KEMENTERIAN KESIHATAN MALAYSIA
PHYSIOTHERAPY DEPARTMENT
AMPUTEE ASSESSMENT FORM

Name :---------- Age: --------- Sex: M / F RN /IC : ----------Date :----------

DIAGNOSIS

DOCTOR'S MANAGEMENT

PROBLEMS

PAIN SCALE

PRE	
POST	

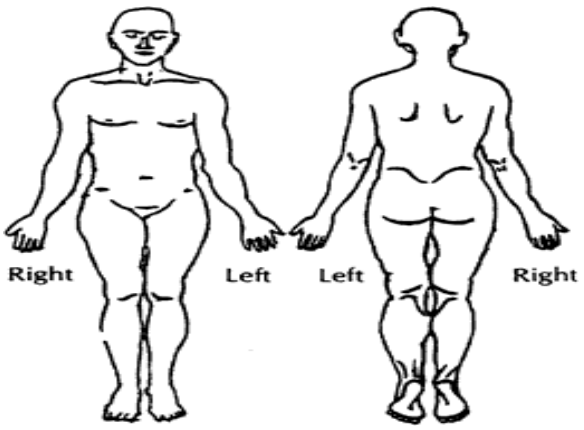
Nature:

Agg:

Ease:

Irritability : High/Medium/Low

PHANTOM LIMB SENSATION; PRESENT □Yes □No
Comments:



CURRENT HISTORY

PAST HISTORY

SPECIAL QUESTION
General Health:

PMHx / Surgery:

Medication:

Social History:
Occupation / Recreation:

Home/ Work Accessibility:

Pre – Morbid Condition:

OBSERVATION

General / Local
Stump Condition :

Bandaging skill:
Gait:

PROSTHETIC USAGE
Types of Prosthesis:

Don/Doff:

Prosthetic Static Weight Bearing :

Maximum Walking Distance per day:

Length of Time Wearing Prosthesis per day:

PALPATION

CARDIORESPIRATORY STATUS:

MOVEMENT

JOINT	ACTIVE	PASSIVE	COMMENTS

MANUAL MUSCLE TESTING

STUMP MEASUREMENT

Length:

Circumference:

CLEARING TESTS AND MEASUREMENTS

OUTCOME MEASUREMENT				
a) Modified Rivermead Mobility Index				
Date				
1. Turning over				
2. Lying to sitting				
3. Sitting Balance				
4. Sitting to Standing				
5. Standing				
6. Transfer				
7. Walking Indoors				
8. Stairs 0=unable to perform 1=assistance of 2 people 2=assistance of 1 person 3= requires supervision or verbal Instruction 4=requires an aids or appliance				
5=Independent.				
b) Timed Up and Go, walking aid:				
Distance				
c) 2min walk test, walking aid:				
Distance				

PHYSIOTHERAPIST'S IMPRESSION

PATIENT'S GOALS

SHORT TERM GOALS

LONG TERM GOALS

PLAN OF TREATMENT

Attending Physiotherapist:

……

Date: Sign & Chop

KEMENTERIAN KESIHATAN MALAYSIA
GUIDELINE FOR USE OF AMPUTEE ASSESSMENT FORM

DIAGNOSIS

- As in referral

DOCTOR'S MANAGEMENT

- Brief about the management by the doctor

PROBLEMS

- What is the presenting problem?
- What is the patient's complaint?

PAIN SCALE

0……10. Indicate on pain scale, level of pain as indicated by patient

Nature

- Describe the pain? Dull, sharp, tingling, pinching…..etc. Use patient's own words.

Agg.(Aggravate)

- Activities which bring about the pain e.g. Movement, walking, standing, wearing prosthetic limbs, others activities

Ease

- What reduces pain?

Irritability

- The type and amount of activity required to cause or increase in symptoms.
- The severity of symptoms provoked.
- The length of time taken for the symptoms to be resolved to its normal level.

PHANTOM LIMB SENSATION: PRESENT □Yes □No

Comments (if YES)

- State the information regarding phantom limb sensation, e.g. Area, period, types of sensation etc.

SPECIAL QUESTION

General health

- General unwell, may indicate systemic problem

PMHx / Surgery

- Other medical illness e.g. Diabetes, HPT

Medication

- e.g. NSAIDS, corticosteroids and others.

Social history

- **Occupational/ Recreational**
  - Nature of work, types of job, hobbies etc.
- **Home/ Work Accessibility**
  - Environment of the home and working area. Types of buildings, stairs access, toilet
- **Pre – Morbid Condition:**
  - Mobility status before amputation, any assisting aids used?

PROSTHETIC USAGE

- **Types of Prosthesis:**
  - State the types of the prosthesis; e.g: Patella Tendon Bearing (PTB), Kondylen Benttung Munster (KBM), Hip Ischial Ramal Containment (IRC) Socket etc.
- **Don/ Doff:**
  - Observe and comment techniques of donning and doffing by the patient or caregivers
- **Prosthetic Static Weight Bearing**
  - Measure the weight distribution between the amputation and the sound limb.
- **Maximum Distance Walking per day:**
  - State the maximum walking distance
- **Length of Time Wearing Prosthesis per day:**
  - State the length of time of prosthetic wearing by patient

BODY CHART

- Marked on body chart with brief explanation – presenting complaint? Site of amputation.

CURRENT HISTORY

- Where is the amputation limb?
- Date of amputation.
- Reasons the limb being amputated?
- Description on the episode of amputation.

PAST HISTORY (RELATED TO CURRENT PROBLEM)

- Any previous episode of amputation.

OBSERVATION

- **General/Local**
  - Body size, posture, facial expression, mobility status with or without prosthesis and cognitive.
  - The condition of the other leg; skin condition, lesions, oedema, sensation, circulation, claudication etc.
- **Stump condition**
  - Draw the stump shape and label any deformity, scars condition, swelling and muscle wasting, any colour changes etc.
- **Bandaging skill**
  - Observe the bandaging skill performed by the patient or the caregiver
- **Gait**
  - Observe and describe the gait pattern, quality, speed and movement with prosthesis.

PALPATION

- Any warmth, swelling, muscle spasm and tenderness.

CARDIORESPIRATORY STATUS

- If relevant.

MOVEMENT

- **JOINTS**
  - State the involved joints
- **ACTIVE**
  - Measure the Active ROM on relevant joints.
- **PASSIVE**
  - Measure the Passive ROM on relevant joints.
- **COMMENTS**
  - Any related observation, end feels during the movements.

MANUAL MUSCLE TESTING

- Muscle power of the major or specific group of the muscles.

STUMP MEASUREMENT

- **Length:**
  - State and measure the length of the stump
    - Trans-Femoral Amputation: Ischial tuberosity to the stump
    - Trans-Tibia Amputation : tibia plateau to the stump
- **Circumference:**
  - State and measure the circumference of the stump

CLEARING TESTS AND MEASUREMENTS

- Clearing test of the proximal joints for the amputated limb.
- If relevant. Any additional tests and measurements that required.

OUTCOME MEASUREMENT

- Modified Rivermead Mobility Index
- Timed Up and Go
- 2min walk test
  - Perform the measurements relevant with the patient's condition
  - State the walking aids used during the assessment
  - All the measurements should tested with the prosthesis

PHYSIOTHERAPIST'S IMPRESSION

- Analyze the subjective and objective assessment based on clinical reasoning
- Summarize the patient's conditions and problems.

SHORT TERM GOALS

- Set and prioritize the goals accordingly.
- The goals shall be specific, measureable, and achievable within specific periods of time.

LONG TERM GOALS

- The goals that can be achieved within a longer period.
- The goals shall be specific, measureable, and achievable within specific periods of time.

PATIENT'S GOALS

- The expectation and goals set by the patients. The goals should be relevant, realistic and achievable.

PLAN OF TREATMENT

- The physiotherapy treatment that will be given according to the goal set.

SIGN/ STAMP/DATE :

- Need to be filled by the attending physiotherapist

APPENDIX I

Timed Up and Go Test

Introduction

The Timed Up and Go test (TUG) is a simple test used to assess a person's mobility and requires both static and dynamic balance.

Instruction of Procedure

The timed "Up and Go" test measures, in seconds, the time taken by an individual to stand up from a standard arm chair (approximate seat height of 46 cm [18in], arm height 65 cm [25.6 in]), walk a distance of 3 meters (118 inches, approximately 10 feet), turn, walk back to the chair, and sit down.
The subject wears their regular footwear and uses their customary walking aid (none, cane, walker). No physical assistance is given. They start with their back against the chair, their arms resting on the armrests, and their walking aid at hand.
They are instructed that, on the word "go" they are to get up and walk at your normal pace to a line on the floor 3 meters away, turn, return to the chair and sit down again.
The subject walks through the test once before being timed in order to become familiar with the test.
Either a stopwatch or a wristwatch with a second hand can be used to time the trial.

Instructions to the patient:

"When I say 'go' I want you to stand up and walk to the line, turn and then walk back to the chair and sit down again. Walk at your normal pace."

Measurement and Baseline

The cutoff point of having potential high risk of falls for the lower limb amputee is >19 seconds (Miller et. al., 2004), >23.95seconds (Schoppen et. al.,1999); Transfemoral Amputation >28 seconds (Schoppen et. al.,1999). Subjects may having risk of multiple falls.

Conclusion

There is no conclusion regarding the baseline of TUG measurement on amputee. The measurement were used as a record tracking on patients' performance.

Reference

1. Dite W, Connor HJ, Curtis HC. (2007). Clinical identification of multiple fall risk early after unilateral transtibial amputation. Arch Phys Med Rehabil. 88(1):109-14.
2. Miller WC, Deathe AB. A prospective study examining balance confidence among individuals with lower limb amputation. Disabil Rehabil 2004 Jul 22-Aug 5;26(14-15):875-81.
3. Podsiadlo, D., & Richardson, S. (1991). The timed "up & go": A test of basic functional mobility for frail elderly persons. Journal of the American Geriatrics Society, 39, 142-148.
4. Shumway-Cook, A., Brauer, S., & Woollacott, M. (2000). Predicting the probability for falls in community-dwelling older adults using the timed up & go test. Physical Therapy, 80(9), 896-903.
5. Schoppen T, Boonstra A, Groothoff JW et al. The timed 'up and go' test: Reliability and validity in persons with unilateral lower limb amputation. Arch Phys Med Rehabil 1999;80:825-8.

2 Minutes Walking Test

Introduction:

The 2 Mins Walk Test is the measurement of endurance by assessing walking distance over two minutes.

Instruction of Procedure

The test is carry out where the individual walks without assistance for 2 minutes and the distance is measured.

The set up equipment needed is a walking track with no obstacles, stopwatch, and measurement tape. Start timing when the individual is instructed to "Go" and stop timing at 2 minutes. Assistive devices can be used yet shall be kept consistent and documented from test to test.

Instructions to the patient:

"Cover as much ground as possible over 2 minutes. Walk continuously if possible, but do not be concerned if you need to slow down or stop to rest. The goal is to feel at the end of the test that more ground could not have been covered in the 2 minutes."

Measurement and Baseline

The mean findings for 2 mins walking test is 27.9m, patients were able to improve to 69.6m after 3 months of rehabilitation. The legacy outpatients can achieved 99.2 m (Miller et. al., 2001). The mean difference improvement for pre and post rehabilitation can up to 14.9 meter.

Conclusion

There is no conclusion regarding the baseline of 2 minutes walking test measurement on amputee. The measurement were used as a record tracking on patients' performance.

Reference

1. Miller WC, Deathe AB. A prospective study examining balance confidence among individuals with lower limb amputation. Disabil Rehabil 2004 Jul 22-Aug 5;26(14-15):875-81.
2. Miller WC, Deathe AB, Speechley M. Lower extremity prosthetic mobility: a comparison of 3 self-report scales. Arch Phys Med Rehabil. 2001;82:1432–1440.
3. Resnik L, Borgia M. Reliability of outcome measures for people with lower-limb amputations: distinguishing true change from statistical error. Physical therapy. 2011; 91 (4) : 555-65