	NSAID	
Greater than	>	

Less than	<	
Aggravate	agg	(used in full)
Relieve	rel	(used in full)
No apparent reason	NAR	
Not applicable, also not affected	NA, N/A	
Nothing abnormal complained of	NACO	
Nerve root irritation	NV root irrit^{n}, n rt irrit, NRI	(used in full)
Nerve root adhesion	NV root adhesion, n rt ad	(used in full)
Cervical erector spinae	CES	
Thoracic erector spinae	TES	
Lumbar erector spinae	LES	
Trapezius	trap	
Latisimuss dorsi	Lat dorsi	lat
Quadrus lumborum	QL	(used in full)
Sternocleidomastoid	SCM	
Bowel & Bladder	B&B	
Fits, feints, (dizziness), blackouts	FFB, FFDB	
EXAMINATION AND TREATMENT		
Treatment	Tx	TTT, TT
Examination	Exam	
On examination	O/E, on exam	
Flexion	F, flex	
Extension	E, ext	
Abduction	Abd	
Adduction	Add	
Rotation	Rot	

External rotation	Ext rot	ER
Internal rotation	Int rot	IR
Sidebending	SB, S/B, s/b,	
Restricted	Restr, rest^{n}	
Active	(used in full)	act
Passive	(used in full)	pass
Range of movement	ROM	
Active range of movement/ Passiven range of movement		AROM, PROM
Full range of movement	Full ROM	ROM-full
Normal	norm	(used in full)
Abnormal	abnorm	(used in full)
Positive	+ve	+, pos ⊕
Negative	-ve	-,neg ⊖
Not examined	(used in full)	NE
To be examined (assessed)	TBE, TBA	
With	c	
Tender to palpation	TTP	
Intermittent	intermit	
Constant	(used in full)	Ⓚ
Decrease	↓	dec
Increase	↑	inc
Kyphosis	kyph	(used in full)
Palpation	palp	(used in full)
Signs	(used in full)	
Signs & symptoms	SSx, S&S,∑&S, S/S	(used in full)
Abnormalities	Abno, abnorms, (used in full)	Abn, AB

Congenital	Cong, (used in full)	Congen
Symmetrical	Sym, SYM	(used in full)
Asymmetrical	asym	(used in full)
Present & equal	P&E	p+e
No abnormality detected	NAD	
Straight leg raise test	SLRT	SLR
Upper extremity	UE, UL, UEx	(pl = UExx)
Lower extremity	LE, LL, LEx	
Short lower extremity	SLE, short LE, short LL	(used in full)
Long lower extremity	Long LL, long LE	(used in full)
Deep tendon reflex	DTR, reflex, DT reflex	
sympathetic	symp	
Musculoskeletal	m-sk	
Muscle	MM, mm, $\overline{mm}$	
Nerve	N, nn, NV, n	
Ligament	lig	
Soft tissue	ST, S/T	
Joint	Jt, JT, jnt	
Zygapophyseal joint	Facet jt	z jt
Intervertebral disc	IVD	(used in full)
Spinous process	SP	(used in full)
Transverse process	TP, tp	
Trigger point	TrP	trigpt, trigger pt, tgr pt
Tender point	Tdr pt	
Shoulder	Sh, SHO, sho	(used in full)
Forearm	(used in full)	
Occipital	Occ	(used in full)

Active resisted muscle test	ARM, ARMT	
Foraminal gapping	fg	
DIAGNOSIS		
Diagnosis	Dx	Δ
Differential diagnosis	DDx, DD, Ddx	$\Delta\Delta$
Prognosis	prog	(used in full)
Referred pain	Ref-, ref (P), ref↯	
Inflammation	inflam	(used in full)
Illness	(used in full)	ill
Operation	Op	(used in full)
Motor vehicle accident	MVA	
Road traffic accident	RTA	
Fracture	#	(used in full)
Injury	inj	(used in full)
Accident	Acc, acc, accid	(used in full)
Headache	H/A, H/a, HA	
Orthopaedics	ortho	
Hypertension	HT	(used in full)
Shortness of breath	SOB	(used in full)
Abdominal aortic aneurysm	AAA	
TREATMENT		
Articulation	Artic	
High-velocity, low amplitude thrust	HVLA	
Muscle Energy technique	MET	
Myofascial Release	MFR	

Counterstrain	CS	S/CS (strain/counterstrain), SCS
Cranial	OCF (Osteopathy in the Cranial Field)	
Balanced Ligamentous Tension	BLT	
General Osteopathic Technique	GOT	
Specific Adjustment Technique	SAT	
Functional treatment	Funct.	
MISCELLANEOUS		
Physiotherapist	Physio, PT	
Chiropractor	chiro	
X-ray	XR	(used in full)
Tablet	Tab, T	(used in full)
Twice a day	BID, 2xday	b.i.d.
Three times a day	TID, 3xday	t.i.d.
Four times a day		q.i.d
Exercise	Ex, Exx	
Did not arrive	DNA	
Cancellation	Cx, Cxx, CANC	
One day	1/7	
Two weeks	2/52	
Three months	3/12	
1 year ago	1ya	

Segmental Restriction Terminology

Either: Use a **positional** system

e.g. L2 FR_LS_L

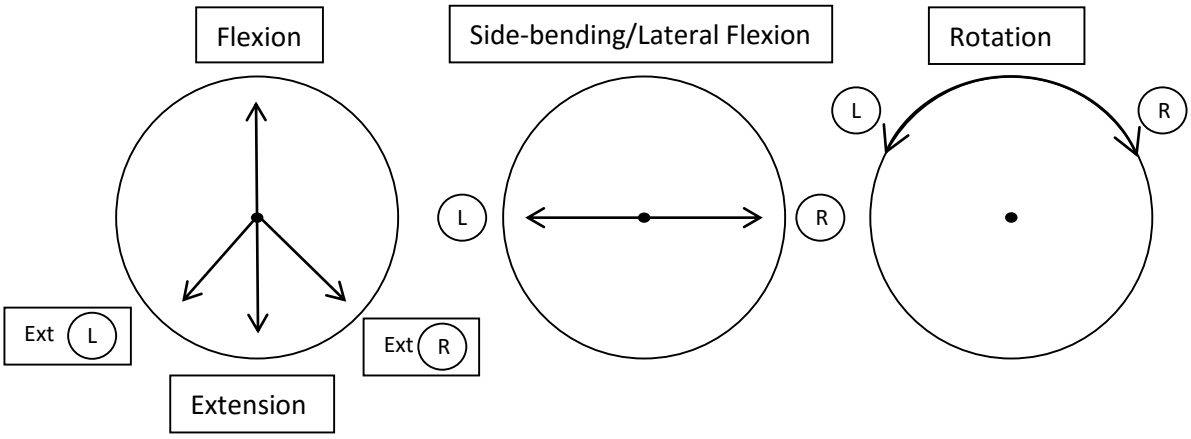
(2^{nd} lumbar vertebrae is flexed, rotated left and side-bent left)

Or: List **Motion Restrictions**

e.g. L2 ↓ext, rot (R), SB (R)

(2^{nd} lumbar vertebrae shows decreased extension, right rotation and side-bending)

Range of Motion Diagrams



Guide:

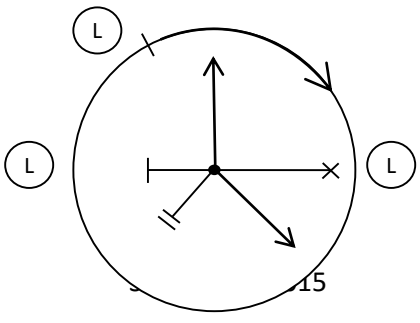
= Movement with no pain; length indicates degrees of movement

= Pain at end of range (greater number of bars = greater intensity)

= Tension without pain

= Antalgic or positional movement involved

Example:



- Pain and decreased rotation left
- Pain on side-bending left; tightness felt on left when side-bending right
- Worse pain on extension left with decreased range of motion
- No pain, good range of motion on extension right