INTRODUCTION
This initial retrospective chart review studied clinical outcome data from a multi-region prosthetic practice. Patient charts were reviewed following adoption of an outcome based amputee evaluation protocol as routine standard of care. The effects of amputation level on patient perceived mobility and functional outcome, as well as their relationship with activity K-level classification were investigated.

The Medicare Functional Classification Level (MFCL) or K-level system has activity level guidelines used to define patient access to prosthetic technology based on potential to ambulate. Less subjective methods for evaluating patient activity exist. The Prosthetic Evaluation Questionnaire Mobility Section (PEQ-MS) is a self-report questionnaire rating difficulty in performing 12 ambulatory tasks and is validated for evaluating amputee mobility (Franchignoni 2007). The Amputee Mobility Predictor (AMP) is a functional test that assesses mobility and function of lower limb amputees with or without a prosthesis (AMPPro and AMPnoPro) (Gailey 2002). These clinical tools produce quantitative data on mobility and functional outcome and have clinical utility for cross-disciplinary amputee rehabilitation.

METHOD
Subjects: Clinical outcome data from 57 lower limb amputees at 11 prosthetic clinics were reviewed.

Apparatus: Retrospective chart review

Procedures: Charts reviewed from Electronic Medical Record for AMPPro and PEQ-MS.

Data Analysis: T-tests compared mean AMPPro and PEQ-MS between transtibial and transfemoral amputees. An analysis of variance (ANOVA) of AMPPro and PEQ-MS and a post hoc Tukey-Krammer test evaluated differences across K-level.

RESULTS
An analysis of variance (ANOVA) of AMPPro and PEQ-MS scores yielded significant variation ($\alpha=0.05$) for amputee K-levels. A post hoc Tukey test of both showed the K2-level group differed significantly from K3 and K4-level groups in both measures; K3 and K4-level groups were not significantly different. AMPPro and PEQ-MS scores were not found to be statistically different among transtibial and transfemoral amputees in the population studied.

DISCUSSION
The PEQ-MS and AMPPro outcome measures have been utilized in clinical research settings, but this study demonstrated their impact in the real world clinical setting. PEQ-MS and AMP scores of K2-level amputees were found to be significantly different than that of K3 and K4-level amputees.

CONCLUSION
Utilizing the PEQ-MS and AMP as an outcome-based protocol can improve evaluation of amputee mobility and activity level from an inconsistent estimation to a more precise and objective process.

CLINICAL APPLICATIONS
These two outcome measures have shown promise for differentiating K-level in the clinic when adopted as a routine standard of care.

REFERENCES