

MD/PT Prosthetic Recommendation & Assessment of Function

1. Patient Name: _____ Date: _____

2. Gender: Female Male DOB: _____ Age: _____

3. Amputation: Left Right

4. Date of Amputation: ____ / ____ / ____ Surgeon Name: _____ Unknown

5. Amputation Level:

Trans-tibial Trans-femoral Hip or Knee Disarticulation

Partial Foot / Partial Toe Symes Chopart

Shoulder Disarticulation Trans-humeral Trans-radial

Partial Hand / Finger Other: _____

6. Cause of Amputation: Vascular Infection Tumor Blood Clot Aneurysm Trauma
 Other: _____

7. Condition of Contralateral Limb: WNL Other: _____

8. Medical History & Co-Morbidities (affecting function of the patient):

Diabetic Dialysis Pulmonary Concerns Cardiovascular Concerns

Non-Prosthetic side co-morbidities? No Yes, Describe: _____

Prosthetic side co-morbidities: No Yes, Describe: _____

9. Prosthesis Recommendation:

New Prosthesis / Replacement Prosthesis

Replacement Socket

Replacement Consumables: Liners Suspension Sleeve Socks/Sheaths

Addition / Replacement of a Prosthetic Component: Foot Knee Unit Other: _____

Other: _____

10. Rehab. Goals / Mobility Expectations:

Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility

Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.

Level 2: Has the ability or 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.

Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulatory who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

Level 4: Has the ability or 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

11. Length of Need: Lifetime Other: _____

12. Is the patient motivated to use the prosthesis? No Yes

13. Functional level prior amputation: Independent Assistive Device Non-ambulatory

14. List pre-amputation activities of the patient: Exercise Homebound Unlimited Community

**Other (use specific examples): _____

15. Has a Physical Therapist assessed function? No Yes

**Physical therapist name / company: _____

16. Prosthetist Name: _____ Company: _____

*By signing below, I the physician have evaluated the patient, reviewed the recommendations of the prosthetist and therapist, and agree to the medical necessity of the above prosthetic recommendation and functional level of the patient.

*Physician Signature: _____ Date: _____

AMPUTEE MOBILITY PREDICTOR ASSESSMENT TOOL

Initial instructions: Client is seated in a hard chair with arms. The following manoeuvres are tested with or without the use of the prosthesis. Advise the person of each task or group of tasks prior to performance. Please avoid unnecessary chatter throughout the test. Safety First, no task should be performed if either the tester or client is uncertain of a safe outcome.

The **Right Limb** is: PF TT KD TF HD intact

The **Left Limb** is: PF TT KD TF HD intact

<p>1. <u>Sitting Balance:</u> Sit forward in a chair with arms folded across chest for 60s.</p>	<p>Cannot sit upright independently for 60s Can sit upright independently for 60s</p>	<p>= 0 = 1</p>	_____
<p>2. <u>Sitting reach:</u> Reach forwards and grasp the ruler. (Tester holds ruler 12in beyond extended arms midline to the sternum)</p>	<p>Does not attempt Cannot grasp or requires arm support Reaches forward and successfully grasps item.</p>	<p>= 0 = 1 = 2</p>	_____
<p>3. <u>Chair to chair transfer:</u> 2 chairs at 90°. Pt. may choose direction and use their upper limbs.</p>	<p>Cannot do or requires physical assistance Performs independently, but appears unsteady Performs independently, appears to be steady and safe</p>	<p>= 0 = 1 = 2</p>	_____
<p>4. <u>Arises from a chair:</u> Ask pt. to fold arms across chest and stand. If unable, use arms or assistive device.</p>	<p>Unable without help (physical assistance) Able, uses arms/assist device to help Able, without using arms</p>	<p>= 0 = 1 = 2</p>	_____
<p>5. <u>Attempts to arise from a chair:</u> (stopwatch ready) If attempt in no. 4. was without arms then ignore and allow another attempt without penalty.</p>	<p>Unable without help (physical assistance) Able requires >1 attempt Able to rise one attempt</p>	<p>= 0 = 1 = 2</p>	_____
<p>6. <u>Immediate Standing Balance:</u> (first 5s) Begin timing immediately.</p>	<p>Unsteady (stagger, moves foot, sways) Steady using walking aid or other support Steady without walker or other support</p>	<p>= 0 = 1 = 2</p>	_____
<p>7. <u>Standing Balance (30s):</u> (stopwatch ready) For item no.'s 7 & 8, first attempt is without assistive device. If support is required allow after first attempt</p>	<p>Unsteady Steady but uses walking aid or other support Standing without support</p>	<p>= 0 = 1 = 2</p>	_____
<p>8. <u>Single limb standing balance:</u> (stopwatch ready) Time the duration of single limb standing on both the sound and prosthetic limb up to 30s. Grade the quality, not the time. <i>*Eliminate item 8 for AMPnoPRO*</i> Sound side _____ seconds Prosthetic side _____ seconds</p>	<p style="text-align: center;">Non-prosthetic side Unsteady Steady but uses walking aid or other support for 30s Single-limb standing without support for 30s</p> <p style="text-align: center;">Prosthetic Side Unsteady Steady but uses walking aid or other support for 30s Single-limb standing without support for 30s</p>	<p>= 0 = 1 = 2</p> <p>= 0 = 1 = 2</p>	_____ _____
<p>9. <u>Standing reach:</u> Reach forward and grasp the ruler. (Tester holds ruler 12in beyond extended arm(s) midline to the sternum)</p>	<p>Does not attempt Cannot grasp or requires arm support on assistive device Reaches forward and successfully grasps item no support</p>	<p>= 0 = 1 = 2</p>	_____
<p>10. <u>Nudge test:</u> With feet as close together as possible, examiner pushes lightly on pt.'s sternum with palm of hand 3 times (toes should rise)</p>	<p>Begins to fall Stagger, grabs, catches self ore uses assistive device Steady</p>	<p>= 0 = 1 = 2</p>	_____
<p>11. <u>Eyes Closed:</u> (at maximum position #7) If support is required grade as unsteady.</p>	<p>Unsteady or grips assistive device Steady without any use of assistive device</p>	<p>= 0 = 1</p>	_____

12. Pick up objects off the floor: Pick up a pencil off the floor placed midline 12in in front of foot.	Unable to pick up object and return to standing Performs with some help (table, chair, walking aid etc) Performs independently (without help)	= 0 = 1 = 2	_____
13. Sitting down: Ask pt. to fold arms across chest and sit. If unable, use arm or assistive device.	Unsafe (misjudged distance, falls into chair) Uses arms, assistive device or not a smooth motion Safe, smooth motion	= 0 = 1 = 2	_____
14. Initiation of gait: (immediately after told to "go")	Any hesitancy or multiple attempts to start No hesitancy	= 0 = 1	_____
15. Step length and height: Walk a measured distance of 12ft twice (up and back). Four scores are required or two scores (a. & b.) for each leg. "Marked deviation" is defined as extreme substitute movements to avoid clearing the floor.	a. Swing Foot Does not advance a minimum of 12in Advances a minimum of 12in b. Foot Clearance Foot does not completely clear floor without deviation Foot completely clears floor without marked deviation	= 0 = 1 = 0 = 1	Prosthesis _____ / _____ Sound _____ / _____
16. Step Continuity	Stopping or discontinuity between steps (stop & go gait) Steps appear continuous	= 0 = 1	_____
17. Turning: 180 degree turn when returning to chair.	Unable to turn, requires intervention to prevent falling Greater than three steps but completes task without intervention No more than three continuous steps with or without assistive aid	= 0 = 1 = 2	_____
18. Variable cadence: Walk a distance of 12ft fast as possible safely 4 times. (Speeds may vary from slow to fast and fast to slow varying cadence)	Unable to vary cadence in a controlled manner Asymmetrical increase in cadence controlled manner Symmetrical increase in speed in a controlled manner	= 0 = 1 = 2	_____
19. Stepping over an obstacle: Place a movable box of 4in in height in the walking path.	Cannot step over the box Catches foot, interrupts stride Steps over without interrupting stride	= 0 = 1 = 2	_____
20. Stairs (must have at least 2 steps): Try to go up and down these stairs without holding on to the railing. Don't hesitate to permit pt. to hold on to rail. Safety First, if examiner feels that any risk is involved omit and score as 0.	Ascending Unsteady, cannot do One step at a time, or must hold on to railing or device Step over step, does not hold onto the railing or device Descending Unsteady, cannot do One step at a time, or must hold on to railing or device Step over step, does not hold onto the railing or device	= 0 = 1 = 2 = 0 = 1 = 2	_____ / _____
21. Assistive device selection: Add points for the use of an assistive device if used for two or more items. If testing without prosthesis use of appropriate assistive device is mandatory.	Bed bound Wheelchair / Parallel Bars Walker Crutches (axillary or forearm) Cane (straight or quad) None	= 0 = 1 = 2 = 3 = 4 = 5	_____
Total Score		AMPnoPRO _____ /43 AMPPRO _____ /47	

Abbreviation: PF = partial foot; TT = transtibial; KD = knee disarticulation; TF = transfemoral; HD = hip disarticulation

Test: no prosthesis with prosthesis Observer: _____ Date: _____

K LEVEL (converted from AMP score)

AMPnoPRO K0 (0-8) K1 (9-20) K2 (21-28) K3 (29-36) K4 (37-43)

AMPPRO K1 (15-26) K2 (27-36) K3 (37-42) K4 (43-47)