Patient Name: _____

Date: _____

Lower Limb Prosthesis Daily Activity Chart.

Potential Daily Activities

List activities that patient has done in the past and would like to get back to using a new device (e.g., home, work, therapeutic, exercise,& leisure). Focus on activities that meet criteria stated in the insurance payer's coverage policy and activities that the new prosthesis will allow that the current prosthesis does not.

Daily Activities **Use appropriate K-Level language**	**Distance Traveled** Use Google Maps/ Step Counter	**Can patient do this activity with Current Prosthesis?** Describe difficulties, such as falls, stumbles, not making it across street before light changes, inability to change speed when needed, etc.	**How will patient be able to do it better with the new prosthesis?** **What feature does the new prosthesis offer that will help your patient achieve the activity?**
Activities Prior to the amputation			
Current Activities that patient is struggling with that he/she could better with the new prosthesis.			
Potential Future Activities (If these vary from prior activities, an explanation will be required)			