

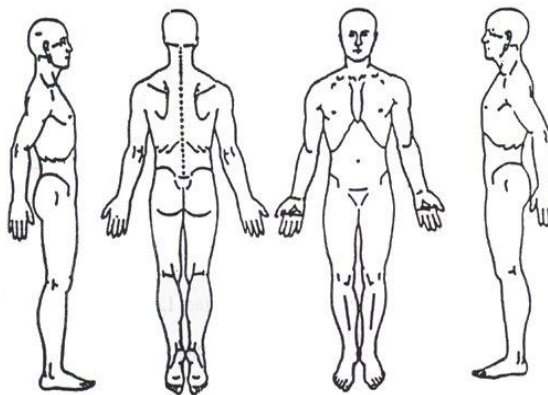
**KEMENTERIAN KESIHATAN MALAYSIA
PHYSIOTHERAPY DEPARTMENT
LYMPHOEDEMA ASSESSMENT FORM**

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

DIAGNOSIS

DOCTOR'S MANAGEMENT

PROBLEM



PAIN Score:

Pre	Post

Irritability : High / Medium / Low

Agg :

Ease :

SWELLING

Area :

Type : 0 / 1 / 2 / 3

SPECIAL QUESTION

General Health

PMHX / Surgery

Investigation

Medication

Radiotherapy / DXT : Cycle -

Chemotherapy : Cycle -

CURRENT HISTORY

PAST HISTORY

OBSERVATION

PALPATION

SKIN CONDITION

STEMMER'S SIGN : + Ve -Ve

**MOVEMENT
JOINT**

ACTIVE

PASSIVE

OVERPRESSURE

NEUROLOGICAL

Sensation :

Motor :

SHORT TERM GOALS

LONG TERM GOAL

CLEARING TEST / OTHER JOINTS

PLAN OF TREATMENT

PHYSIOTHERAPIST'S IMPRESSION

Attending Physiotherapist :

Date :

Sign & Stamp

**KEMENTERIAN KESIHATAN MALAYSIA
GUIDELINES FOR USE OF LYMPHOEDEMA
ASSESSMENT FORM**

DIAGNOSIS

- As in referral

DOCTOR'S MANAGEMENT

- Brief- operative or conservative

PROBLEM

- What is the current complaint e.g. swelling, pain, stiffness,.....etc.

PAIN Score

- Indicated on pain score, level of pain as indicated by patient

Irritability

- The type and intensity of activities required to cause or increase in symptoms.
- The severity of symptoms
- The time taken for symptoms to return to rest after aggravation

SWELLING

- Area – define the area / and name them
Anterior, posterior, medial, lateral, superficial or deep.

Type

- Type of swelling
 - Type 1 : pitting oedema
 - Type 2 : chronic inflammation, fibrosis and sclerosis, firm, non-pitting oedema
 - Type 3 : hardening of skin
Lymphostatic elephantiasis

Aggravating

- Activities which bring on swelling. e.g. : prolong strenuous activities

Ease

- What makes the swelling reduce? (e.g. elevation)
- What exercise or position helps ?
- Does physiotherapy or medication makes any changes ?

SPECIAL QUESTION

General Health

- Any current health problems ? (fever)
- Recent unexplained weight loss? (Ca advanced)
- Bladder or bowel dysfunction.

PMHx / Surgery

- Other medical illnesses / surgery – especially breast, lung, prostate Ca, metastasis to the spine, etc.

Investigation

- X-ray, MRI, CT, Blood test with relevant to current problem.

Medication

- Name the current medication taken, especially NSAIDS, corticosteroids
- Side effects of long term

Radiotherapy / Chemotherapy / DXT

- Note date and length of course.

BODY CHART

- Area of swelling, pain, stiffness, weakness.
- To be marked on body chart.

CURRENT HISTORY

- When did it occur?
- How did the swelling occur?
- Is it better or worse now?

PAST HISTORY

- Relevant past history related to current problem.
- On set, progression, physiotherapy treatment and effects.

OBSERVATION

- Posture, facial expression, observation of the affected side (swelling, scars, deformity, colour changes, ulcer or discharges), gait.

PALPATION

- Warmth, type of swelling (indurated, fibrosis, pitting), tenderness, textures of the skin

SKIN CONDITION

- Noted about cellulites/ keratosis / papiloma if appeared

STEMMER'S SIGN

- Able to lift up the skin at the proximal Interphalangeal joint of the 2nd toes (-ve) and (+ve) if unable.

MOVEMENT

- Measure active range of motion and check for quality of movement
- Measure Passive range of motion for those unable to do or complete active movement
- Overpressure if necessary

NEUROLOGICAL

- Test / to confirm neurological involvement

Sensation

- Test dermatome

Motor

- Myotomes – (A muscle or muscle group supplied by a single spine segment)

CLEARING TESTS / OTHER JOINT

- Joint above and below area involved e.g. shoulder checks the neck.

PHYSIOTHERAPIST'S IMPRESSION

- Problem in order of priority

SHORT TERM GOALS

- The goals which are set according to priority
- May include the expected outcomes and time frame

LONG TERM GOALS

- The goals which are set for a longer time frame based on condition.

PLAN OF TREATMENT

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

SIGN/ STAMP/DATE :

- Need to be filled by attending physiotherapist