

# PT Documentation: an ICF-informed note spine

A first-pass framework for showing the connection between what you found, why it matters functionally, what skilled reasoning shaped the session, and what you will check next.

## LEARNING PURPOSE

### After reviewing this guide, you should be able to...

1. Sort a fictional PT visit note into context, measurement, functional meaning, skilled action, and a next checkpoint.
2. Use an ICF-informed lens to connect a body-function finding with activity, participation, and relevant context.
3. Explain why a treatment list alone does not show the clinician's reasoning.

## Why this matters

Documentation is more than a list of exercises or a memory aid. APTA describes documentation as a professional responsibility that supports comprehensive, person-centered care across an episode of care. CMS materials likewise distinguish a record of treatment from the documentation that explains skilled, medically necessary therapy. For a student, the practical lesson is simple: make the clinical connection visible.

## The note spine: Context → Measure → Meaning → Skilled action → Next checkpoint

**1**

### **Context**

Who is this person and what task or participation goal is relevant today?

**2**

### **Measure**

What did you observe, test, or quantify? Use the actual finding, not a vague label.

**3**

### **Meaning**

How does that finding affect function, safety, or the stated goal in this context?

**4**

### **Skilled action**

What did the clinician analyze, select, cue, progress, modify, or teach—and why?

**5**

### **Next checkpoint**

What response or measure will help you decide whether to continue, adapt, or reassess?

## VISUAL 2 · ANATOMY OF A FUNCTIONAL STORY

### Use ICF to stop the note at the right level

#### **Body function / structure**

Example: observed knee-extension strength and pain response.

#### **Activity + participation**

Example: how the finding changes a sit-to-stand, stairs, work role, caregiving task, or chosen life activity.

#### **Context**

Example: environment, support, task demands, and factors that change the plan or interpretation.

This is a simplified learning map—not a diagnostic classification. WHO's ICF framework includes body functions/structures, activities/participation, and environmental factors; use course, site, and jurisdiction-specific requirements for actual records.

## Make the reasoning chain legible

| Finding                                                              | Interpret in context                                                 | Skilled decision                                                                                         | Response / next check                                                                                 |
|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| “Five sit-to-stands required both armrests and a pause after three.” | “This limits rising from the low sofa that the person uses at home.” | “Graded seat-height and cueing were selected to challenge transfer mechanics while monitoring response.” | “Recheck transfer strategy and symptom response at the next visit; adapt the dose or task if needed.” |

The example is fictional and intentionally incomplete. Its job is to show the connection, not to prescribe a plan for a real person.

### PAUSE · CONTEXT AND LIMITS

## A clean note is not a substitute for judgment

Do not use this framework to infer a diagnosis, decide whether someone is safe, select treatment independently, or meet payer/legal requirements by itself. Documentation rules vary by setting, payer, jurisdiction, supervising clinician, and current policy. In clinical education, follow your program, site, and supervisor’s documentation process.

## Retrieve → check

### PROMPT 1

A note lists exercises and minutes but never links them to a finding or function. Which two parts of the note spine are most visibly missing?

**Check:** Usually *Meaning* and *Skilled action*.  
A list tells the reader what occurred; it does not yet explain functional relevance or the clinician's reasoning.

### PROMPT 2

In one sentence, connect a measured finding to an activity without making a diagnosis.

**One possible answer:** “Observed reduced tolerance during repeated step-ups was relevant to the person’s stated goal of managing the entry stairs.” It stays with an observation and functional connection rather than naming a diagnosis.

If you missed either prompt, revisit “Meaning” and “Skilled action” before adding more detail.

### SOURCE AND SCOPE FOOTER

## Sources for this guide

- American Physical Therapy Association, Documentation of Patient and Client Management (accessed 2026-09-26).
- APTA, Documentation: Initial Examination and Evaluation (accessed 2026-09-26).
- CMS, Medicare Benefit Policy Manual, Chapter 15 (current document accessed 2026-09-26).
- World Health Organization, International Classification of Functioning, Disability and Health (accessed 2026-09-26).

Educational resource for PT/PTA/DPT learners. It is not legal, billing, payer, clinical, or individualized patient-care advice. All visuals and examples in this guide are original and fictional; no proprietary exam-bank, course, or textbook content is reproduced.