Amp 3 Prosthetic data

Temporary training prosthesis to be registered only if it contains an individually fitted socket

Personal ID _____

First name _____

Family name _____

Amputation level _____

Amputation side ☐ Left ☐ Right

Date of first fitting of prosthesis (Date when the prosthesis was given to the patient to start using)

_____

Prosthetic reference number

_____

Type of prosthesis

- ☐ Functional prosthesis
- ☐ Cosmetic prosthesis (not fore use in standing or walking)
- ☐ Additional prosthesis (specify or describe) _____
- ☐ Prosthetic fitting not applicable

....if "Functional prosthesis" - Purpose/goal of the prosthesis supply

- ☐ Simplify transfers (e.g. moving in and out of the wheel chair)
- ☐ Walking indoors (K-level 1) with or without aids
- ☐ Walking indoors and outdoors (K-level 2) with or without aids
- ☐ Walking with variable cadence. Ability to transverse most environmental barriers or exercise activity that demands prosthetic usage beyond simple locomotion (K-level 3)

....if "Prosthetic fitting not applicable" - Decisive reason why not

- ☐ Lack of motivation
- ☐ Lack of general physical strength (unable to stand up on the remaining leg, transfer to wheelchair)
- ☐ Lack of cognitive ability
- ☐ Died before prosthetic supply
- ☐ Other

Order of prosthesis

- ☐ First prosthesis for this amputation
- ☐ Replacement of prosthesis
- ☐ Replacement of socket

....if "First prosthesis of this amputation" - The operation wound is

- ☐ Healed
- ☐ Not healed

....if "First prosthesis of this amputation" - Complication that has led to delayed rehabilitation

- ☐ None
- ☐ Injury due to fall
- ☐ Infection in residual limb
- ☐ Not complete primary healing
- ☐ General morbidity that has led to physical or mental impairment
- ☐ Other

....if "Replacement of prosthesis" or "... socket" - Reason for replacement

- ☐ Stump change, volume and/or shape
- ☐ Worn out prosthesis
- ☐ Broken socket and/or components
- ☐ Condition of patient change (Change of goal/purpose of the prosthetic supply)

Residual limb condition

- ☐ Good condition, no problems
- ☐ Ulcer/wound
- ☐ Eczema/Dermatitis
- ☐ Adhesions
- ☐ Deep skin folds
- ☐ Thin skin cover, prominences
- ☐ Edema
- ☐ Excessive soft tissue (Distal to the skeletal structure)

- ☐ Wider distal part of stump
- ☐ Severe sweating problems
- ☐ Neuroma, Hypersensitivity
- ☐ Severe contracture of hip, knee, or ankle joint
- ☐ Sensitive skin (e.g. transplanted, burned)

☐ Other (specify) _____

Significant pain in the stump, which affects the prosthetic fitting

- ☐ Yes
- ☐ No

Current patient weight including prosthesis (kg)

_____

Function of contralateral limb (function or weight bearing on the limb possible)

- ☐ Full
- ☐ Limited
- ☐ No or very limited

Registration of prosthetic supply and amputation level specific variables

Hip disarticulation/Transpelvic amputation

Specify hip joint
(brand, item no etc.) _____

Knee joint swing phase control

- ☐ Locked
- ☐ Constant joint resistance
- ☐ Auto-responsive joint resistance
  - ☐ Pneumatic
  - ☐ Hydraulic
  - ☐ Micro processor controlled

Knee joint stance phase control

- ☐ Locked
- ☐ Geometric lock
- ☐ Constant joint resistance (Mechanical brake)
- ☐ Auto-responsive joint resistance
  - ☐ Hydraulic
  - ☐ Micro processor controlled

Specify knee joint
(brand, item no etc.) _____

Knee joint delivery date
(if other than the date of first fit) _____

Type of prosthetic foot

- ☐ Non energy storing foot
  - ☐ Single axis foot (Inkl. SACH)
  - ☐ Multiaxis foot
- ☐ Energy storing foot
  - ☐ for less advanced walking
  - ☐ for walking with variable cadence
  - ☐ for walking on uneven surfaces/slopes
  - ☐ Micro processor controlled

Specify foot
(brand, item no etc.) _____

Transfemoral amputation

Stump length description

- ☐ Short length (upper 1/3 of femur)
- ☐ Medium length (middle 1/3 of femur)
- ☐ Long length (distal 1/3 of femur)

Process method for the socket

- ☐ Hand casting
- ☐ Directly laminated socket
- ☐ Digital (Scanned or measurements)
- ☐ Other

Socket shape (Control of force stabilization during stance)

- ☐ Direct supported by ischium (e.g. quadrilateral)
- ☐ Including ischium and ramus (e.g. M.A.S.,ICS)
- ☐ Only supported by Femur and the soft tissue (e.g. DS-TF, Nuflex IV)
- ☐ Other

Suspension

- ☐ Vacuum (without liner)
- ☐ With liner, state what suspension feature the liner/system has
  - ☐ Distal connection (e.g. pin, lanyard)
  - ☐ Distal vacuum (Liner with seal)
  - ☐ Active vacuum (with pump)
- ☐ Suspension belt (e.g. TES belt or silesian belt)
- ☐ Bone-anchored (e.g. osseointegration)
- ☐ Other

... if suspension with liner
- ☐ Silicone liner
- ☐ Polyurethane liner
- ☐ Gel liner (e.g. Thermoplastic elastomer TPE)
- ☐ Other, specify _____

Knee joint swing phase control
- ☐ Locked
- ☐ Constant joint resistance
- ☐ Auto-responsive joint resistance
  - ☐ Pneumatic
  - ☐ Hydraulic
  - ☐ Micro processor controlled

Knee joint stance phase control
- ☐ Locked
- ☐ Geometric lock
- ☐ Constant joint resistance (Mechanical brake)
- ☐ Auto-responsive joint resistance
  - ☐ Hydraulic
  - ☐ Micro processor controlled

Specify knee joint
(brand, item no etc.) _____

Knee joint delivery date
(if other than the date of first fit) _____

Type of prosthetic foot
- ☐ Non energy storing foot
  - ☐ Single axis foot (Inkl. SACH)
  - ☐ Multiaxis foot
- ☐ Energy storing foot
  - ☐ for less advanced walking
  - ☐ for walking with variable cadence
  - ☐ for walking on uneven surfaces/slopes
  - ☐ Micro processor controlled

Specify foot
(brand, item no etc.) _____

Knee disarticulation

End bearing capability
- ☐ Full weight bearing possible
- ☐ Limited weight bearing possible
- ☐ No or very limited weight

Suspension
- ☐ Anatomical suspension (supra condyle grip)
- ☐ With liner, state what suspension feature the liner/system has
  - ☐ Distal connection (e.g. pin, lanyard)
  - ☐ Distal vacuum (Liner with seal)
  - ☐ Vacuum (Seal by sleeve)
  - ☐ Active vacuum (with pump)

... if suspension with liner
- ☐ Silicone liner
- ☐ Polyurethane liner
- ☐ Gel liner (e.g. Thermoplastic elastomer TPE)
- ☐ Foam liner
- ☐ Other, specify _____

Knee joint swing phase control
- ☐ Locked
- ☐ Constant joint resistance
- ☐ Auto-responsive joint resistance
  - ☐ Pneumatic
  - ☐ Hydraulic
  - ☐ Micro processor controlled

Knee joint stance phase control
- ☐ Locked
- ☐ Geometric lock
- ☐ Constant joint resistance (Mechanical brake)
- ☐ Auto-responsive joint resistance
  - ☐ Hydraulic
  - ☐ Micro processor controlled

Specify knee joint
(brand, item no etc.) _____

Knee joint delivery date
(if other than the date of first fit) _____

Type of prosthetic foot
- ☐ Non energy storing foot
  - ☐ Single axis foot (Inkl. SACH)
  - ☐ Multiaxis foot
- ☐ Energy storing foot
  - ☐ for less advanced walking
  - ☐ for walking with variable cadence
  - ☐ for walking on uneven surfaces/slopes
  - ☐ Micro processor controlled

Specify foot
(brand, item no etc.) _____

Transtibial amputation

Stump length description

- ☐ Short (length less than the width of the proximal base)
- ☐ Medium (1-2 times the width of the proximal base)
- ☐ Long (more than 2 times the width of the proximal base)

Process method for the socket

- ☐ Hand casting
- ☐ Directly laminated socket
- ☐ Digital (Scanned or measurements)
- ☐ Other, specify _____

Suspension

- ☐ Anatomical suspension (e.g. KBM , PTB strap, PTS, "Lårmanschett")
- ☐ With liner, state what suspension feature the liner/system has
  - ☐ Distal connection (e.g. pin, lanyard)
  - ☐ Distal vacuum (Liner with seal)
  - ☐ Vacuum (Seal by sleeve with expulsion valve)
  - ☐ Vacuum (Seal by sleeve without expulsion valve)
  - ☐ Active vacuum (with pump)
- ☐ Other

... if suspension with liner

- ☐ Silicone liner
- ☐ Polyurethane liner
- ☐ Gel liner (e.g. Thermoplastic elastomer TPE)
- ☐ Foam liner
- ☐ Other, specify _____

Type of prosthetic foot

- ☐ Non energy storing foot
  - ☐ Single axis foot (Inkl. SACH)
  - ☐ Multiaxis foot
- ☐ Energy storing foot
  - ☐ for less advanced walking
  - ☐ for walking with variable cadence
  - ☐ for walking on uneven surfaces/slopes
  - ☐ Micro processor controlled

Specify foot

(brand, item no etc.) _____

....if "First prosthesis of this amputation" - Postoperative compression treatment

- ☐ None
- ☐ Bandages
- ☐ Compression stocking
- ☐ Silicone liner
- ☐ Other, specify _____

...if Postoperative compression treatment not None - Start of compression treatment

- ☐ Within 1 week
- ☐ After 1-3 weeks
- ☐ After 4-6 weeks
- ☐ After more than 6 weeks

Disarticulation of talocrural joint and Partial foot amputation

... if Partial foot amputation - Range of ankle motion

- ☐ Normal range of ankle motion
- ☐ Limited range of dorsiflexion (< 5 degrees)
- ☐ Pes equinus (dorsiflexion < 0 degrees)

Ability to bear weight (without a prosthesis on the limb possible)

- ☐ Full weight bearing
- ☐ Limited
- ☐ No or very limited

Socket (control of force stabilization during stance)

- ☐ Foot insert with filling
- ☐ Low socket below the ankle
- ☐ High socket above the ankle with controlled ankle joint motion
- ☐ High socket above the ankle with no ankle joint motion
- ☐ Forefoot prosthesis with extended lever (e.g. dropfoot splint)
- ☐ Aesthetic silicone prosthesis below the ankle

Suspension

- ☐ Anatomical suspension
- ☐ Vacuum