

Upper Limb Amputation



Evaluation Form

Patient Name		Date of Evaluation	
Date of Birth		Evaluator's Name & Credentials	
Diagnosis Code		Referring Physician	

Amputation side	Left	Right	Bilateral	If bilateral, which side(s) will be fit?	Left	Right
Amputation level	Transcarpal	Transradial	Transhumeral	Interscapulothoracic		
	Wrist disarticulation	Elbow disarticulation	Shoulder disarticulation			
	Other					

For TR or TH amputations, select a residual limb length: Long (> 2/3) Medium (1/3 to 2/3) Short (< 1/3) Ultra short

Weight	Height	Hand dominance	Left	Dominance transfer	Yes
			Right	required?	No

1. General Health

Cardiovascular diseases

Circulatory disorders

Diabetes Neuropathy Musculoskeletal disorder Renal / Dialysis

Coordination disorders / Balance disorders / Dizziness

Infectious diseases

Allergies

Medications

Side effects Sensitivity to pain Swelling Blood-thinning Balance

 Fatigue/Sleepiness Slight Muscle Cramps Other

Cognitive status Alert & Oriented x 4 Memory impairment Decreased attention Other

Cognitive ability to use and care for a prosthesis? Yes No

Torso functional limitations

Lower limb functional limitations

Left Hip Knee Ankle

Right Hip Knee Ankle

Other illness / limitations / pain

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Activities / Mobility

Prior level of function

Relevant professional / leisure activities

Environment

Transportation Car Walking Public transportation Family / Friend

Other

Transfers Independent Assistance required

Assistive devices used

Comments (Please elaborate on past activities, current activities, desired future activities, and explanation for the difference if applicable. What activities will be easier with a new prosthesis and why?)

2. Residual Limb Assessment

2.1. Etiology

Amputation Congenital / Dysmelia

Amputation date Amelia Phocomelia Peromelia

Other

Amputation cause

Peripheral artery disease Diabetes Tumor Trauma Infection Other

Notes

Amputation method

Osteoplasty Myoplasty Myodesis Osteotomy Other

Notes

History / Complaints

Comments

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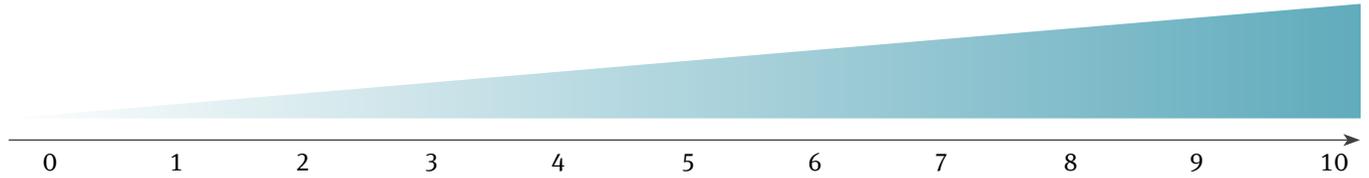


2.2. Pain

General pain in the residual limb

Area

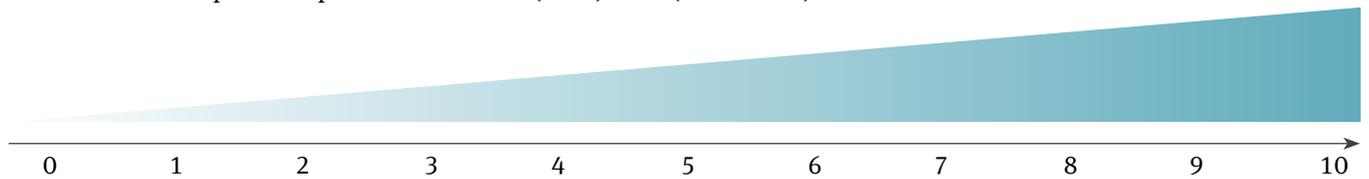
How intense is the pain on a scale of 0 (none) to 10 (unbearable)?



Phantom pain

Description

How intense is the phantom pain on a scale of 0 (none) to 10 (unbearable)?



Pain amplified by

Pain calmed by

Pain after training / activity

Residual limb load capacity	Capable of contact	Not capable of contact
	Capable of bearing load	Not capable of bearing load
	If capable of bearing load, how much?	Full High Medium Low

Residual limb conditions	Brachial plexus injury	Muscle atrophy
	Neuroma(s)	Rotator cuff injury
	Other	

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2.3. Sensation

Warm / cold	Intact	Absent	Impaired
Sharp / dull	Intact	Absent	Impaired
Light touch	Intact	Absent	Impaired
Pressure localization	Intact	Absent	Impaired

Comments (Please note details of any sensation impairment or hypersensitivities.)

2.4. Skin

General skin condition	Unremarkable	Open wound	Dry	Inflamed	
	Burn or scar tissue	Flaky	Irritated		
	Other				
Skin color	Normal	Yellowish	Bluish	Pale	Reddish
	Other				
Temperature	Normal	Cold	Warm		
	Details				
Soft tissue coverage	Normal	Low	Excessive		
	Details				
Subcutaneous tissue	Normal	Tight	Soft		
	Details				
Redundant tissue	Details				
Condition of suture line	Staples still in place	Healed	Closed	Dry	Flexible
	Sutures still in place	Inflamed / suppurative	Open	Weeping	Inflexible

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2.5. Volume

Shape of the residual limb	Cylindrical	Conical	Bulbous	Suture peaks	Invagination
Volume fluctuations	Documentation on measurement chart				
Edema	Documentation on measurement chart				
Applied therapy	N/A	Compression sock / shrinker	Elastic bandage/wrap	Liner	
Other	.....			

Comments

2.6. Range of Motion

	Active		Assisted		Passive		
	Within Functional Limits		Within Functional Limits		Within Functional Limits		
	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT	
Elbow							
Flexion (145°)	Contracture
Extension (0°)	Contracture
Shoulder							
Flexion (180°)	Contracture
Extension (45 – 60°)	Contracture
Abduction (150°)	Contracture
Adduction (10°)	Contracture
Internal Rotation (70 – 90°)	Contracture
External Rotation (90°)	Contracture

Other

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2.7. Manual Muscle Testing

		RIGHT	LEFT
Elbow	Extension
	Flexion
Shouder	Flexion
	Extension	.....	.....
	Abduction	.....	.....
	Adduction	.....	.....
	External rotation	.....	.....
	Internal rotation	.....	.....

Comments

Muscle strength assessment

- 5 **Normal**
Full range of motion against gravity;
maximum resistance
- 4 **Good**
Full range of motion against gravity;
moderate resistance
- 3 **Weak**
Full range of motion against gravity;
no resistance
- 2 **Poor**
Full range of motion with gravity
eliminated
- 1 **Trace**
Visible and / or palpable muscle
contraction with no motion
- 0 **None**
No visible and / or palpable muscle
contraction

3. Contralateral Upper Limb Limitations

Please note pain, sensitivity, skin condition, edema, range of motion, strength, etc.

- Amputation
- Fingers
- Dexterity
- Hand / wrist
- Forearm
- Elbow joint
- Upper arm
- Shoulder joint
- Neck
- Harness considerations

Comments

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4. Prosthetic History

Primary and/or secondary prosthesis description, date received, hours worn/used per day, existing fit, overall outcome, etc.

4.1. Goals with new prosthesis

Clinical Goals

Patient Goals

Patient desire and motivation to use prosthesis

5. Prosthetic Recommendation

		New Prosthesis	Replacement		
Body-powered	Justification	First prosthesis	Change in condition	Change in functional need	
Myoelectric		Device no longer fits	Device worn/irreparable	Device stolen	Other
Hybrid	Comments				
Passive					
None					

Recommended componentry (if recommending myoelectrics, please explain why body-powered is insufficient)

6. EMG Analysis

N/A

Conventional (1 or 2 site) Control

Myotest results are available Yes No

MyoBoy results	Left	MyoBoy Scale 20-65	Right	MyoBoy Scale 20-65
Muscle A Site	Gain	Site	Gain	Site
Muscle B Site	Gain	Site	Gain	Site

Comments

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6. EMG Analysis, continued

Pattern Recognition Control

System type

Trial conducted? Yes No

Patterns available	Phantom movement description	Patterns available	Phantom movement description
Hand open	Supination	.....
Hand close	Elbow Flexion	.....
Other grip pattern(s)	Elbow Extension	.....
Pronation	Other	.....

Mirror Therapy Recommended? Yes No

Comments

7. Outcome Measures

Notes