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*“Optimal Patient Outcomes through Accurate Injury Assessment”*

## Aggravation vs. Exacerbation

In the past month I have reviewed a number of IME reports and I have seen these two words come up to confuse all involved. Here is what you might see: “after reviewing the file I see that Dr. Smith noted on 1/1/01 that patient Smith had a fall, and his chart notes showed that her Cervical ROM was decreased and she showed positive orthopedic tests on that visit. This *temporary aggravation* makes it difficult to determine what is attributed to the original injury on 8/9/00 and what should be apportioned to this documented aggravation. I note in the patient file that the treating doctor Dr. Smith did not apportion this and it needs to be, as in my opinion all care beyond this point was related to the 1/1/01 fall, and not the 8/9/00 accident”.

This is an example, and it may look something like what I wrote. Look familiar? Well until you understand the full definition of these two words above, this will confuse and confound you forever.

So let’s define these words so that your understanding of documentation improves. Here are the definitions from the AMA Impairment Guides, 6<sup>th</sup> Edition:

**Aggravation:** *Permanent* worsening of a pre-existing condition. A physical, chemical, biological or other factor which results in an increase of symptoms, signs, and/or impairment *that never returns to baseline*, or what would be have been except for the aggravation (the level pre-determined by the natural history of the antecedent injury or illness).

**Exacerbation:** Temporary worsening of a pre-existing condition. Following a transient increase in symptoms, signs, disability, and/or impairment, the person recovers to his or her baseline status, or what would have been had the exacerbation never occurred.

Aggravation is a new injury and should be apportioned. Guy has a partial medial collateral ligament tear from a work injury. He goes and plays softball against all orders and fully ruptures the ligament round the base. This is an injury on top of an injury...this is an aggravation.

Exacerbation, same guy starts to rehab and so goes to the gym and overworks the knee. For two days he is so sore he can't walk (ROM and Orthopedic Test would come up worse), and then he comes back to baseline. This is an exacerbation.

Also note above the IME doctor stated in his report a temporary aggravation which they do ALL of the time. There is no such thing as a temporary aggravation and the IME doctor by stating temporary relating to the condition is verifying the condition as an exacerbation...so of course no need for apportionment. May just need to educate the IME Doctor?

I hope this helps. Use these terms in your notes. When your patient has a fall or something else that may come up in care that temporarily sets them back in their progress but they come back to baseline (even though baseline may not be great at the time) document the exacerbation.

Knowing the true meaning of the terms will always help.