

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
- 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, "Lärmanschett")
- 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