

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 _____

Date of amputation at final level _____

Amputation side

- Left
 Right

Stump problems

- Ulcer/Wound
 Eczema/Dermatitis
 Adhesions
 Deep skin folds
 Thin skin cover
 Oedema
 Contracture of hip, knee, or ankle joint
 Wider distal part of stump
 Other
 Other (specify)

Significant pain in the stump, which affects the prosthetic fitting

- Yes
 No

Type of prosthesis

- Functional prosthesis
 Cosmetic prosthesis
 Additional prosthesis (specify or describe) _____
 Prosthetic fitting not applicable

Order of prosthesis

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

Reason for replacement of prosthesis or new socket

- Stump volume change
 Worn out prosthesis less than 2 years old
 Worn out prosthesis more than 2 years old
 Improve socket shape
 Broken socket
 Broken components

Current patient weight including prosthesis (kg)

Function of contralateral limb

- Full weight bearing on the limb possible
 Limited weight bearing on the limb possible
 No or very limited weight bearing on the limb possible

Date of first fitting of prosthesis

(Date when the prosthesis was given to the patient to start using) _____

Delivery date of final prosthesis

(Date when the trial period [with or without cosmesis] was finished) _____

Prosthetic reference

number _____

Registration of prosthetic supply**Hip disarticulation/Transpelvic amputation****Suspension**

- Mechanical
 Vacuum

Specify hip joint

(brand, item no etc.) _____

Knee joint swing phase control

- Manual lock
- Mechanic swingphase control
- Pneumatic swingphase control
- Hydraulic swingphase control
- Intelligent swingphase control

Knee joint stance phase control

- Manual lock
- Mechanical
- Pneumatic
- Hydraulic
- Intelligent

Specify knee joint

(brand, item no etc.) _____

Type of prosthetic foot

- SACH foot
- Single axis foot
- Multiaxis foot
- Energy storing foot
- Intelligent foot

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)

Socket shape

- Quadrilateral shape
- Ischial containment shape
- MAS shape
- Free anatomical shape
- Other

Liner

- Silicone liner
- Polyurethane liner
- Foam liner
- Other, specify _____

Suspension

- Distal suspension (e.g. pin, lanyard)
- Suspension belt (e.g. TES belt or silesian belt)
- Vacuum with liner
- Vacuum without liner
- Active vacuum pump
- Seal-in
- Bone-anchored (e.g. osseointegration)
- Other

Knee joint swing phase control

- Manual lock
- Mechanic swingphase control
- Pneumatic swingphase control
- Hydraulic swingphase control
- Intelligent swingphase control

Knee joint stance phase control

- Manual lock
- Mechanical
- Pneumatic
- Hydraulic
- Intelligent

Specify knee joint

(brand, item no etc.) _____

Type of prosthetic foot

- SACH foot
- Single axis foot
- Multiaxis foot
- Energy storing foot
- Intelligent foot

Specify foot

(brand, item no etc.) _____

Knee disarticulation**End bearing capability**

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

Liner

- Silicone liner
 Polyurethane liner
 Foam liner
 Other, specify _____

Suspension

- Mechanical
 Distal vacuum
 Vacuum suspension sleeve
 Distal end suspension (string/pin)
 Vacuum with valve
 Active vacuum pump

Knee joint swing phase control

- Manual lock
 Mechanical
 Pneumatic
 Hydraulic
 Intelligent

Knee joint stance phase control

- Manual lock
 Mechanical
 Pneumatic
 Hydraulic
 Intelligent

Specify knee joint

(brand, item no etc.) _____

Type of prosthetic foot

- SACH foot
 Single axis foot
 Multiaxis foot

- Energy storing foot
 Intelligent foot

Specify foot

(brand, item no etc.) _____

Transtibial amputation and disarticulation of talocrural joint**Stump length description**

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

Liner

- Silicone liner
 Thick silicone liner
 Polyurethane liner
 Gel liner
 Foam liner
 Other, specify _____

Suspension

- KBM
 PTB strap
 PTS
 Suspension sleeve without vacuum
 Distal pin
 Distal vacuum
 Vacuum with sleeve
 Vacuum with expulsion valve
 Active vacuum pump
 Seal-in
 Bone-anchored (e.g. osseointegration)
 Other, specify _____

Type of prosthetic foot

- SACH foot
 Single axis foot
 Multiaxis foot
 Energy storing foot
 Intelligent foot

Specify foot

(brand, item no etc.) _____

Postoperative treatment (Applicable with "First prosthesis for this amputation" only)

- Rigid dressing following amputation
 Compression treatment

Start of compression treatment

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

Type of compression treatment

- Bandages
 Compression stocking
 Silicone or similar liner
 Other, specify _____

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)

- Full weight bearing on the limb possible
 Limited weight bearing on the limb possible
 No or very limited weight bearing on the limb possible

- High socket above the ankle with controlled ankle joint motion
 High socket above the ankle with no ankle joint motion
 Orthosis type dropfoot splint
 Aesthetic silicone prosthesis below the ankle

Suspension

- Mechanical
 Vacuum
 Distal coupling

Ability to put on and take off the**prosthesis** (at the time of delivery of final prosthesis)

- Able to put on and take off the prosthesis without help
 Able to put on the prosthesis without help
 Able to take off the prosthesis without help
 Not able to put on or take off the prosthesis without help

Socket

- Foot bed with filling
 Low socket below the ankle