**LYMPEDEMA OF THE ARM, BREAST AND TORSO (LABT)**

**LYMPHEDEMA EVALUATION**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UE Lymphedema Clinical Examination**

|  |  |  |
| --- | --- | --- |
|  | **Right** | **Left** |
|  | **No** | **Yes** | **Digit (1-5)** | **No** | **Yes** | **Digit (1-5)** |
| Stemmer’s Sign |  |  | \_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_ |
| **Obliteration of skin folds** |
|  | **Right** | **Left** |
|  | **No** | **Yes** | **Digit (1-5)** | **No** | **Yes** | **Digit (1-5)** |
| Digits |  |  | \_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_ |
| **Obscuration of Anatomical Architecture** |
|  | **Right** | **Left** |
| **No** | **Close inspection** | **Readily apparent**  | **No** | **Close inspection** | **Readily apparent**  |
| Knuckles |  |  |  |  |  |  |
| Extensor tendons |  |  |  |  |  |  |
| Ulnar Styloid |  |  |  |  |  |  |
| Flexor tendons |  |  |  |  |  |  |
| Infracondylar recess |  |  |  |  |  |  |
| Olecranon Process |  |  |  |  |  |  |
| Veins |  |  |  |  |  |  |
|  Location  |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NA | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NA |
| **Anatomical Contour Change** |
|  | **Right** | **Left** |
|  | **No** | **Readily apparent** | **Gross deviation** | **No** | **Readily apparent** | **Gross deviation** |
| Dorsal hand |  |  |  |  |  |  |
| Wrist |  |  |  |  |  |  |
| Forearm |  |  |  |  |  |  |
| Elbow |  |  |  |  |  |  |
| Upper arm |  |  |  |  |  |  |
| **Edema** |
|  | **Right** | **Left** |
| **None** | **Non-Pitting** | **Pitting** | **None** | **Non-pitting** | **Pitting** |
| Fingers |  |  |  |  |  |  |
| Dorsum |  |  |  |  |  |  |
| Wrist |  |  |  |  |  |  |
| Forearm |  |  |  |  |  |  |
| Elbow |  |  |  |  |  |  |
| Upper Arm |  |  |  |  |  |  |
| **Tissue Texture** |
|  | **Right** | **Left** |
| **Normal** | **Spongy** | **Firm** | **Hard** | **Normal** | **Spongy** | **Firm** | **Hard** |
| Fingers |  |  |  |  |  |  |  |  |
| Dorsum |  |  |  |  |  |  |  |  |
| Wrist |  |  |  |  |  |  |  |  |
| Forearm |  |  |  |  |  |  |  |  |
| Elbow |  |  |  |  |  |  |  |  |
| Upper Arm |  |  |  |  |  |  |  |  |

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breast/Torso Lymphedema Clinical Examination (****NT)**

|  |
| --- |
| **Edema** |
|  | **Right** | **Left** |
| **None** | **Non-Pitting** | **Pitting** | **None** | **Non-pitting** | **Pitting** |
| **Breast/Anterior trunk** |  |
| UOQ |  |  |  |  |  |  |
| UIQ |  |  |  |  |  |  |
| LOQ |  |  |  |  |  |  |
| LIQ |  |  |  |  |  |  |
| **Lateral trunk** |  |  |  |  |  |  |
| **Posterior trunk** |  |  |  |  |  |  |
| **Tissue Texture** |
|  | **Right** | **Left** |
| **Normal** | **Spongy** | **Firm** | **Hard** | **Normal** | **Spongy** | **Firm** | **Hard** |
| **Breast/Anterior Trunk** |  |
| UOQ |  |  |  |  |  |  |  |  |
| UIQ |  |  |  |  |  |  |  |  |
| LOQ |  |  |  |  |  |  |  |  |
| LIQ |  |  |  |  |  |  |  |  |
| **Lateral trunk** |  |  |  |  |  |  |  |  |
| **Posterior trunk** |  |  |  |  |  |  |  |  |
| **Peau d’orange** |
|  | **Right** | **Left** |
| **No** | **Yes** | **No** | **Yes** |
| **Breast/Anterior Trunk** |  |
| UOQ |  |  |  |  |
| UIQ |  |  |  |  |
| LOQ |  |  |  |  |
| LIQ |  |  |  |  |
| **Lateral trunk** |  |  |  |  |
| **Posterior trunk** |  |  |  |  |
| Comments: |

|  |
| --- |
| **Interferes with Activities of Daily Living?** |
| Are you UNABLE to perform any activities of daily living such as dressing or washing yourself because of your lymphedema?NoYes Not applicable  |

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RIGHT SIDE**

**Common Toxicity Grade for UE Lymphedema (** **No Lymphedema)**

 Swelling or obscuration of anatomical architecture:

 On close inspection:  Yes  No

 Readily apparent:  Yes  No

Pitting Edema:  Yes  No

Obliteration of skin folds:  Yes  No

Anatomic contour

 Normal:  Yes  No

If No:

 Readily apparent deviation:  Yes  No

 Gross deviation Yes  No

 Lymphorrhea present:  Yes  No

 Does lymphedema interfere with daily living?  Yes  No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grade** | **Swelling or obscuration of anatomic architecture** | **Pitting edema** | **Obliteration of skin folds** | **Anatomic contour change** | **Lymphorrhea** | **Interfere with ADLs** |
| 0 | No | No | No | Normal | No | NA |
| 1 | Close inspection  | Yes | No | Normal | No | No |
| 2 | Readily apparent | No | Yes | Readily apparent | No | No |
| 3 | Readily apparent | No | Yes | Gross deviation | Yes | Yes |

**Common Toxicity Grade for UE Lymphedema:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Grade for Breast/Torso Lymphedema (** **No Lymphedema)**

 Tissue Texture: Normal Spongy Firm Hard

Pitting Edema: Yes No

Peau d’orange:  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Grade** | **Tissue texture** | **Peau d’orange**  | **Pitting**  |
| 0 | Normal | No | No |
| 1  | Spongy in the absence of pitting, firm in the presence of pitting | Yes | Absent in the presence of spongy texture, Present in the absence of spongy texture |
| 2 | Hard | No | No |

**Grade for Breast/Torso Lymphedema:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEFT SIDE**

**Common Toxicity Grade for UE Lymphedema (** **No Lymphedema)**

 Swelling or obscuration of anatomical architecture:

 On close inspection:  Yes  No

 Readily apparent:  Yes  No

Pitting Edema:  Yes  No

Obliteration of skin folds:  Yes  No

Anatomic contour

 Normal:  Yes  No

If No:

 Readily apparent deviation:  Yes  No

 Gross deviation Yes  No

 Lymphorrhea present:  Yes  No

 Does lymphedema interfere with daily living?  Yes  No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grade** | **Swelling or obscuration of anatomic architecture** | **Pitting edema** | **Obliteration of skin folds** | **Anatomic contour change** | **Lymphorrhea** | **Interfere with ADLs** |
| 0 | No | No | No | Normal | No | NA |
| 1 | Close inspection  | Yes | No | Normal | No | No |
| 2 | Readily apparent | No | Yes | Readily apparent | No | No |
| 3 | Readily apparent | No | Yes | Gross deviation | Yes | Yes |

**Common Toxicity Grade for UE Lymphedema:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Grade for Breast/Torso Lymphedema (** **No Lymphedema)**

 Tissue Texture: Normal Spongy Firm Hard

Pitting Edema: Yes No

Peau d’orange: Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| **Grade** | **Tissue texture** | **Peau d’orange**  | **Pitting**  |
| 0 | Normal | No | No |
| 1  | Spongy in the absence of pitting, firm in the presence of pitting | Yes | Absent in the presence of spongy texture, Present in the absence of spongy texture |
| 2 | Hard | No | No |

**Grade for Breast/Torso Lymphedema:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lymphedema Screen**

|  |
| --- |
| **Comments:** |
| **Assessment** |
| **Does the participant present with signs of lymphedema?**No:  Torso (Left  Right)  Arm (Left  Right) Yes:  Torso (Left  Right)  Arm (Left  Right)  |
| **Garment Measurements (only for visit at which participant has stable lymphedema)****Measured for garment (type and compression class):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Issued Ready to Wear garment (size and compression class):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Measured for bra (type and size):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Concerns requiring physician follow-up by study team:** |
| **Concerns about musculoskeletal limitations:** |
| **Completed by:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ *Print Name Signature Date* |