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The Redoubtable Report: Lost Opportunity

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At MIT, electrical engineering and physics students are required to take at least one English course. Who knows, some day they may have to write a patent application or grant proposal. Prechiropractic requirements usually include the study of English composition, although when reading narrative reports of chiropractors, one is often left wondering if passing grades in English were also required.

The writing of irrefragable, explicit, and erudite narrative reports in workers' compensation and personal injury cases is a necessary and important component of case management, but apparently a skill mastered by too few of us. Most of us eschew the writing of final reports, looking upon the task as so much drudgery. Few of us appreciate the opportunities lost by impatience and procrastination. For example, attorneys on the verge of an out-of-court settlement require a report within several days of their request. An accurate, complete, and compelling report, submitted on time, will go a long way in assisting the attorney in settling that case -- and all parties will be happy.

The flip side of this scenario is the doctor who fails in this obligation; the attorney is forced to settle the case without the report, or perhaps the settlement opportunity is lost and the case now goes to trial -- all parties are not happy. This is just one of several reasons to ensure that your narrative reports are both timely and persuasive. Tardy or poorly constructed narrative reports destroy more relationships between doctors, insurance companies, attorneys, and patients than perhaps any other single factor. The writers of poor reports can count on a steady erosion of referral sources and a delay in the payment of bills. They can also count on participating in more depositions, arbitrations, and court trials. In addition, it is more likely that these cases will be sent out for defense exams or file reviews. These losses are tragic considering the hard work we put into building our practices.

I would suspect that many doctors reading this editorial are probably thinking to themselves: "This may be the case, but are you certain?" Last year for Module 4 ("Narrative Report Writing") of my seminar series, I

asked participants to send me their narrative reports. I read about 135 of them; most were handpicked by these doctor I'm sure. If I were to grade them, I would have given one A and only three Bs (okay, so I'm a hard grader). As I told our doctors, "It's no wonder some of you have told me that attorneys don't want you to prepare narrative reports." A poorly written report is not a benign faux pas -- it can damage or even destroy a case! I am frankly surprised that some of these cases even survived the written hamstringing and clotheslining they suffered at the hands of these well-intentioned doctors.

The usual problems fall into two categories: grammatical errors, and technical errors. In the first instance there were a tremendous number of misspelled words, run-on sentences, incomplete sentences, and numerous punctuation errors. While these things may seem trivial, they are certainly a very poor reflection on the writer who often is judged solely by the written word. These errors should be caught and corrected before the report leaves the office. Errors of dictation may seem trivial as well, but may engender no end of obfuscation and ambiguity in your report. For example, many doctors described left leg pain as a patient's complaint, yet gave a diagnosis of right-sided sciatica. If this was done intentionally, the doctor should have anticipated some confusion and explained it.

The other group of errors (technical) run the gamut from anachronisms and sine qua nons to excessive use of jargon, which does little to help the typical lay reader to understand the facts. Most reports lacked a central organization and were either difficult to read or to interpret (and I'm a chiropractor). However, rather than focus on problems let's turn our attention to solutions. Reports do not need to read as though they were composed by Hemingway, but they do need to be understandable. If your non-DC wife or husband can't get the gist of your report, it needs work. The quintessential elements are facts, clarity, conclusions, clarity, accuracy, clarity, consistency, clarity, organization, and timeliness.

I guarantee that if you follow these rules you will more than propitiate the attorneys, claims adjustors, and judges in litigated cases. The following headings should be part of every medicolegal case. For workers' compensation cases you will need to include information on disability/impairment and other data depending in which state you practice:

1. Social history
2. Past medical history
3. History of present illness/injury
4. Chief complaints

5. Physical exam findings
6. Medications taken
7. Radiographic exam
8. Consultations
9. Review of records
10. Diagnostic impressions
11. Discussion
12. Prognosis and future chiropractic/medical treatment

Finally, review all of your reports for concordance in what I refer to as the "diagnostic triad" -- history of injury, physical exam, and diagnosis. Is the history consistent with the diagnosis? Is the physical exam consistent with the history? Is the diagnosis consistent with the physical exam? In most cases they should be. If they don't match, you'll need to explain why. Remember, well-written reports stimulate referrals and provide you with respectability in the medicolegal community. And they'll reduce the number of defense exams, depositions, arbitrations, and courtroom appearances.¹

1. Croft AC: Module 4: Narrative report writing. In, Whiplash: the Masters' Program, Coronado, Spine Research Institute of San Diego, 1992.

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Editor's Note:

For more on personal injury, consult Dr. Croft's video, "Advances in Personal Injury Practice," #V-435, on the Preferred Reading and Viewing List, pages xx.

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