

PROSTHETIST COMMUNICATION FORM

Are you looking for a prosthetic device primarily for low-to-moderate impact level activities such as standing activities or walking?

Are you looking for a prosthetic device for everyday use as well as sports and higher impact activities?

Are you looking for an activity specific prosthetic device (swimming, running, weightlifting, etc.)?

Do you have any secondary issues with your current prosthesis? For example: Pressure points or pain within your socket, back pain, knee, or hip pain, etc

Do you have any other health issues? For example: with your sound side, your back, cardiac, or respiratory condition

What hobbies or activities do you like to do, or would like to do with your prosthetic device? For example: gardening, golfing, hiking, water activities

What is your work environment? For example: kneeling, lifting heavy objects, having to twist and turn, wearing heavy shoes

What is your home environment? For example: Steep slopes, stairs, uneven terrain, etc.

Would you want a prosthetic device that you can take in or around water?

Is battery life important to you? For example: camping or going off the grid with limited access to electricity

Would you like an ankle that is adjustable for different heel heights?

Would you like a prosthetic device which is easy to cosmetically finish (making it look more life-like)?

What prosthetic device(s) have you used in the past? What did you like or didn't like about them?

Do you have a history of falling while using your prosthesis?

Do you utilize any assistive device while using your prosthesis? For example: a cane, a walker, crutches, etc.

What is your source of payment for your device? For example: Insurance, Medicare, self-pay

Would you like to do a trial of different prosthetic devices with your prosthetist?

Which device does your prosthetist have the most experience with and what does he/she prefer, and why?