

## Physician Prosthetic Assessment

### Patient Information

Name:			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	Height:	Weight:

### 1. Medical Necessity:

RIGHT SIDE	LEFT SIDE
<b>Upper Limb</b>	<b>Upper Limb</b>
<b>Lower Limb</b>	<b>Lower Limb</b>

Is there any comorbidity that will impact the patient's mobility and ability to function with a prosthesis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If Yes</b> , please explain:		
<b>If Yes</b> , is the patient able to function and benefit from a prosthesis to accomplish activities of daily living?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If patient currently has a prosthesis, explain the reasoning for replacement:
<input type="checkbox"/> NA, patient does not have a prosthesis, proceed to #2

### 2. Desire to function with a Prosthesis

How has the patient specifically communicated or demonstrated a desire to function with a prosthesis?

### 3. Ability to function with a Prosthesis

Patient is <b>currently</b> using the following aides for mobility. <i>(check all that apply)</i>	<input type="checkbox"/> Prosthesis	<input type="checkbox"/> None
	<input type="checkbox"/> Cane	<input type="checkbox"/> Walker
	<input type="checkbox"/> Crutches	<input type="checkbox"/> Wheelchair
How has the patient specifically demonstrated a potential or ability to function with a prosthesis?		
Once fit with a prosthesis, it is expected the patient will need the assistance of the following aids. <i>(check all that apply)</i>	<input type="checkbox"/> Cane	<input type="checkbox"/> Walker
	<input type="checkbox"/> Crutches	<input type="checkbox"/> Wheelchair
	<input type="checkbox"/> None	

#### 4. Current and Expected Functional Level

Functional K Levels & Definitions	
<b>K4</b>	<b>High Active Athletic:</b> 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.
<b>K3</b>	<b>Community:</b> 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.
<b>K2</b>	<b>Limited Community:</b> 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
<b>K1</b>	<b>Household:</b> 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.
<b>Current Functional Level</b> _____	<b>Expected Functional Level</b> _____
Explanation if the Current and Expected K-levels are not the same:	
<u>Describe expected Activities of Daily Living of the patient to support the proposed K-Level:</u>	

#### 5. Multi-Discipline Corroboration

In development of assessment and recommendations for this patient, I have considered information from the following health care professionals:	<input type="checkbox"/> Surgeon
	<input type="checkbox"/> Psychiatrist/Psychologist
	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Social/Case Worker
	<input type="checkbox"/> Prosthetist/Orthotist
	<input type="checkbox"/> Other: _____

Additional Comments/Observations:
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Physician Name (Print: \_\_\_\_\_)

Signature \_\_\_\_\_ Date: \_\_\_\_\_