

TREATMENT PROTOCOL FOR LOWER LIMB OEDEMA



Haddenham Healthcare

Name: _____ Date:

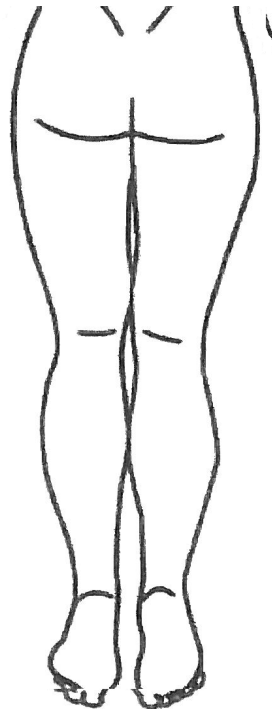
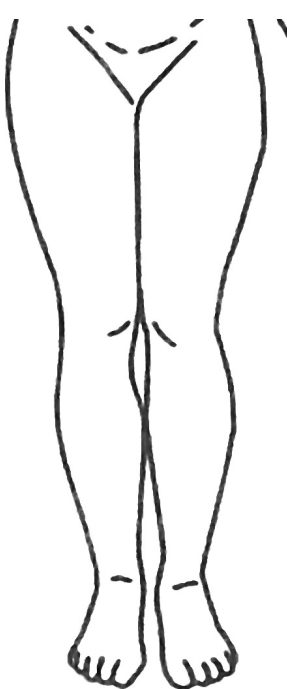
Date of Birth: _____

Number: _____

<input checked="" type="checkbox"/>	Time	Wavelength	Average Power Density	Pulse Frequency	Total Mins
THOR 104 <input type="checkbox"/>	60 Seconds	56 x 660nm 48 x 850nm	50mW/cm ²	2.5 Hz	
Rian Corp <input type="checkbox"/>	60 Seconds	1 x 904nm	5 mW/cm ²	5 KHz	

Treatment Program

Exercise <input type="checkbox"/>	Compression/ Hosiery <input type="checkbox"/>	MLD <input type="checkbox"/>	SLD <input type="checkbox"/>			
MLLB <input type="checkbox"/>	Cellona <input type="checkbox"/>	Padding <input type="checkbox"/>	Short Stretch <input type="checkbox"/>	Cohesive <input type="checkbox"/>	Other <input type="checkbox"/>	



KEY

Scars: -----

Oedema: xxxxxx

Laser Points: oooooo

Total number of points
Laser/ Led applied:

DATE	MINUTES	DOSE	DATE	MINUTES	DOSE	DATE	MINUTES	DOSE

	Day 1 (baseline)	Day 3 (end of week 1)	Day 6 (end of week 2)	Day 9 (end of week 3)	Day 13 (end of weekly sessions)	Day 15 (end of fortnightly sessions)	Day 17 (on completion of monthly sessions)
Date							
Flexion							
Extension							
Internal Rotation							
External Rotation							
Pronation							
Supination							
Tissues 1							
Tissues 2							
Sensation							
Pain							
Comfort level							
Colour							
Scars							
Oedema							
MLD Response							

Comments

Tissues	0= Normal, 1= soft/non pitting, 2 = soft/ pitting, 3= fatty/Doughy, 4= Firm/ non pitting 5= Firm/Dense, 6= Firm/Woody
Skin assessment	1. Intact, 2 Dry, 3 Fragile, 4 Rash/Redness, 5 Taut/Shiny, 6 Broken/Ulcerated, 7 warm/hot, 8 Infected, 9 Hyperkeratosis, 10 papillomatosis/severe
Pain	Using a scale of 1 to 10, 1 being no discomfort to 10 being the worst
Comfort	0 I feel Ok, 1 I feel slightly better, 3 I feel better, 4 I feel a lot better
Colour	Using a subjective measurement state if skin colour is not normal on the affected area and state yes or no to indicate improvement. Photographs to assess are useful
Scar	Using subjective measurement to indicate improvements by either stating yes or no, comments from patient and clinician can be added in the comments section.
Oedema reduction	Using either tissue dielectric constant (Moisture Meter D Compact) or Bodystat Quadscan as Gold standard to measure oedema reduction in midline oedema. For arm and leg oedema Limb Volume Measurements should be documented
MLD response	0= MLD not part of treatment plan 1 = responded as expected, 2=an improved response to MLD, 3= a quicker response from MLD, 4= a great improvement in MLD response Please state in the comments box if MLD response was better with the inclusion of LLLT if patient was previously treated without LLLT

Flexion	The ability to Flex knee and bring thigh close to abdomen OR touch calf to hamstring, OR bend ankle so toes point up.
Extension	The ability to move thigh backward without moving the pelvis OR Straighten out knee as much as possible OR bend the ankle so toes point down
Internal/External Rotation	The ability to Flex knee and swing lower leg towards the midline or away from the midline.
Pronation/Supination	The ability to turn foot so the sole faces in. The ability to turn the foot so the sole faces out

Use the following numbers to document changes on the Outcomes Chart.
Good = 1, Fair = 2, Poor= 3, Unable to Move = 4 or percentage achieved