Writing Effective Treatment Goals

One of the most important aspects of a properly written treatment plan is the inclusion of functional goals. Guidelines for compliant treatment plans call for both functional short-term (STG) and functional long-term (LTG) goals for treatment to be outlined with the specific dates when we expect them to be achieved. A patient-centered and functional approach to goal writing makes your chiropractic treatment more effective and meaningful for patients. The following definitions can be helpful as you consider treatment goals:

- **Function**: the optimal activities identified by an individual as essential to support physical, social, and psychological well-being
- **Goal**: the end result of a treatment period that seeks to remediate impairments and minimize functional limitations, optimization of health status, prevention of disability, and optimization of patient satisfaction
- **Functional Goal**: the meaningful activities that a person cannot perform as a result of an injury, illness, or congenital or acquired condition, but that s/he wants to be able to accomplish as a result of treatment within reasonable time frames
- **Patient-Centered Functional Goal**: the meaningful, measurable, and achievable functional outcomes the patient expects and which the provider and the patient agree are appropriate objectives for treatment

Often the best way to identify patient-centered functional goals is to simply ask the patient, “What are your goals for treatment?” or “What activity (that you want to do) does this problem keeping you from doing?” Patients seldom focus on impairments and rarely say, “I’d like my range of motion to be within normal limits” They are more likely to respond with a focus on functional limitations or disability: “I want to return to work,” “I need to be able to take care of myself at home,” or “I want to play in the game on Saturday.” These statements are the foundation for writing measurable, patient-centered functional goals.

Well-written, clear treatment goals that are patient-centered contain the following elements:

1. **Name of patient** is obvious, as we should always be focused on the patient
2. **What** is the activity that the patient will be able to perform—this should relate to the desired outcomes
3. **Under what conditions** often includes measures of distance or time to perform an activity
4. **How well** describes the amount of assistance the patient needs—include terms like “with minimal assistance” or “without assistance” or “without increased pain”
5. **By when** is the target date to meet the goal and can change during the course of treatment

Here are some examples that illustrate how this concept works in documentation:

- **Mary will sit in her chair at work for up to 1 hour without increased pain within 30 days. She will do so for as long as necessary by 5/1/15**
- **Fred will safely climb the flight of stairs to his bedroom without assistance by 4/25/14**
- **Sally will walk ¼ mile without increased hip pain within 30 days**
- **Ginger will lift her 3 y/o daughter safely and without increased lower back pain within 45 days**
- **George will ambulate 30 paces from his bedroom to his kitchen without antalgia by 2/8/15**