**Lymphedema Assessment/Evaluation Form**

(to be completed by CLT on intake)

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Patient ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_

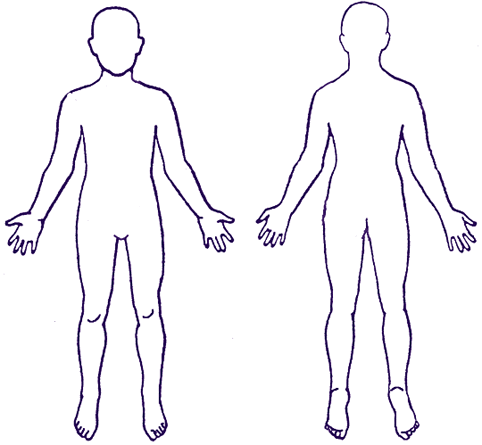
**Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Currently Working:  Yes  No**

**Referred by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ICD-10 Code(s)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Swelling** (indicate location/pitting/texture)**:**

|  |  |
| --- | --- |
| Area Pitting Texture | **Pitting Scale:**  0 = No pitting  1+ Tissue returns to normal almost immediately  2+ Tissue returns after 15-30 seconds  3+ Tissue returns after 1-1½ minutes  4+ Tissue returns after 2-3 minutes  N/A Tissue no longer pits due to induration  **Tissue Texture:** Soft or Indurated (hard) |



**Key:**

Radiation Fibrosis: # # #

Numbness/tingling: ✶

Pain: (0 = no pain; 10 = worst pain)

Lymphedema:

Scar(s):

Node removal: ♦

Radiation field: ****

**Clinical Presentation:**

(check all that apply)

** Lymphedema** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** Lipedema** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** CVI** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** Cardiac edema** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stemmer sign**  (+)  (-)  Fingers  Toes

**Height:** \_\_\_\_\_\_\_\_\_\_

**Weight:** \_\_\_\_\_\_\_ **(lbs) BMI:** \_\_\_\_\_\_\_\_\_\_\_

BMI = Weight x 703 / height2 in inches

Normal = 18.5 – 24.9, overweight > 25, obese > 30

**Triggering event and start date of swelling/lymphedema:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Chief complaint**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Patient goals**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date of last physical:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Physician:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Hx:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Surgeries:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Secondary UE only:***

|  |
| --- |
| 1) Surgeries:  Yes  No Surgeon:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Radiation:  Yes  No Rad. Oncologist :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3) Chemotherapy:  Yes  No Oncologist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4) Reconstructive Surgery:  Yes  No Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Axillary Node Dissection:  Yes  No # of Nodes Removed: Left \_\_\_\_\_\_\_\_\_\_\_\_ / Right \_\_\_\_\_\_\_\_\_\_\_\_  Sentinel Node Dissection:  Yes  No # of Nodes Removed: Left \_\_\_\_\_\_\_\_\_\_\_\_ / Right \_\_\_\_\_\_\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Cellulitis?**  Yes  No Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family history of Lymphedema?**  Yes  No Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pain?**  Yes  No Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Difficulties with any of the following?**

|  |  |  |
| --- | --- | --- |
|  Walking |  Reaching feet and toes |  Preparing meals |
|  Dressing |  Bathing/showering |  Sleeping in bed |
|  Other |  |  |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Loss of function, strength, or mobility?**  Yes  No Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What is your current living situation?**

|  |  |  |
| --- | --- | --- |
|  Private home/apartment (alone) |  Nursing home |  Hospice |
|  Home with spouse or companion |  Assisted living |  Other |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical conditions and other important information:** (check all that apply)

|  |  |  |
| --- | --- | --- |
|  Asthma |  Hyperthyroidism |  Crohn’s Disease |
|  Bronchitis |  Kidney failure |  Diverticulitis |
|  Difficulties breathing |  Diabetes |  Recent abdominal surgery |
|  Irregular heart beat |  Infections (cellulitis) |  Unexplained Pain |
|  Heart edema |  Sleep apnea |  Deep venous thrombosis (blood clot) |
|  Hypertension |  Malignancy (cancer) |  Latex allergy |
|  Smoking |  Pregnancy (at time of assessment) |  |

**Contraindications**  General  Neck MLD  Abdominal MLD  Bandaging  N/A

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:**  Latex  Surgical tape  Foam products  Other

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous treatment for swelling/lymphedema?**  Yes  No

If yes, check all that apply:

|  |  |  |
| --- | --- | --- |
|  Manual Lymph Drainage (MLD) |  Compression pump |  Compression garments |
|  Compression bandaging |  Flexitouch |  |
|  Lymphedema exercise |  Low level laser |  |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Does Pt. currently wear a compression sleeve or stocking?**  Yes  No

Notes: (include frequency of use and age of garment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does Pt. currently use compression at night?**  Yes  No

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does Pt. exercise regularly?**  Yes  No

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is Pt. familiar with the National Lymphedema Network?**  Yes  No

**Is Pt. familiar with the precautions (risk reduction practices) for Lymphedema?**  Yes  No

**Is Pt. a member of a breast cancer or lymphedema support group?**  Yes  No

**Additional observations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |
| --- | --- |
| **Type** | **Location** |
|  Latency Stage   Primary Lymphedema   Secondary Lymphedema   Post-Surgical/Traumatic Edema |  (R) UE  (L) UE  (B) UE   (R) LE  (L) LE  (B) LE   Genital   Other |
| **Severity** | **Staging** |
|  Mild (1-3 cm)   Moderate (3-5 cm)   Severe (>5 cm) |  Stage I (responds to elevation)   Stage II (fibrosis, little or no improvement to elevation)   Stage III (Elephantiasis/induration fixed skin creases) |

**Impairments:**

* Unable to manage lymphedema
* Difficulties w/ ADL’s: reaching, grooming
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Problems:**

* Pt. presents w/ limited or no knowledge of lymphedema tx. and/or lymphedema precautions
* Pt. presents w/ limited or no knowledge of skin care and infection prevention
* Pitting edema w/ increased risk of infection
* No HEP
* No compression bandaging skills
* Pt. has no / inadequate compression garment to control lymphedema
* Increased risk for fall due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Standing tolerance\_\_\_\_\_\_\_\_\_\_\_ minutes
* Shoulder flexion/abd ROM limited to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, reducing tolerance for \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Short-Term Goals at \_\_\_\_\_\_\_\_\_\_\_ weeks:**

* Patient and/or care giver will understand lymphedema precautions to decrease the risk of infection and acerbation of the lymphedema.
* Patient will develop a tolerance for wearing multi-layer, short-stretch bandages between treatment sessions to facilitate limb decongestion.
* Patient will experience a decrease in pitting edema which will improve tissue health and decrease the risk of infection.
* Body weight will be compared to changes in edema to monitor for appropriate elimination of fluid to reduce the risk of cardiac overload (in cases of severe LE edema).
* Patient will perform HEP with minimal assistance to help improve lymphatic flow and venous return.
* Patient will perform a self-MLD protocol with minimal assistance to help reduce swelling and thus improve ROM and mobility.

**Long-Term Goals at \_\_\_\_\_\_\_\_\_\_\_\_ weeks:**

* Patient and/or care giver will be independent with short-stretch compression bandaging for continued volume reduction and prevention of re-accumulation of edema fluid.
* Patient will experience increased range of motion and mobility to enable improved transfer (in and out of bed, car, etc.).
* Patient will be independent with donning and doffing of compression garments which will enable regular daily garment wear.
* Patient will be independent with nighttime compression application/s in order to prevent the re-accumulation of edema fluid.
* Treatment will achieve maximum edema and/or lymphedema reduction to enable functional improvements such as fitting into standard-size clothing and shoes, a return to a prior level of function, improved balance, and reduced risk of falling.
* Patient and/or care giver will be independent with HEP and lymphedema management to help prevent edema relapse and reduce risk of infection.

**LIPEDEMA ONLY**

 Has lipedema

 Bilateral UE

 Bilateral LE

Pressure Pain:          

1 2 3 4 5 6 7 8 9 10

Very little ---------------------------------------------------Extreme

**Lipedema-Specific Goals**

* Treatment will reduce pressure sensitivity to allow patient to change body position without discomfort and to perform everyday movements such as walking.
* Treatment will reduce limb girth and weight to allow patient to return to a prior level of function.
* Patient will understand the importance of weight management for optimal control of lipedema.

**TREATMENT PLAN**

 Manual Lymph Drainage (MLD)  Skin care education  Short-stretch compression bandaging

 Edema management education  Therapeutic exercise instruction  Manual therapy  HEP

 Patient education  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Therapist’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**