

# Prosthetic Device Documentation Guidelines

## Physician Note Requirements:

- Patient's Name
- Date of Face to Face Evaluation
- Diagnosis
- Clinical Course (improving/worsening)
- Prognosis
- Past Experience with prosthesis (if any)

## PHYSICAL EXAMINATION

- Height:
- Weight:
- Cardiopulmonary examination
- Musculoskeletal examination
  - Arm and leg strength and range of motion
- Neurological examination
  - Gait
  - Balance and coordination

## FUNCTIONAL LEVEL ASSESMENT

- Are there any symptoms or co-morbidities limiting ambulation or prosthetic use?
- What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used (either in addition to the prosthesis or prior to amputation)?
- Description of activities of daily living and how impacted by deficit(s)

**Level 0:** *Non-ambulatory and without potential to ambulate*

**Level 1:** *Standing and transfers, only*

**Level 2:** *Limited ambulation, single cadence*

**Level 3:** *Ordinary ambulation, variable cadences*

**Level 4:** *Exceeds ordinary ambulation, such as child or athlete*

- Functional Level before amputation
- Current Functional Level
- Expected Functional Level
- Explanation of Difference

❖ **Statement that patient will benefit from a prosthesis**