

WHEN REFERRING YOUR PATIENT TO A PROSTHETIST

DOCUMENTATION GUIDE FOR PHYSICIANS

A. PHYSICAL EXAM

(relevant to functional deficits)

- Weight, height
- Cardiopulmonary examination
- Musculoskeletal examination (arm / leg strength; range of motion)
- Neurological examination; gait, balance, coordination

B. HISTORY OF AMPUTATION

- Diagnosis
- Date of amputation(s)
- Side of amputation(s)
- Clinical course
- Therapeutic interventions and results
- Prognosis

C. FUNCTIONAL DEFICITS

- Symptoms limiting ambulation/dexterity*
- History relevant to deficit(s)
- Activities of daily living (ADL) and impacts of deficit(s)
- Diagnoses causing these symptoms
- Other comorbidities
- Other ambulatory assistance currently used (wheelchair, walker, cane, caregiver, etc. with/without prosthesis)

D. MOTIVATION TO USE PROSTHESIS

- Describe patient's desire to use the new prosthesis or to ambulate (if lower extremity)

MEDICARE'S FUNCTIONAL LEVELS *(for lower extremity)*

LEVEL 1 -Household Ambulator: *Has the ability or potential to use prosthesis for transfers/ambulation on level surfaces at fixed cadence.*

LEVEL 2 -Limited Community Ambulator: *Has the ability or potential for ambulation and to traverse low level environmental barriers such as curbs, stairs or uneven surfaces.*

LEVEL 3 -Unlimited Community Ambulator: *Has the ability or potential for ambulation with variable cadence, to traverse most environmental barriers, and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.*

LEVEL 4 -Child, Active Adult Or Athlete: *Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels.*

E. FUNCTIONAL LEVEL

Describe patient's ADL on a typical day in terms of functional capability (see section E for lower extremity):

- Functional capabilities before amputation
- Current functional capability
- Patient's expected functional potential with use of the new prosthesis and explanation for the difference (if any)

F. DESCRIBE THE CONDITION OF THE RESIDUAL LIMB

(relevant to functional deficits)

- Is there skin irritation, breakdown, or infection?
- Limb volume changes occur?
- Is there swelling, weight fluctuations, or muscle change?
- Is the limb fully healed?

G. STATUS OF CURRENT PROSTHESIS / COMPONENT(S)

- Why is a replacement needed?
- If current prosthesis / component is worn or broken, describe which component needs to be evaluated for repair / replacement.
- If condition has changed, describe why current prosthesis / component is no longer appropriate.
- Examples: skin irritation, limb volume change, weight gain / loss, decreased stability.
- If functional level has changed, describe why prosthesis / component won't allow patient to achieve desired function.

H. PATIENT'S PAST EXPERIENCE WITH PROSTHESES RESIDUAL LIMB

- Which other prosthesis / components have been tried in the past?
- Describe problems patient experienced (e.g. barriers to ambulation, balance, stumble, inability to perform activities, problems with back or soundside limb).

I. RECOMMENDATION FOR PROSTHESIS / COMPONENT(S) BASED ON YOUR FUNCTIONAL LEVEL EVALUATION

SECTION E.

This should be part of your treatment plan. You don't need to specify the brand of device.

NEW MEDICARE REQUIREMENTS!

To be in compliance with Medicare and receive reimbursement, the information in this handout needs to be documented in your medical records, and provided to the Prosthetist as part of the referral process. This will ensure that your patient receives the prosthetic device as quickly as possible. If it's not within your scope of practice to provide this information, assist your patient to locate a physician to document and order the prosthesis.

Clarification Issued by Medicare, August 2011: Reimbursement for the prosthesis! prosthetic component is based solely on the information in the physician's contemporaneous medical records.