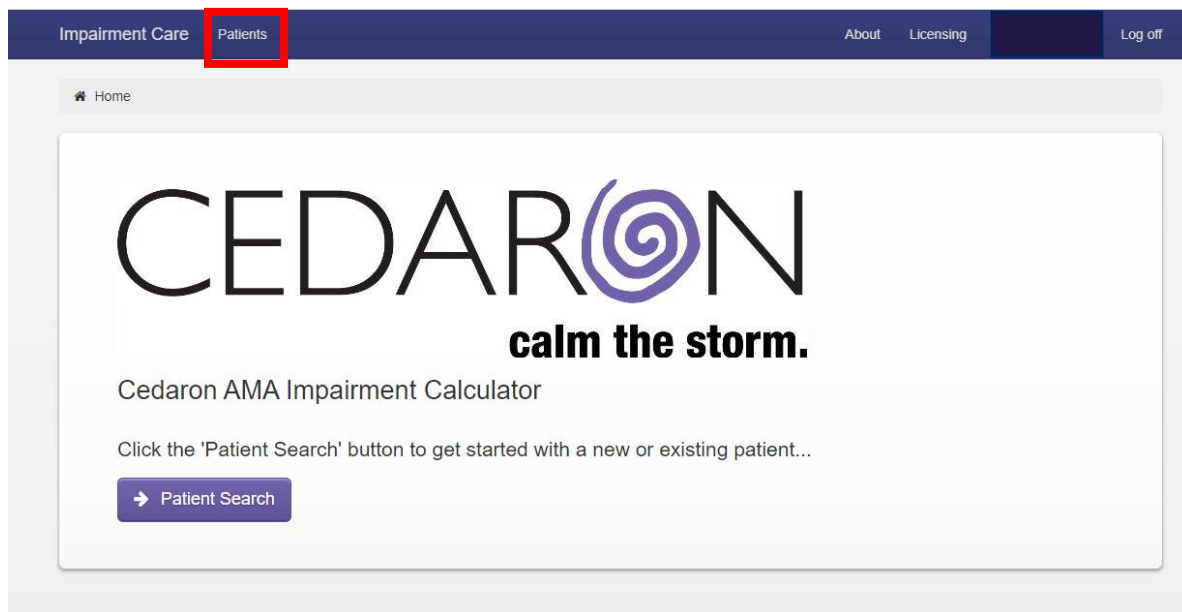


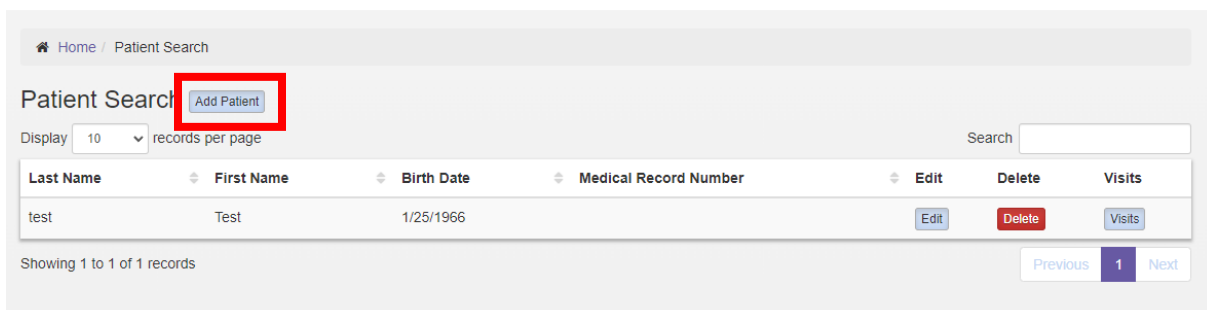
ImpairmentCare v6 – Create a Patient and enter Physical Exam Information

This document provides general knowledge for creating a patient and entering physical exam information.

On the homepage of the Impairment Care application, select **Patients** on the top left.



On the Patient Search screen, select **Add Patient**.



On the next page, you will need to fill out all the necessary information about your patient. **Note** – the text boxes with green next to them, are **required** to be filled out before moving forward. When all the information is filled in, you can select **Save**.

Primary Patient Info
Patient History

<p>Calculator Edition <input type="checkbox"/></p> <input type="text" value="Sixth Edition"/>	<p>Date of Injury <input type="checkbox"/></p> <input type="text" value="mm/dd/yyyy"/>	<p>Email Address</p> <input type="text" value="user@domain.com"/>	<p>Living Condition</p> <input type="text" value="Select Living Condition"/>
<p>First Name <input type="checkbox"/></p> <input type="text" value="Enter First Name"/>	<p>MMI Date</p> <input type="text" value="mm/dd/yyyy"/>	<p>Day Phone</p> <input type="text"/>	<p>Assisted Living</p> <input type="text" value="Select Assisted Living"/>
<p>Middle Name <input type="checkbox"/></p> <input type="text" value="Middle Name or Initial"/>	<p>Medical Record Number</p> <input type="text"/>	<p>Evening Phone</p> <input type="text"/>	<p>Social Security Status</p> <input type="text" value="Select Social Security Status"/>
<p>Last Name <input type="checkbox"/></p> <input type="text" value="Enter Last Name"/>	<p>Social Security Number</p> <input type="text"/>	<p>Fax Number</p> <input type="text"/>	<p>Disability Status</p> <input type="text" value="Select Disability Status"/>
<p>Birth Date <input type="checkbox"/></p> <input type="text" value="mm/dd/yyyy"/>	<p>Address</p> <input type="text"/>	<p>Marital Status</p> <input type="text" value="Select Marital Status"/>	<p>Smoker</p> <input type="text" value="Select Smoker Status"/>
<p>Gender <input type="checkbox"/></p> <input type="text" value="Select Gender"/>	<p>City</p> <input type="text"/>	<p>Ethnicity</p> <input type="text" value="Select Ethnicity"/>	<p>Claim Number</p> <input type="text"/>
<p>Dominant Side <input type="checkbox"/></p> <input type="text" value="Select Dominant Side"/>	<p>State</p> <input type="text"/>	<p>Language</p> <input type="text" value="Select Language"/>	<p>Claim Adjuster</p> <input type="text"/>
<p>Occupation Category <input type="checkbox"/></p> <input type="text" value="Select Occupation Category"/>	<p>Country</p> <input type="text" value="Select Country"/>	<p>Education</p> <input type="text" value="Select Education"/>	
<p>AMA Jurisdiction Filter <input type="checkbox"/></p> <input type="text" value="Default AMA Guides Impair..."/>	<p>Zipcode</p> <input type="text"/>	<p>Activity Level</p> <input type="text" value="Select Activity Level"/>	

You will then be on the Episode of Care – Create and Visit – Create page. Enter your **Description**, **Date**, and **Default Chapter** under Episode of Care first. Select **Save Episode**. Your visit episode of care will then be prompted by the description you selected. Enter the **Visit Description** and **Visit Date**, then select **Save Visit**.

Home / Patient Search / king, joe / Episode-Visit Search / Patient Visit

<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Episode of Care - Edit</p> <p>Description <input type="checkbox"/></p> <input type="text" value="Arm"/> </div> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Date <input type="checkbox"/></p> <input type="text" value="01/04/2023"/> </div> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Default Chapter <input type="checkbox"/></p> <input type="text" value="Upper Extremities"/> </div> <div style="border: 2px solid red; display: inline-block; padding: 5px;"> <input type="button" value="Save Episode"/> </div>	<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Visit - Create</p> <p>Episode of Care <input type="checkbox"/></p> <input type="text" value="Arm"/> </div> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Visit Description <input type="checkbox"/></p> <input type="text" value="Arm Pain"/> </div> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Visit Date <input type="checkbox"/></p> <input type="text" value="01/06/2023"/> </div> <div style="border: 2px solid red; display: inline-block; padding: 5px;"> <input type="button" value="Save Visit"/> </div>
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On the Episodes of Care / Visits List page, you can select **0 Impairments** which will then move you forward to select **Add Impairment**.

After selecting **Add Impairment**, you will be asked to select the impaired side since **Upper Extremities** was chosen for the default chapter. Choose left or right.

You are then directed to fill out the Impairment Grid, Diagnosis Group, along with other vital fields. Again, any textbox with the green ■ is mandatory to fill out before moving forward. It is very important to be meticulous with the information you enter to retrieve the correct data. Hit **Save** after all the information is filled in.

On this page, you can select the dropdown from the top bar to change it from Upper Extremities to Lower Extremities, Skin, or many other options.



After selecting save, you will be on the Impairment List page where you can add more impairments or edit previous information. You also have the option to download the **Impairment Evaluation** for Impairment ratings.

If you choose to download the impairment evaluation it will open in a Word document where you can view the information you selected for the patient. You can always go back and edit or add to this information until you reach your desired results on the report.

Name: king, joe	Chapter: Upper Extremities		Exam Date: 1/6/2023
ID Number:	Sex: Male	Sides: Left	Birth Date: 1/15/1987
Diagnosis: Arm			Injury Date: 1/4/2023

Diagnosis-Based Impairments: Elbow Regional Grid (Table 15-4)														
Diagnosis / Criteria	Assigned Class				Grade Modifiers			DX Grades UEI			Final UEI			
	0	1	2	3	4	GM	Ranges	Net	s-2	s-1		0	+1	+2
MUSCLE/TENDON* Sprain/strain* (No residual instability or loss of motion but persisting pain at MMI) History of painful injury, residual symptoms without consistent objective findings (this impairment can only be given once in an individual's lifetime)						FH	0 1 2 3 4	n/a	A	B	C	D	E	1%
						PE	0 1 2 3 4	n/a	0%	1%	1%	2%	2%	
						CS	0 1 2 3 4	n/a						

Impairment Chapter Summary	Added Impairments	Combined Impairments (Legend: →Converts-To ↓Combines-To)	Final
Diagnosis-Based Impairments		UEI(1)	1% UEI
Combined Impairment Total UEI		Final UEI(1) (Side: Left)	1% UEI
Whole Person Impairment		Final UEI(1) →WPI(1) (Side: Left)	1% WPI

Name: king, joe	All Chapters: Whole Person Impairment Summary		Exam Date: 1/6/2023
ID Number:	Sex: Male	Sides: Left	Birth Date: 1/15/1987
Diagnosis: Arm			Injury Date: 1/4/2023

Impairment Chapter Summary Final	Added Impairments	Combined Impairments (Legend: →Converts-To ↓Combines-To)	Final WPI
Upper Extremities		Left:UEI(1) →WPI(1)	1%
Combined Impairment Total WPI			1%

Please view the Impairment Care video snippet for an example.