eluve.

Speak once. Get the note right the *first* time.

Eluve drafts from the natural conversation. You don't dictate like an old voice recorder. But a few small habits mean less editing afterward and cleaner, more billable notes. Keep this by your workstation for the first week.

Six habits for a first-pass-clean note

1. **Say the findings you'd otherwise think silently.** If you observe it but don't say it, Eluve can't capture it. "Right knee flexion 120 degrees, no effusion" beats a silent exam.
2. **State laterality and units every time.** "Left shoulder, abduction 150 degrees," not "about 150." Numbers and sides drive accurate documentation and coding.
3. **Name your tests and measures out loud.** "Positive Hawkins-Kennedy," "NPRS 4 out of 10," "LEFS 62." Standardized terms land far more reliably than paraphrase.
4. **Use the patient's own words for the story.** Let them describe the complaint; Eluve captures the HPI in their voice, which reads better and supports medical necessity.
5. **Summarize the plan aloud at the end.** "Plan: continue twice weekly for three weeks, progress to resisted exercise, reassess at visit six." A spoken recap produces a clean assessment and plan.
6. **Review, edit, then sign.** Eluve drafts; you're the author. A ten-second scan catches anything mis-heard before it reaches the chart.

Helps

- **Do** One speaker at a time when it matters; overlapping voices are harder to attribute.
- **Do** Verbalize numbers, sides, and time ("20 minutes of manual therapy").
- **Do** Say the diagnosis and reasoning; it feeds the assessment and code suggestions.

Hurts

- **Don't** Rely on silent exam findings; if it wasn't said, it wasn't captured.
- **Don't** Run a fan or TV right next to the mic; keep the device close.
- **Don't** Sign without a quick review; you own the final note.

Multilingual visits work. Eluve handles 40+ languages and mixed-language encounters. Speak naturally and it documents in your note's language.