

[PRP-167] [artf223747-finding/disorder with laterality <left;right>](#) Created: 2011-10-02 Updated: 2015-12-23

Status: In Elaboration
Project: [Pre-coordination Roadmap Patterns](#)
Component/s: [Pre-coordination roadmap patterns](#)
Affects Version/s: None
Fix Version/s: None

Type:	Task	Priority:	Must
Reporter:	Collabnet Migration	Assignee:	Unassigned
Resolution:	Unresolved	Votes:	0
Labels:	None		
Remaining Estimate:	Not Specified		
Time Spent:	Not Specified		
Original Estimate:	Not Specified		

Issue Links: **Relates**
relates to [PRP-38](#) artf6856-Procedure on <laterality><site> In Elaboration

Description

Concepts with pre-coordinated laterality may be regarded as excessive pre-coordination. With rare exceptions, it should be possible to make the recording of laterality part of the electronic health record, with record architecture elements to record, store, transmit, retrieve and analyze.

Post-coordination is further supported with the Revision of the anatomy hierarchy, which has developed (draft) refset indicating those anatomical codes for which lateralization is sensible. This makes pre-coordination even less necessary in the findings/disorders and procedures.

<https://csfe.aceworkspace.net/sf/go/artf223747>

Project Lifecycle Phase: 1. Inception: Understand the problem
Use Case(s) Supported: 1B Problem list
Created by username: kspackman
Date Created: Mon Oct 03 23:07:53 Z 2011
Folder ID: tracker1187
ID: artf223747
Last Modified By: jcase
Last Modified Date: Fri Oct 23 18:33:48 Z 2015
Path: projects.ihtsdo/tracker.pre_coordination_roadmap_pattern/artf223747
Priority: 2
Status: Open
Status Class: Open
Summary: artf223747-finding/disorder with laterality <left;right>
Version: 104
Examples: injury of left hand, injury of right hand

Comments

Comment by [Collabnet Migration](#) [2015-12-03]
Created by username: jcase
Created by full name: James Case (ihtsdo US)

Date Created: Fri Oct 23 18:33:48 Z 2015

This topic will be discussed at the inaugural Editorial Advisory Group meeting in Uruguay, October, 2015

Comment by [Collabnet Migration](#) [2015-12-03]

Created by username: njain

Created by full name: Nilesh Jain

Date Created: Fri May 22 11:14:20 Z 2015

Assigned to Yong. Need to come up with an IHTSDO position on this based on stakeholder consultation and other expert engagement. Aim is to arrive at a decision which can be implemented in the Jan-2016 International Release.

Comment by [Collabnet Migration](#) [2015-12-03]

Created by username: kspackman

Created by full name: Kent Spackman

Date Created: Mon Sep 30 17:03:43 Z 2013

The laterality qualifiers are available in the RF1 release relationships table, with RelationshipType = 272741003 (laterality) and CharacteristicType = 1.

These are laterality values for anatomical concepts. Any concept defined with a site that has a laterality qualifier would (default) be allowed to be lateralized, and concepts defined with anatomical sites that have subtypes that are lateralizable would also (default) be allowed to be lateralized. This is "permissive", in the sense that it doesn't necessarily preclude the possibility of nonsense compositions (for example, if the post-coordinated disease or procedure doesn't make sense if you specialize the site too far, or if it is always necessarily bilateral). We don't have a refset that prevents nonsense compositions, and probably wouldn't expect to produce a comprehensive one (a 'long run for a short slide' as they say in the land of snow).

The qualifiers are in RF1 now but there is the intent to put them into the RF2 simple refset format (perhaps by the Jan 2014 release).

Comment by [Collabnet Migration](#) [2015-12-03]

Created by username: edcheetham

Created by full name: Ed Cheetham (ihtsdo UK)

Date Created: Mon Sep 30 13:49:58 Z 2013

This item's description mentions a "...refset indicating those anatomical codes for which lateralization is sensible...".

Is this available please?

Comment by [Cathy Richardson](#) [2015-12-23]

This Issue is under discussion by the Editorial Advisory Group. Link to meeting minutes added.

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