

# 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	<b>Pitting Scale:</b> 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

**Key:**

- Lymphedema: ///
- Scar(s): ☺☺☺
- Node removal: ◆
- Radiation field: □
- Radiation Fibrosis: ###
- Numbness/tingling: \*
- Pain: (0 = no pain; 10 = worst pain)

**Clinical Presentation:**

(check all that apply)

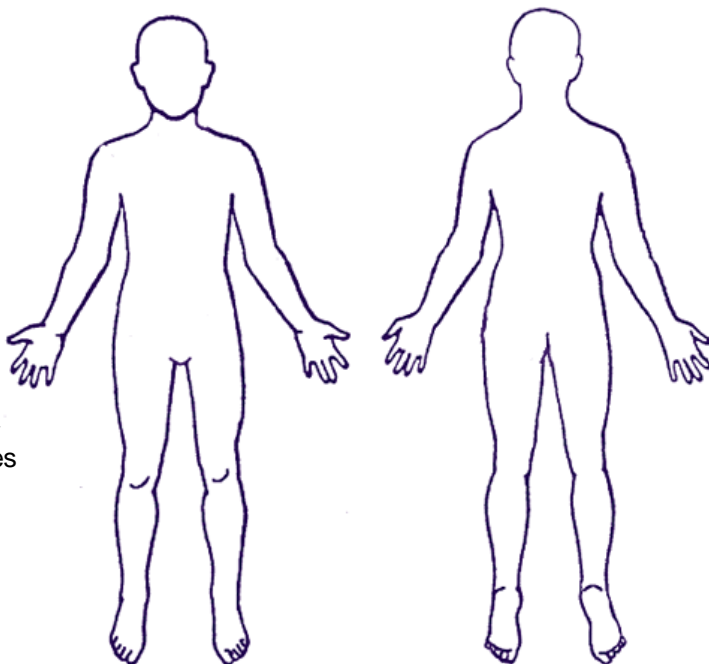
- Lymphedema \_\_\_\_\_
- Lipedema \_\_\_\_\_
- CVI \_\_\_\_\_
- Cardiac edema \_\_\_\_\_

Stemmer sign  (+)  (-)  Fingers  Toes

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

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

BMI = Weight x 703 / height<sup>2</sup> in inches  
 Normal = 18.5 – 24.9, overweight > 25, obese > 30



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

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

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

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

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

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

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

**Secondary UE only:**

1) Surgeries: <input type="checkbox"/> Yes <input type="checkbox"/> No Surgeon: _____ Describe: _____
2) Radiation: <input type="checkbox"/> Yes <input type="checkbox"/> No Rad. Oncologist : _____ Describe: _____
3) Chemotherapy: <input type="checkbox"/> Yes <input type="checkbox"/> No Oncologist: _____ Describe: _____
4) Reconstructive Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Axillary Node Dissection: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Nodes Removed: Left _____ / Right _____ Sentinel Node Dissection: <input type="checkbox"/> Yes <input type="checkbox"/> 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?**

<input type="checkbox"/> Walking	<input type="checkbox"/> Reaching feet and toes	<input type="checkbox"/> Preparing meals
<input type="checkbox"/> Dressing	<input type="checkbox"/> Bathing/showering	<input type="checkbox"/> Sleeping in bed
<input type="checkbox"/> Other		

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

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

**What is your current living situation?**

<input type="checkbox"/> Private home/apartment (alone)	<input type="checkbox"/> Nursing home	<input type="checkbox"/> Hospice
<input type="checkbox"/> Home with spouse or companion	<input type="checkbox"/> Assisted living	<input type="checkbox"/> Other

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

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

<input type="checkbox"/> Asthma	<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Crohn's Disease
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Kidney failure	<input type="checkbox"/> Diverticulitis
<input type="checkbox"/> Difficulties breathing	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Recent abdominal surgery
<input type="checkbox"/> Irregular heart beat	<input type="checkbox"/> Infections (cellulitis)	<input type="checkbox"/> Unexplained Pain
<input type="checkbox"/> Heart edema	<input type="checkbox"/> Sleep apnea	<input type="checkbox"/> Deep venous thrombosis (blood clot)
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Malignancy (cancer)	<input type="checkbox"/> Latex allergy
<input type="checkbox"/> Smoking	<input type="checkbox"/> Pregnancy (at time of assessment)	<input type="checkbox"/>

**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:

<input type="checkbox"/> Manual Lymph Drainage (MLD)	<input type="checkbox"/> Compression pump	<input type="checkbox"/> Compression garments
<input type="checkbox"/> Compression bandaging	<input type="checkbox"/> Flexitouch	<input type="checkbox"/>
<input type="checkbox"/> Lymphedema exercise	<input type="checkbox"/> Low level laser	<input type="checkbox"/>

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

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

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

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

Type	Location
<input type="checkbox"/> Latency Stage <input type="checkbox"/> Primary Lymphedema <input type="checkbox"/> Secondary Lymphedema <input type="checkbox"/> Post-Surgical/Traumatic Edema	<input type="checkbox"/> (R) UE <input type="checkbox"/> (L) UE <input type="checkbox"/> (B) UE <input type="checkbox"/> (R) LE <input type="checkbox"/> (L) LE <input type="checkbox"/> (B) LE <input type="checkbox"/> Genital <input type="checkbox"/> Other
Severity	Staging
<input type="checkbox"/> Mild (1-3 cm) <input type="checkbox"/> Moderate (3-5 cm) <input type="checkbox"/> Severe (>5 cm)	<input type="checkbox"/> Stage I (responds to elevation) <input type="checkbox"/> Stage II (fibrosis, little or no improvement to elevation) <input type="checkbox"/> 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.

**LIPDEMA 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:** \_\_\_\_\_