

TENNESSEE LIMB AND BRACE, 735 WEST JACKSON STREET, COOKEVILLE, TN 38501

PHONE: (931) 854-9455 FAX: (931) 854-9457

email: tabithal@tnlab.us

PROSTHETIC ASSESSMENT

Patient Information:

Name: _____ Sex: __ Male __ Female

DOB: _____ Height: _____ Weight: _____

Documentation for Medical Necessity:

Date of Amputation: _____ Surgeon: _____

Lower Limb: _____ Right Side: _____ Left Side: _____

Above Knee: _____ Below Knee: _____

1. Is there a comorbidity that will impact patient's mobility/ability to function with a prosthesis?

Yes _____ No _____

A. If YES, please explain: _____

B. Is the patient able to function/benefit from a prosthesis to accomplish ADLs?

Yes _____ No _____

C. Does the patient have a current prosthesis? Yes _____ No _____

If yes, explain need/reason for replacement: _____

2. How has the patient specifically communicated/demonstrated his/her desire to function with a prosthesis?

3. Ability to Function with Prosthesis: Patient is **CURRENTLY** using the following aides for mobility: Prosthesis Cane Crutches Walker Wheelchair None

How has the patient specifically demonstrated a potential/ability to function with prosthesis?

Once fit with a prosthesis, it is expected the patient will need assistance of the following aides. Cane Crutches Walker Wheelchair None

Briefly describe the patient's ADLS pre amputation and what he/she desires to achieve after receiving prosthesis: _____

4. CURRENT AND EXPECTED FUNCTIONAL LEVEL: Functional K levels and Definitions:

K1 - HOUSEHOLD: Has the ability to use a prosthesis for transfers/ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.

K2- LIMITED COMMUNITY: Has the ability/potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs, or uneven surfaces. Typical of the limited community ambulator.

K3 - COMMUNITY: Has the ability/potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

K4 - HIGH ACTIVE ATHLETIC: Has the ability/potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of

the child, active adult, or athlete.

EXPECTED FUNCTIONAL LEVEL: _____

Provide SPECIFIC examples to validate your opinion as to WHY the patient meets the standard of the expected functional level you have selected: _____

5. Multi-Discipline Corroboration:

In development of assessment and recommendation for this patient, I have considered information from the following health care professionals: (attach any pertinent/relevant notes if available):

_____ Surgeon _____ Psychiatrist/Psychologist _____ Physical Therapist

_____ Occupational Therapist _____ Social/Case Worker _____ Prosthetist/Orthotist

_____ Other

Additional comments/observations:

Physician Name (PRINT): _____

Signature: _____ **Date:** _____