PROSTHETIC FOLLOW UP

INTAKE FORM

Patient _____ **EMR #** _____

OBJECTIVE / GENERAL

Assistive device you use daily? __ None __ Crutches __ Cane __ Quad Cane __ Walker __ Rollator __ Wheelchair

Comfort Level with prosthesis: *Worst* 0 1 2 3 4 5 6 7 8 9 10 *Best*

Sock ply worn per day: Current: _____ Minimum: _____ Maximum: _____

When was you last physician visit?

Do you have any <u>comments</u> concerning the prosthesis?

Do you have any <u>complaints</u> concerning the prosthesis?

Change in Activities (Increase or decreases)**?**

Do you continue to use and need the prosthesis? __ No __ Yes If yes, Please explain:

How many hours per day are you wearing the prosthesis? _____ Hours

How many days per week are you using the prosthesis? _____ Days

How far can you currently walk with the prosthesis :

__ 15 ft __ 30 ft __ 100 ft __ 150 ft __ 200 ft __ 300 ft __ ¼ mi __ ½ mi __ 1 mi __ 2 mi __ Unlimited

Areas of Discomfort: ***(Be specific)*****?** _____

OBJECTIVE / EXAMINATION

Do you have any skin irritations? __ No __Yes

If Yes, Explain: _____

ADDITIONAL COMMENTS

Do you have any additional comments about the prosthesis or service that you have received?

I attest that all information is true. I have not been coerced or coached while completing this document. Patient's

Signature: _____ **Date:** _____

FOLLOW UP Office Use Only

☐ **Completed in OPIE**

OBJECTIVE / GENERAL

Patient compliance: __ Great __ Good __ Acceptable Remarks:

Patient Remarks:

OBJECTIVE / GAIT EVAL

Front/Back observation:

Pylon not vertical Foot is not flat Lateral thrust Excessive Pistoning

Side observation: Knee flexion Drop off Early heel rise

_____ Normal _____ Trendelenburg Circumduction Other Deviation: _

Modifications: ___ None Other: _____

Alignment Changes :

Ankle: __ Sag __ Coronal __ Tran **Knee:** __ Sag __ Coronal __ Tran **Hip:** __ Sag __ Coronal __ Tran

OBJECTIVE / EXAMINATION

Skin: __ No Irritations __ Abrasion/Blister __ Infection __ Discoloration __ Other:

OUTCOMES

OUTCOMES: ___ 10 Meter ___ Time up and Go

Self-Selected: Trial 1: ___ Min ___ Sec. **Trial 2:** ___ Min ___ Sec. **Trial 3:** ___ Min ___ Sec.

Fastest Safe: Trial 1: ___ Min ___ Sec. **Trial 2:** ___ Min ___ Sec. **Trial 3:** ___ Min ___ Sec.

Comparison to Eval:

GOALS

Goal statement:

PLAN/ TREATMENT PLAN

Plan Notes:

Appointment:

___ PRN ____ Week follow up ____ Other: _____