INTRODUCTION
A retrospective chart review of 4.5 years of outcome measure data from patients with lower limb loss investigated the relationship of patient perceived mobility and functional ability, as well as the effect of age, amputation level and cause of amputation.

The subjective nature of the Medicare Functional Classification Level (MFCL), has frequently cited limitations (Gailey 2006, Kaluf 2014). Recently, Medicare proposed changes to the MFCL guidelines without investigating the potential implications. A more objective understanding or mobility of persons with lower limb loss is needed.

The Prosthetic Evaluation Questionnaire Mobility Subscale (PEQ-MS) rates difficulty performing 12 ambulatory tasks (Franchignoni 2007). The Amputee Mobility Predictor (AMPPRO) assesses mobility and function of lower limb amputees (Gailey 2002). These clinical tools produce quantitative data on mobility and functional outcome.

METHOD

Subjects: 109 lower limb amputees at 11 clinics.

Apparatus: Retrospective chart review

Procedures: Charts reviewed from Electronic Medical Record for AMPPRO, PEQ-MS and demographic data.

Data Analysis: Relevant graphs were plotted to depict relationships between AMPPRO and PEQ-MS scores for patients separated by various characteristics (e.g. amputation level, cause and age)

RESULTS

DISCUSSION
There was a positive correlation between PEQ-MS and AMPPRO scores. Average AMPPRO decreased with age. PEQ-MS scores did not follow the same trend. Little difference was seen across amputation level, but traumatic/tumor amputation cause had higher AMPPRO and PEQ-MS scores than dysvascular/infection.

CONCLUSION
Patients with higher functional mobility (AMPPRO) had higher perceived mobility (PEQ-MS). Age and amputation cause had an effect on mobility.

CLINICAL APPLICATIONS
A combination of demographic information such as amputation cause and age and outcome measures such as AMPPRO and PEQ-MS may be more reliable and valid ways to assess and categorize mobility.

REFERENCES