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Abbreviations used in Australasian Osteopathic Teaching Clinics: a preliminary study

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Abstract

Abbreviations of words and phrases used in the taking of osteopathic case histories by teaching clinics in Australia and New Zealand have been collated.

Introduction

This preliminary study is the first to examine abbreviation usage in Australasian osteopathic practice. Due to the variety of backgrounds of Australian and New Zealand osteopaths, it is likely that abbreviation usage in the profession may vary greatly. This could present difficulties when communicating patient details between osteopaths, for locums attempting to decipher case history notes, and researchers collating patient records. It is believed that examining abbreviation usage by teaching institutions will give some indication of current and future usage within the profession.

Materials and Methods

A list of words and phrases thought likely to be abbreviated was sent to either Heads of Course or Heads of Clinic in various osteopathic teaching institutions. Questionnaires were

sent to the Royal Melbourne Institute of Technology, Melbourne (RMIT), Victoria University of Technology, Melbourne (VUT), University of Western Sydney, Sydney (UWS), and UNITEC Institute of Technology, Auckland. Additionally, a questionnaire was sent to a past Director of Clinic (M. Keyworth) of the International Colleges of Osteopathy, Sydney (ICO), which ceased operation in the late 1980s.

After discussions with UWS, it was agreed that UWS can not provide a contribution at this stage as their clinic has not yet developed a uniform clinical language.

Standard medical abbreviations from Dorland's Medical Abbreviations¹ are presented here for comparison, as *are* abbreviations relating to osteopathic technique from the American Association of Colleges of Osteopathic Medicine².

Results (Tables 1 and 2)

Most frequently used abbreviations are tabled separately under the heading "most frequent", while other abbreviations are listed in order of frequency (Table 1).

Abbreviations from Dorland's Medical Abbreviations are listed in the shaded column to give a standard medical comparison. The words and phrases are placed in the following groups: case history, examination, diagnosis, and treatment.

If a word or phrase is used by an institution but not abbreviated, "*used in full*" is recorded. "*Not used*" is recorded if the term is neither abbreviated nor used in full.

In order to achieve some consistency in the use of capitals, if the first letter of the word has been capitalized it was considered equivalent of lower case (Occ = occ, Pt = pt). When all letters were capitalized, this was recorded separately to the same word in lower case (WT and Wt, O/E and o/e are recorded separately).

Abbreviations for individual spinal segmental dysfunctions are included in Table 2.

Table 1: Abbreviations of words and phrases used by osteopathic teaching clinics

words and phrases	most frequent	other abbreviations	Dorlands
case history			
pain	↗	Ⓟ, <i>used in full</i>	
ache	in full	Ⓜ, <i>not used</i>	
low back pain	LBP		LBP
low back ache	<i>not used</i>	LBA, LB ache	
left	Ⓛ		L
right	Ⓡ		R
anterior	ant	A	ant
posterior	post	P	post
medial	med	<i>used in full</i>	med
lateral	lat	<i>used in full</i>	lat
superior	sup		Sup
inferior	inf		Inf
bilateral	bilat		bilat
radiation	rad	<i>used in full</i>	
motor	M	<i>used in full</i>	
sensory	S	<i>used in full</i>	
motor or sensory	M/S	motor/sens, <i>used in full</i>	
acute	<i>used in full</i>	Ⓜ	ac
chronic	<i>used in full</i>	Ⓡ	chr
intermittant	<i>used in full</i>	Intermit	
constant	<i>used in full</i>		
patient	Pt	PT	Pt
weight	WT	Wt, wgt	wt
height	Ht	HT	Ht
occupation	occ	<i>used in full</i>	occup
symptoms	Sx	Sym, \$	Sx
almost symptom free	<i>used in full</i>	\$ free, <i>not used</i>	
complaining of	c/o	c/-, <i>used in full</i>	
previous	prev	<i>used in full</i>	
recurrence	<i>used in full</i>		
past medical history	PMH	<i>not used</i>	PMH
history of presenting complaint	<i>not used</i>	HPC, <i>used in full</i>	
history of presenting illness	<i>not used</i>	<i>used in full</i>	
primary	1 ⁰	<i>used in full</i>	1 ⁰
secondary	2 ⁰	<i>used in full</i>	2 ⁰
cervical	C	Cx	C

thoracic	T	Tx	T
lumbar	L	Lx	L
dorsal	<i>not used</i>	<i>used in full</i>	D
rib	<i>used in full</i>	R	
lumbosacral		LS, L/S	LS
cervicodorsal	<i>not used</i>	CD, C/D	
cervicothoracic		CT, C/T	
spine	<i>used in full</i>	sp, <i>not used</i>	SP
degenerative	degen	<i>used in full</i>	Deg
arthritis	<i>used in full</i>	Arth,	
osteoarthritis	OA	<i>used in full</i>	OA
rheumatoid arthritis	RA	<i>used in full</i>	RA
anti-inflammatory	NSAID	anti-inflam, <i>used in full</i>	NSAID
greater than	>		>
lesser than	<		<
aggravate	agg	<i>used in full</i>	
relieve	rel	<i>used in full</i>	
no apparent reason	NAR	<i>used in full</i>	
not applicable	N/A	NA	NA
nothing abnormal complained of	<i>not used</i>	NACO	
nothing abnormal reported		NAR, NAD, <i>used in full, not used</i>	
illness	<i>used in full</i>		
operation	op	OP, <i>used in full</i>	op
motor vehicle accident	MVA		MVA
fracture	#	<i>used in full</i>	#
injury	inj	<i>used in full</i>	
accident	<i>used in full</i>	Acc	acc, accid
headache	H/A	H/a	HA
orthopaedics	ortho	<i>used in full</i>	ortho
hypertension	<i>used in full</i>	HT	HT
shortness of breath	SOB	<i>used in full</i>	SOB
physiotherapist	physio	PT, <i>used in full</i>	
chiropractor	chiro	<i>used in full</i>	
x-rays	<i>used in full</i>		XR
tablet	<i>used in full</i>	Tab, T	Tab
twice a day		BID, 2 x day	b.i.d.
three times a day		TID, 3 x day	t.i.d.
exercise	Ex	<i>used in full</i>	Ex
did not arrive	DNA	<i>used in full</i>	DNA
cancellation		Cx, Cxx, CANC, †	

examination			
examination	Exam	Exam ⁿ , <i>used in full</i>	Exam
on examination	<i>used in full</i>	O/E, on exam	OE
flexion		F, flex	
extension		E, ext	
abduction	Abd		Abd
adduction	Add		Add
rotation	rot	Rot ⁿ , R	
external rotation	Ext rot	Ext rot ⁿ	ext rot
internal rotation	Int rot	Int rot ⁿ	
sidebending		SB, S/B, s/b, S	
lateral flexion	<i>not used</i>	lat flex	
restricted		restr, Rest ⁿ , Restrict ⁿ	
active	<i>used in full</i>		Act
passive	<i>used in full</i>		
range of movement	ROM		ROM
full range of movement	Full ROM	ROM-full, <i>used in full</i>	
normal	norm	<i>used in full, not used</i>	N
abnormal	abnorm	<i>used in full, not used</i>	abnorm
positive	+ve	+, ⊕	+, pos
negative	-ve	-, ⊖	-, neg
decrease	↓	Dec	↓
increase	↑	Inc	↑
kyphosis	<i>used in full</i>	Kyph	
palpation	palp	<i>used in full</i>	
crepitus	<i>used in full</i>		
signs	<i>used in full</i>	Σ	
signs & symptoms		SSx, S&S, Σ&S, <i>in full</i>	S/S
abnormalities		Abno, abnorms, <i>in full, not used</i>	Abn, AB
congenital	Cong	Congen, <i>used in full</i>	Congen
symmetrical	<i>used in full</i>	sym, SYM	Sym
assymmetrical	<i>used in full</i>	Asym	
present & equal	<i>used in full</i>	p + e, <i>not used</i>	
no abnormality detected	NAD	<i>not used</i>	NAD
straight leg raise	SLR	<i>not used</i>	SLR
straight leg raise test	<i>not used</i>	SLRT, SLR test	SLRT
upper extremity		UE, UL	UE
lower extremity		LL, L/E, L/L, <i>used in full</i>	LE
short lower extremity		SLE, short LE, short LL, <i>used in full</i>	
long lower extremity		Long LL, long LE, <i>used in</i>	

		<i>full, not used</i>	
deep tendon reflex		DTR, reflex, DT reflex, <i>used in full</i>	DTR
ankle jerk	<i>not used</i>	<i>used in full</i>	
musculoskeletal	MS	M/S, m-sk	MS
muscle		MM, Mm,	M
nerve		N, Nn, NV, n	N
ligament	lig		lig
soft tissue		ST, S/T, stt, <i>used in full</i>	
joint	Jt	JT, jnt	Jt
zygapophyseal joint	Facet jt	<i>used in full, not used</i>	
intervertebral disc	IVD	<i>used in full</i>	IVD
spinous process	SP	<i>used in full</i>	
transverse process	TP	tp, <i>used in full</i>	
trigger point		T.P., tp, trig pt, trigger pt	
shoulder	<i>used in full</i>	SHO, sho	Sh
forearm	<i>used in full</i>		
occipital	<i>used in full</i>	Occ	occ
diagnosis			
diagnosis	Dx		Dx
differential diagnosis	DDx	DD, Ddx	DDx, DD
prognosis	Prog	Px, <i>used in full</i>	prog
referred pain	Ref ↗	<i>Used in full, Ref (P)</i>	
inflammation	inflam	<i>used in full</i>	
nerve root irritation		NV root irrit ⁿ , n rt irrit, <i>used in full, not used</i>	
nerve root adhesion		NV root adhesion, n rt ad, <i>used in full, not used</i>	
cervical erector spinae	CES	<i>used in full</i>	
thoracic erector spinae	TES	<i>used in full</i>	
lumbar erector spinae	LES	<i>used in full</i>	
trapezius	trap	Traps, <i>used in full</i>	
latissimus dorsi	lat dorsi	Lat, <i>used in full</i>	
quadratus lumborum	QL	<i>used in full</i>	
sternocleidomastoid	SCM		SCM
treatment			
treatment	Tx	ТТТ, ттт	Tx, Rx
prescribed		Rx, prescr, <i>used in full, not used</i>	Rx
articulate	artic	Art, <i>used in full</i>	artic
mobilization	Mob	<i>used in full, not used</i>	
manipulation	manip	<i>used in full, not used</i>	

high velocity thrust		HVT, HVLA	HVLA*
inhibition	inhib	inh, <i>used in full</i>	
traction release	<i>used in full</i>	tract, <i>not used</i>	
muscle energy technique	MET	ME	ME*
myofascial release	<i>used in full</i>	fascial, <i>used in full</i>	MFR*
functional technique	Funct	Funct ⁿ , <i>used in full</i>	
strain counterstrain		CS, c/strain, st/cst, <i>used in full</i>	CS*
craniosacral		C/S, cranial, <i>used in full, not used</i>	CR*
osteopathy in the cranial field	OCF	cranial, <i>used in full</i>	CR, OCF*
visceral technique	<i>used in full</i>		
soft tissue technique		stt tx, stt, <i>used in full, not used</i>	ST*
soft tissue manipulation		STM, stt manip, <i>used in full, not used</i>	
friction	<i>used in full</i>	fr, <i>not used</i>	
transverse friction massage	<i>not used</i>	<i>used in full</i>	
deep friction massage	<i>not used</i>	<i>used in full</i>	
stretch and spray	<i>used in full</i>	<i>not used</i>	
general osteopathic treatment	GOT	<i>not used</i>	
ultrasound	U/S	US, <i>used in full</i>	US, U/S

* Glossary of Osteopathic Terminology²

Table 2: abbreviations for segmental somatic dysfunctions used by osteopathic teaching clinics

<u>Segmental somatic dysfunction</u>	
<i>T3/4 restricted flexion, rotation right, sidebending right</i>	
RMIT:	T3 ERS _L
VUT:	T3/4 restr flex, rot ^(R) , s/b ^(R) or T3/4 ERS _L
ICO:	T3/4 ERS _L
UNITEC:	T3 ER _L S _L
<i>L3/4 restricted extension, rotation right, sidebending left</i>	
RMIT:	L3 FR _L S _R or <i>used in full</i>
VUT:	L3/4 restr ext, rot ^(R) , s/b ^(R) or L3/4 FS _R R _L
ICO:	L3/4 FR _L S _R
UNITEC:	L3 FR _L S _R

Discussion

The results are intended to give an indication of common abbreviation usage within Australasian osteopathic teaching institutions which may reflect usage within the profession. It is possible that abbreviation usage may vary considerably within an institution as few teaching clinics strictly enforce a standard set of abbreviations.

One reason this study was undertaken was because VUT currently has no standard list of abbreviations. The ICO is reported to have used a standard list, and RMIT uses a list that is reportedly in need of updating. UNITEC, at the time of the survey, had no student clinic but used a system of student placements to meet its Early Clinic Contact Mastery Teaching objectives. It was thought abbreviations used by David Patriquin (Head of Course, and an American) would give an indication of future usage at UNITEC as well as recording responses from an American osteopath.

In asking the respondents to abbreviate spinal segmental dysfunction (Table 2) it was hoped to see how many used “positional” or “motion restriction” nomenclature. Additionally, the second segmental dysfunction didn’t accord to the Fryette model³, and aimed to see how “positional” nomenclature would be adapted. Most institutions indicated their use of abbreviated “positional” notation, with only VUT using mainly abbreviated “motion restriction” notation. The non-Fryette model dysfunctions were mostly adapted in positional terms, though some respondents queried if these dysfunctions could occur.

The results demonstrate that there is general agreement on common abbreviations such as low back pain, left, right, superior, inferior, bilateral, greater than, less than, motor vehicle accident, abduction, adduction, ligament, and sternocleidomastoid. For most terms there is partial agreement.

It is particularly interesting (and concerning) that there is a large variation in abbreviations used for osteopathic techniques. Standardisation is important when abbreviating treatment

procedures to allow osteopaths, locums and researchers to understand the nature of the treatment performed. Patient records are legal documents and without standard usage of abbreviated terms the accuracy of these documents may be called into question.

Conclusion

This study is a preliminary investigation and gives an indication of the variety and agreement of abbreviation usage in the profession. Future studies may investigate abbreviation usage at teaching institutions beyond Australasia as well as usage by practising osteopaths in Australia and New Zealand. It is suggested that a standardization of abbreviated terms would improve the accuracy of osteopathic patient records and it is hoped that this report will start discussion and encourage the profession to examine its usage of abbreviations.

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