

Patient Name:

DOB:

1. History of present condition(s) and past medical history that is relevant to functional deficits:

2. Symptoms limiting ambulation or dexterity:

3. Diagnoses causing symptoms:

4. Other co-morbidities relating to ambulatory problems or impacting the use of a prosthesis:

5. Ambulatory assistance device

6a. Descriptions of activities of daily living and how impacted by deficit(s):

Transfer Ambulator

Community Ambulator

Household Ambulator

High Activity Ambulator

6b. Impacts on daily living:

7. Physical examination that is relevant to functional deficit(s):

8a. Current
Weight (lbs):

8b. Current
Height (inches):

8c. Weight
loss/gain (lbs)

9. Cardiopulmonary examination:

10. Musculoskeletal examination:

RUE strength (out of 5) RLE strength (out of 5)

LUE strength (out of 5) LLE strength (out of 5)

Range of Motion (within normal limits unless specified):

RUE RLE

LUE LLE

11. Neurological Exam:

a. gait

b. Balance and Coordination

Functional capabilities of patient (K-Level):

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

B. 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.

C. 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.

D. Level 3- Has the ability or 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.

E 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.

Current Functional Capabilities

Expected Functional Potential

****Note**** Bilateral amputees often cannot be strictly bound by functional level classifications.

****These results must be dictated in your office notes to be considered a part of the patient's medical record. Medicare will no longer accept this form alone as part of the patient's record.****

Physician Name:

Date: