



12-1-1974

義肢裝配前後檢查表格資料書

N/A

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Recommended Citation

N/A (1974) "義肢裝配前後檢查表格資料書," *Rehabilitation Practice and Science*: Vol. 2: Iss. 1, Article 14.

DOI: <https://doi.org/10.6315/JRMA.197406.0039>

Available at: <https://rps.researchcommons.org/journal/vol2/iss1/14>

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Prosthetics Forms

復健醫學會雜誌第二期

39

PATIENT DATA

NAME _____ DATE _____
 ADDRESS _____ TEL. NO. _____
 AGE _____ SEX _____ IN-PATIENT _____ OUT-PATIENT _____ ROOM NO. _____ CHART NO. _____
 HEIGHT _____ WEIGHT _____ COLOR _____ OCCUPATION _____ EMPLOYED _____
 DIAGNOSIS _____ DURATION _____ DR. _____
 PROGNOSIS: S-STABLE MUSCULAR _____ SKELETAL _____ NEUROMUSCULAR _____
 U-UNSTABLE _____

CONDITION OF NEUROMUSCULAR SYSTEM

SPASTICITY _____ CLONUS _____ SUSTAINED _____ UNSUSTAINED _____
 CIRCUMFERENCE: ANKLE L R CALF L R MID-THIGH L R
 SENSORY DEFICIT(S) _____
 PROPRIOCEPTIVE DEFICIT(S) _____

MISCELLANEOUS INFORMATION

ORTHOSIS PRESENTLY IN USE _____
 ORTHOSIS PRESCRIBED _____
 AUXILIARY AIDS NOW USED _____
 WEIGHT OF PRESENT ORTHOSIS _____ WEIGHT OF NEW ORTHOSIS _____
 TYPE OF SHOES WORN _____
 CONDITION OF CONTRALATERAL EXTREMITY _____
 STEP LENGTH _____ LEG LENGTH DISCREPANCY _____
CLINICAL EVALUATION AND HISTORY _____

KEY: O-NONE

S-SLIGHT

M-MODERATE

E-EXTREME

LOWER EXTREMITY EVALUATION

NAME _____

DATE _____

ROM	MT		ANGULAR ATTITUDE
		FRONTAL PLANE	
		Trunk	
		Pelvic Elevators	
		Hip	
		Abductors	Valga
		Adductors	Vara
		Knee	
			Varum
			Valgum
		Foot-Ankle	
		Inversion	Varus
		Eversion	Valgus
		SAGITTAL PLANE	
		Trunk	
		Flexion	
		Extension	
		Hip	
		Flexion	
		Extension	
		Knee	
		Flexion	
		Extension	Recurvatum
		Foot-Ankle	
		Dorsiflexion	Pes Calcaneus
		Plantar Flexion	Pes Equinus
		Toes	
		MP Flexion	
		MP Extension	
		Hallux	
		MP Flexion	
		MP Extension	
		TRANSVERSE PLANE	
		Hip	
		External Rotation	
		Internal Rotation	
		Sartorius	
		Knee	
			Femoral Torsion
		Ankle	
			Tibial Torsion
		Foot	
			Toe Out

Key to Muscle Test

- N Normal Complete range of motion against gravity with full resistance.
 G Good Complete range of motion against gravity with some resistance.
 F Fair Complete range of motion against gravity.
 P Poor Complete range of motion with gravity eliminated.
 T Trace Evidence of slight contractility. No joint motion
 O Zero No evidence of contractility.

GAIT ANALYSIS

NAME _____ DATE _____

Deviations	GAIT PATTERN					
	No Orthosis		Old Orthosis		New Orthosis	
	L	R	L	R	L	R
Lateral Trunk Bending						
Hip Hiking						
External Hip Rotation						
Internal Hip Rotation						
Circumduction						
Abnormal Walking Base						
Excessive Medial (Lateral) Foot Contact						
Anterior Trunk Bending						
Posterior Trunk Bending						
Lordosis						
Genu Recurvatum						
Genu Valgum (Varum)						
Foot Drop						
Insufficient Push Off						
Vaulting						
Other						

COMMENTS:

Degree of Difficulty: O-None S-Slight M-Moderate E-Extreme

Gait Pattern Key: HS Heel Strike FF Foot Flat MS Mid-Stance
HO Heel Off TO Toe Off SP Swing Phase

FUNCTIONAL EVALUATION

NAME _____ DATE _____

	No Orthosis	Old Orthosis	New Orthosis
Trunk: (Sitting)			
Arms at Sides, bend to Right			
Arms at Sides, bend to Left			
Arms folded, Twist to Right			
Arms folded, Twist to Left			
Arms folded, Lean forward & Return			
Lower Extremity: (Standing in // bars)			
Bend Knee and Raise Leg			
Lift Leg; place heel down first			
Raise Leg to Side			
Raise Good Leg			
Bend involved Knee; raise good leg			

ACTIVITIES OF DAILY LIVING

	No Orthosis	Old Orthosis	New Orthosis
Transfer from chair to standing			
Ascending stairs with railing			
Descending stairs with railing			
Ascending stairs without railing			
Descending stairs without railing			
Ambulation on inclines (ascending)			
Ambulation on inclines (descending)			
Ambulation on level surfaces			
Ascending curb			
Descending curb			
Static standing balance			

Degree of Difficulty: O-None S-Slight M-Moderate E-Extreme



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AREA 212 679-3200
CABLE ADDRESS: NYU MEDIC

ORTHOTIC EVALUATION FORM - BK

Name _____ Date _____

Type of brace _____ Length of time worn _____

IN ANSWERING EACH OF THE FOLLOWING QUESTIONS, PLACE A CHECK MARK BY THE MOST CORRECT ANSWER.

1. The brace is

a. _____ never comfortable	d. _____ comfortable most of the time
b. _____ hardly ever comfortable	e. _____ comfortable all of the time
c. _____ comfortable about $\frac{1}{2}$ the time	
2. I am usually able to stand and/or walk with my brace

a. _____ less than 1 hour a day	d. _____ 6-8 hours a day
b. _____ 1-2 hours a day	e. _____ more than 8 hours a day
c. _____ 3-5 hours a day	
3. I am able to wear my brace

a. _____ more than 9 hours daily	d. _____ 2-4 hours a day
b. _____ 6-8 hours a day	e. _____ less than 2 hours a day
c. _____ 4-6 hours a day	
4. Perspiration is a problem while wearing the brace

a. _____ at all times of the year
b. _____ most of the time (is no problem when temperature is below 50°)
c. _____ whenever temperature goes above 70°
d. _____ only during extremely hot (above 90°) or humid days
e. _____ at no time, no matter how hot or humid it may be



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5. My brace feels

- | | |
|---------------------------------|--------------------|
| a. ____ very light | d. ____ heavy |
| b. ____ light | e. ____ very heavy |
| c. ____ neither light nor heavy | |

6. My brace is

- | | |
|---------------------------------|--|
| a. ____ never noisy | d. ____ noisy a great deal of the time |
| b. ____ hardly ever noisy | e. ____ always noisy |
| c. ____ noisy from time to time | |

7. The fit of my brace is

- | | |
|------------------|-------------------|
| a. ____ perfect | d. ____ poor |
| b. ____ good | e. ____ very poor |
| c. ____ adequate | |

8. The fit of my shoe with the brace is

- | | |
|--------------------|--------------------|
| a. ____ very tight | d. ____ loose |
| b. ____ tight | e. ____ very loose |
| c. ____ just right | |

9. As compared to wearing no brace, my shoes wear

- | | |
|------------------------------|------------------------------|
| a. ____ much more evenly | d. ____ somewhat less evenly |
| b. ____ somewhat more evenly | e. ____ much less evenly |
| c. ____ about the same | |

10. The brace catches on my trousers

- | | |
|----------------------|----------------|
| a. ____ constantly | d. ____ rarely |
| b. ____ frequently | e. ____ never |
| c. ____ occasionally | |



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11. The brace
 - a. _____ soils my clothing
 - b. _____ never soils my clothing
 - c. _____ damages my clothing
 - d. _____ never damages my clothing
12. Generally, when I am dressed in street clothes, my brace
 - a. _____ is very good looking
 - b. _____ is good looking
 - c. _____ looks all right but could be improved
 - d. _____ is poor looking
 - e. _____ is very poor looking
13. I have pain while wearing my brace
 - a. _____ yes (.....)
specify area
 - b. _____ no

If yes, it is

 - a. _____ mild
 - b. _____ severe
 - c. _____ moderate
14. When I stand or walk, my foot is
 - a. _____ extremely uncomfortable
 - b. _____ moderately uncomfortable
 - c. _____ fairly comfortable
 - d. _____ comfortable
 - e. _____ very comfortable
15. Wearing my brace results in abrasions or sores on my foot _____ or leg _____
 - a. _____ sometimes
 - b. _____ always
 - c. _____ frequently
 - d. _____ rarely
 - e. _____ never
16. As compared to wearing no brace, the effort of walking while wearing the brace is
 - a. _____ much less
 - b. _____ somewhat less
 - c. _____ the same
 - d. _____ somewhat more
 - e. _____ much more



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17. In addition to my regular daily activities, I also take part in other types of activities that require me to use my brace (dancing, sports, hobbies, hiking, etc.)
- a. _____ twice a week or more often d. _____ once a month
b. _____ once a week e. _____ less than once a month
c. _____ once every two weeks
18. When I stand or walk, the brace supports my leg so that I feel
- a. _____ completely secure d. _____ moderately insecure
b. _____ relatively secure e. _____ extremely insecure
c. _____ slightly insecure
19. Keeping my brace clean is
- a. _____ no problem (it never gets soiled)
b. _____ a slight problem (it gets soiled but is easy to clean)
c. _____ a moderate problem (it gets soiled but it can be cleaned with some effort)
d. _____ a big problem (it gets very soiled and is difficult to clean)
e. _____ an enormous problem (it is constantly getting soiled and is extremely difficult to clean)
20. With my brace, I participate in social activities
- a. _____ much less d. _____ somewhat more
b. _____ somewhat less e. _____ much more
c. _____ the same
21. I function better
- a. _____ all the time d. _____ rarely
b. _____ most of the time e. _____ never
c. _____ occasionally



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22. Has the brace made you feel better? (Please Explain)



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COMPARATIVE ORTHOTIC EVALUATION FORM - BK

Name _____ Date _____

Previous brace _____ Length of time worn _____

Present brace _____ Length of time worn _____

IN ANSWERING EACH QUESTION WHICH FOLLOWS, COMPARE YOUR PRESENT BRACE WITH THE BEST PREVIOUS BRACE. PLACE A CHECK MARK BY THE MOST CORRECT ANSWER.

1. The brace is generally

- | | |
|------------------------------------|------------------------------------|
| a. _____ much more comfortable | d. _____ somewhat less comfortable |
| b. _____ somewhat more comfortable | e. _____ much less comfortable |
| c. _____ about as comfortable | |

2. The length of time I am able to wear this brace is

- | | |
|---------------------------|--------------------------|
| a. _____ much shorter | d. _____ somewhat longer |
| b. _____ somewhat shorter | e. _____ much longer |
| c. _____ about the same | |

3. The problem of perspiration with this brace is

- | | |
|-------------------------------|-------------------------------|
| a. _____ much more severe | d. _____ somewhat less severe |
| b. _____ somewhat more severe | e. _____ much less severe |
| c. _____ about the same | |

4. With this brace, sitting is generally

- | | |
|------------------------------------|------------------------------------|
| a. _____ much more comfortable | d. _____ somewhat less comfortable |
| b. _____ somewhat more comfortable | e. _____ much less comfortable |
| c. _____ about the same | |



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5. The weight of this brace is
 - a. _____ much lighter
 - b. _____ somewhat lighter
 - c. _____ about the same
 - d. _____ somewhat heavier
 - e. _____ much heavier
6. The fit of the brace is
 - a. _____ much worse
 - b. _____ somewhat worse
 - c. _____ about the same
 - d. _____ somewhat better
 - e. _____ generally much better
7. Interference with clothing from this brace is
 - a. _____ much less frequent
 - b. _____ somewhat less frequent
 - c. _____ about the same
 - d. _____ somewhat more frequent
 - e. _____ much more frequent
8. My walking looks
 - a. _____ much better
 - b. _____ somewhat better
 - c. _____ about the same
 - d. _____ somewhat worse
 - e. _____ much worse
9. I am able to stand and walk with this brace for
 - a. _____ much shorter periods
 - b. _____ somewhat shorter periods
 - c. _____ about the same
 - d. _____ somewhat longer periods of time
 - e. _____ much longer periods of time
10. My shoes wear
 - a. _____ much more evenly
 - b. _____ somewhat more evenly
 - c. _____ about the same
 - d. _____ somewhat less evenly
 - e. _____ much less evenly



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11. Interchanging shoes is
 - a. _____ much easier
 - b. _____ somewhat easier
 - c. _____ about the same
 - d. _____ somewhat more difficult
 - e. _____ much more difficult
12. The jar or shock when my braced foot hits the floor is
 - a. _____ much less
 - b. _____ somewhat less
 - c. _____ about the same
 - d. _____ somewhat greater
 - e. _____ much greater
13. Walking with this brace, I get tired
 - a. _____ much less
 - b. _____ somewhat less
 - c. _____ about the same
 - d. _____ somewhat more
 - e. _____ much more
14. Wearing this brace, my leg feels
 - a. _____ much less secure
 - b. _____ somewhat less secure
 - c. _____ about the same
 - d. _____ somewhat more secure
 - e. _____ much more secure
15. This brace is generally
 - a. _____ much better for me than the other brace
 - b. _____ somewhat better
 - c. _____ about the same
 - d. _____ somewhat worse
 - e. _____ much worse
16. With this brace, adjustments or repairs were needed
 - a. _____ many more times
 - b. _____ a few more times
 - c. _____ about the same
 - d. _____ less frequently
 - e. _____ much less frequently

PATIENT'S NAME _____ DATE _____

THERAPIST _____

CHECKOUT FOR SKA ORTHOSIS

Yes	No	
_____	_____	<u>Finish and Design of Orthosis</u>
_____	_____	1. Are edges and surfaces of laminations smooth and highly polished?
_____	_____	2. Is the anterior and posterior portion of the footplate sufficiently beveled?
_____	_____	3. Is the metatarsal arch sufficiently pronounced to assure adequate support?
_____	_____	4. Is the anterior calcaneal ridge sufficiently pronounced to prevent the foot from sliding anteriorly?
<u>Check With Patient Sitting</u>		
<u>Fit and Alignment</u>		
_____	_____	5. Is the patient able to don device independently with minimal discomfort?
_____	_____	6. Is the anterior margin of the footplate approximately 6mm posterior to the metatarsal phalangeal joints?
_____	_____	7. Does the dorsal section allow sufficient metatarsal phalangeal extension?
_____	_____	8. Is there adequate clearance (approximately 6mm) between the SKA and:
_____	_____	a. Medial and lateral malleoli?
_____	_____	b. Fibular head?
_____	_____	c. Medial and lateral tibial and femoral condyles?
_____	_____	d. Superior border of patella?
_____	_____	9. Is the popliteal area low enough to assure a minimum of 90° knee flexion without bunching of soft tissue?
<u>Check with Patient Standing</u>		
_____	_____	10. Is the heel of the shoe a minimum of 9mm off the floor when the knee is fully extended?
_____	_____	11. Are the areas of pressure distributed to allow proper alignment?
_____	_____	12. Is the prescribed clearance between orthosis and the extremity (#9) maintained?
_____	_____	13. Is the posterior-superior border of the SKA approximately 6mm above the tibial plateau? (X-ray)

Yes No

_____ 14. Is the anterior-superior border of the SKA approximately 100mm above the mid-patella line.

_____ 15. Is a lift indicated for the contralateral extremity?

_____ 16. Is the patient comfortable?

Check with Patient Walking

_____ 17. Are any valgus or varus deviations visible during stance?

_____ 18. Is the knee stable at heel strike (only ball of foot touching floor)?

_____ 19. Is recurvatum sufficiently controlled?

_____ 20. Is valgum or varum sufficiently controlled?

_____ 21. Is there minimal piston action between the leg and orthosis?

_____ 22. Is the patient's performance in level walking satisfactory? Indicate below the gait deviations that require attention.

Miscellaneous

_____ 23. Is the color of the orthosis approximately the same as the limb?

_____ 24. Does the patient consider the orthosis satisfactory as to comfort, function, and appearance?

Patient Evaluation

_____ 25. Is the patient's leg free from abrasions and discolorations immediately after the orthosis is removed?

_____ 26. Do the points of pressure appear to be distributed over the proper areas of the lower leg?

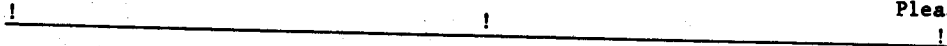
Comments and Recommendations

SPIRAL BKO

LOOKS

Displeased

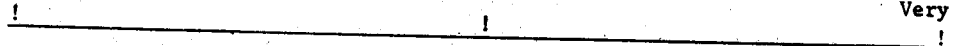
Pleased



USEFULNESS

Not Useful

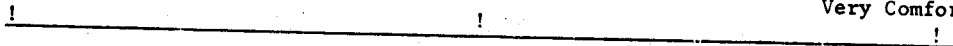
Very Useful



COMFORT

Uncomfortable

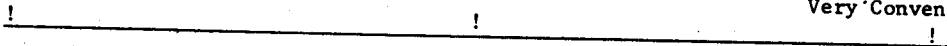
Very Comfortable



CONVENIENCE

Inconvenient

Very Convenient



Rating Scale

CONVENTIONAL vs. SPIRAL BKO

LOOKS

Worse | | More Pleasant

USEFULNESS

Get Around Less | | Get Around More

COMFORT

More Uncomfortable | | More Comfortable

CONVENIENCE

More Inconvenient | | More Convenient

Rating Scale