

Physical Therapy Lower Limb Functional Evaluation For Patients with an Existing Prosthesis

To be considered eligible for prosthetic services by Medicare and other insurance entities, there are required documentation elements that must be met as per the LCD (Local Determination Coverage) criteria.¹

This documentation must establish:

- a) The beneficiary's past history (including prior prosthetic use if applicable); and
- b) The beneficiary's functional level.
- c) The beneficiary's current condition including the status of the residual limb and the nature of other medical problems; and
- d) The beneficiary's desire to ambulate.

Complete the following evaluation in detail, maintain the original copy in your file and provide a copy to the patient's prosthetic provider.

Patient Information			
Name:		Date:	
Patient DOB:	Height:	Weight:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Patient History			
Date of Amputation:		Age of Current Prosthesis:	
Amputation Side	<input type="checkbox"/> Right		<input type="checkbox"/> Left
Amputation Level	<input type="checkbox"/> Below Knee <input type="checkbox"/> Partial Foot	<input type="checkbox"/> Above Knee <input type="checkbox"/> Hip or Hemi	<input type="checkbox"/> Below Knee <input type="checkbox"/> Partial Foot <input type="checkbox"/> Above Knee <input type="checkbox"/> Hip or Hemi

Prosthetic Usage²				
While you are awake, do you wear your prosthesis:	Less than 25% <input type="checkbox"/>	25% - 50% <input type="checkbox"/>	More than 50% <input type="checkbox"/>	All waking hours <input type="checkbox"/>
When do you use your prosthesis to walk?	Dr. and Prosthetist appointments only <input type="checkbox"/>	At home but not to go outside <input type="checkbox"/>	Outside home on occasion <input type="checkbox"/>	Inside and outside at all times <input type="checkbox"/>
When wearing prosthesis outside, do you use:	Wheelchair <input type="checkbox"/>	2 crutches, 2 canes or a walker <input type="checkbox"/>	One cane <input type="checkbox"/>	No walking aides <input type="checkbox"/>
When walking with your prosthesis outside, do you feel unstable when you are...	Walking on flat surfaces YES <input type="checkbox"/> NO <input type="checkbox"/>		Walking on slopes YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Walking on rough ground YES <input type="checkbox"/> NO <input type="checkbox"/>			

¹ Local Coverage Determination (LCD): Lower Limb Prostheses (L33787)

² Houghton Scale of Prosthetic Use with Lower Extremity Amputations.

Original in Patient File
Copy to Prosthetic Provider

Physical Therapy Lower Limb Functional Evaluation

Functional Level				
<ul style="list-style-type: none"> Start at K1, based upon the patient ability for each K level, proceed to the next level if appropriate. Use of ambulatory aides (walker, crutch, arm-rest, railing, parallel bars, etc.) is permissible for all tasks. Ensure that patient is closely monitored for safety. Do not allow the patient to attempt any task that you determine may be hazardous to the patient's stability or capabilities. The tasks within each category can be done in any order, if they cannot do one, they can attempt to do one of the other tasks within that same category. If the patient does not successfully demonstrate the ability to accomplish the minimum number of criteria for each level, DO NOT proceed to the next category. K-level is determined by the highest level in which the patient is able to accomplish at least one task. 				
				Initial
K1	Transfer	Able to transfer from one chair to another	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>
	Fixed Cadence	Able to ambulate 10' on level surface at fixed cadence.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>
Patient must successfully accomplish 1 or more of the K1 criteria to proceed to K2 Criteria				
K2	Obstacle	Step over a 3" obstacle	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>
	Step	Step up or down a stairway consisting of 2 or more stairs	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>
	Uneven Terrain	Walk 10' on uneven/rough terrain.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>
	Ramp/Incline	Walk up or down an ramp or incline	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>
Patient must successfully accomplish 2 or more of the K2 criteria to proceed to Ambulation Qualification.				
Community Ambulation Qualification		Able to walk 20' at self-selected speed on level surface	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>
Patient must walk 20' at self-selected speed to proceed to K3 Criteria.				
K3	Variable Cadence 1	Walk 10' slower than self-selected speed	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>
	Variable Cadence 2	Change speeds while walking on level surface.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>
	Variable Cadence 3	Walk 10' faster than self-selected speed	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>
Patient must successfully accomplish 3 or more of the K3 criteria to proceed to K4 . <i>DO NOT proceed unless patient clearly demonstrates/communicates desire and ability to perform K4 tasks.</i>				
K4	High Impact 1	Jog <i>Defined as ambulation where only one foot is on the ground throughout stance with no double support phase</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>
	High Impact 2	Jump down from a surface 6" high onto level ground.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <i>Initial</i>

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Current Condition		
Is there any comorbidity that will impact the patient's mobility and ability to continue functioning with a prosthesis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , please explain:		
Does the current prosthesis inhibit the patients function and stability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , please explain:		

Evaluation Summary	
a) Does the patient present with the physical capabilities to continue functioning and ambulating with a prosthesis?	<i>Write in answer here.</i>
b) With the CURRENT prosthesis, confirm the patient's CURRENT functional level by initialing the appropriate K-Level.	_____ K1: Household Ambulator _____ K2: Limited Community Ambulator _____ K3: Community Ambulator _____ K4: High Activity Athlete
c) With a NEW prosthesis, what would be the patient's PREDICTED functional K-Level?	_____ K1: Household Ambulator _____ K2: Limited Community Ambulator _____ K3: Community Ambulator _____ K4: High Activity Athlete
d) If K level marked in b) and c) above are not the same, explain why they are different.	<i>Write in answer here.</i>
e) Has the patient verbalized a desire to continue ambulating with a prosthesis?	<i>Write in answer here.</i>

Evaluation Performed By: _____

Signature: _____

Date: _____

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