



PATIENT NAME:

START DATE:

SUBJECTIVE

Cause known?



multiple injuries



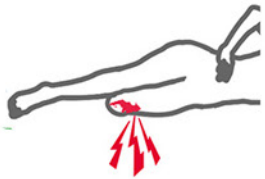
co-morbidities,
medical history



retains info, family



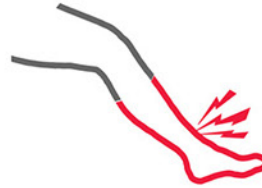
pain



pain in stump



pain elsewhere



phantom pain



free from anxiety/
depression

OBJECTIVE ANALYSIS



infection



tethered scar



reduced medial rotation/
power in hip (A/B)



oedematous stump



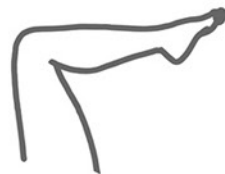
reduced ROM/
power in hip (A/B)



reduced hip abduction/
strength (A/B)



healed wound



reduced flexion /
power in hip (A/B)



reduced hip adduction/
strength (A/B)



reduced lateral rotation/
power in hip (A/B)



reduced knee flexion/
strength (A/B)

OBJECTIVE **A**NALYSIS



reduced knee extension/
strength (A/B)



reduced dorsiflexion or
plantarflexion /strength (A/B)



reduced ROM in shoulder



arm strength in elbow



arm strength in hand/wrist



reduced hand dexterity



contra-lateral foot health



safely move on bed



safely transfer



safely use wheelchair



been measured for
crutches



use crutches for safe
transfer



use crutches to safely
locate



transfer chair to bed

TREATMENT



Repeat assessment on next visit

Date: Subjective: Objective:
Treatment given:
Assessment:
Plan:

Date: Subjective: Objective:
Treatment given:
Assessment:
Plan:

Date: Subjective: Objective:
Treatment given:
Assessment:
Plan:

Date: Subjective: Objective:
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