Conditions affecting lower limb function

This questionnaire is for a person with a condition which results in functional impairment related to lower limb function. It relates to Table 3 of the Impairment Tables in Part 3 of the *Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination (Cth) 2023.*

Treating Doctor (practice and specialisation)

Name: _____

Practice: _____

Specialisation: _____

Signature: _____ **Date:** _____

Name of patient: _____

Condition 1

Diagnosis

Date of diagnosis: / /

Date of onset (if known): / /

Are further tests/investigations planned to determine the diagnosis?

☐ Yes
☐ No

If yes, why are further tests/investigations necessary? (include alternative diagnosis)

Please attach any other reports about the diagnosis of this condition or contact details of relevant treating doctors or psychologists.

Past and current treatment

Provide information about all past and current treatment for this condition (eg surgery, hospitalisation, medication and dosage, counselling, physical therapy, rehabilitation).

Include date treatment commenced and dosage/frequency/duration where relevant.

Treatment	**Date commenced**	**Dosage/frequency/** **End date of treatment**

Compliance with treatment

- ☐ Very compliant
- ☐ Usually compliant
- ☐ Rarely compliant
- ☐ Uncertain

If there are issues with the person's compliance, explain what they are and the reasons, including any issues with access to treatment.

Specialist referrals

Attach reports or provide details of any specialist referrals for this person.

Name	Specialisation	Date of consultation

Future/planned treatment

Is there future/planned treatment which the person has not yet undertaken?

- ☐ No
- ☐ Yes - If yes, please provide the following information:

Planned treatment 1:

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

Planned treatment 2:

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

Clinical features

Current symptoms

Describe the current symptoms, including severity, frequency and duration. Symptoms are those which persist despite treatment, aids, equipment or assistive technology.

History

Give details of underlying causes and contributing factors, results and dates of investigations/procedures and specialist consultations such as radiology or pathology.

Impact on ability to function

The following questions are about how this condition and its treatment currently impact on the person's ability to function.

Examples include arthritis affecting lower limb joints, paralysis or loss of strength or sensation in lower limbs as a result of stroke or other brain or nerve injury, cerebral palsy or other conditions affecting lower limb coordination, chronic pain, amputation or inflammation or injury of the muscles or tendons of the lower limbs, lymphoedema, or peripheral neuropathy. It also includes lumbar spine and hip conditions which impact the use of lower limbs.

The following questions should also be answered when considering the person's ability while using any mobility aids they commonly use.

Use of prosthesis or mobility aid

Does the person need to use an aid to walk around (e.g. lower limb prosthesis, walking stick, quad stick, crutches, walking frame, wheelchair etc.)?

☐ Yes; Type of aid: _____
☐ No

If the person uses a wheelchair, can they move around independently and independently transfer to and from it (e.g. use a wheelchair accessible toilet independently)?

Walking and mobility

Describe any impact on the person's ability to walk (including on different slopes and terrains and at different speeds) in the following scenarios.

Ability to walk to local facilities (e.g. local shops, workplaces, supermarket or bus-stop)

Ability to walk around local shops or a supermarket without stopping.

Ability to walk from a carpark into a shopping centre or supermarket without assistance

Negotiating stairs (including whether structural supports, assistance, or alternate methods may be required)

Ability to use a motor vehicle or public transport, including whether any assistance or aids are required, and walk or mobilise on level ground.

Standing

Describe any impact on the person's ability to stand, including any restriction on how long the person can stand for at one time and whether they require any supports, aids or assistance e.g. waiting in a slow moving queue, supermarket checkout or standing independently.

Kneeling and sitting

Describe any impact on the person's ability to kneel or squat, including rising back to a standing position, and whether they require any supports, aids or assistance.

Describe any impact on the person's ability to rise from a sitting position in a standard chair, including any assistance required.

Future impact on ability to function

How long is the impact of this person's condition on their ability to function expected to last for?

- ☐ Less than 3 months
- ☐ 3-12 months
- ☐ 13-24 months
- ☐ More than 24 months

Within the next 2 years the effect of this condition on the person's ability to function is expected to:

- ☐ Resolve
- ☐ Significantly improve
- ☐ Slightly improve
- ☐ Fluctuate
- ☐ Remain unchanged
- ☐ Deteriorate
- ☐ Uncertain

Give details
