

# EXAMPLE 1

## Movement System Diagnosis Template

The description of each movement system condition should include all the following:

**Diagnosis (Label):** Proposed name of movement system problem (diagnosis should be related to movement).

Sitting instability after leg amputation. Activity limitation that prevents amputee from completing basic activities of daily living

**Description of the movement problem:** Key comments from patient/client/family/caregiver about the movement problem.

Chief complaint; reason for seeking care

Fear of sitting on edge of bed, unable/unwilling to sit in chair that lacks backrest and armrests, history of falling out of chair/bed from sitting position

Description of onset: What factors modify the problem from the patient/client/caregiver's perspective (e.g. what makes the problem worse/better)

Leg amputation (bilateral typically more unstable than unilateral). Worse when sitting unsupported, improved when sitting in chair with backrest and armrests

Results of key tests and measures during your examination that support the diagnosis of the movement problem

May require assistance coming from lying to sitting position. Impaired dynamic sitting balance. Requires physical assistance and assistive device for sit to stand transfers. Independence Measure. Transfer: score less than 6 (Modified Independent). Locomotion: score less than 6 (Modified Independent). Amputee Mobility Predictor. Sitting balance: score 0 or 1. Sitting reach: score 0, 1, or 2. Chair to chair transfer: score <2. Arises from a chair: score <2.

**General characteristics of a person with this movement system problem:**

Age, gender, other characteristics of individuals commonly affected by this problem

Can affect any age or gender in people who have a leg amputation

Examples of typical impairments, activity limitations, and participation restrictions for a person with this movement system problem

Difficulty sitting in chairs without armrests, difficulty picking items off the floor from a seated position, difficulty with transfers, difficulty standing without physical assistance and/or assistive device, difficulty with lower body dressing (e.g. pants, socks, shoes). Limits community access: difficulty or inability maneuvering wheelchair up/down a ramp

Other key conditions/surgeries/medications that are directly related to the movement system problem

Peripheral neuropathy in legs

*Reference: Hendershot BD, Nussbaum MA. Persons with lower-limb amputation have impaired trunk postural control while maintaining seated balance. Gait Posture. 2013;38:438-442.*

## EXAMPLE 2

# Movement System Diagnosis Template

The description of each movement system condition should include all the following:

**Diagnosis (Label):** Proposed name of movement system problem (diagnosis should be related to movement).

Insufficient scapular upward rotation (or scapular upward rotation deficit)

**Description of the movement problem:** Key comments from patient/client/family/caregiver about the movement problem.

Chief complaint; reason for seeking care

Shoulder pain in overhead reaching motions, increases with higher elevation, worse at end range elevation.

Description of onset: What factors modify the problem from the patient/client/caregiver's perspective (e.g. what makes the problem worse/better)

Description of onset: typically gradual vs. specific injury, if "injury" most likely overhead sports "overuse". Factors that modify the problem: worse at higher ranges of elevation, improved with scapular upward rotation assistance test, worse with load or lifting, may be worse in flexion or abduction

Results of key tests and measures during your examination that support the diagnosis of the movement problem

Positive scapular assistance test for reduced pain with assisted scapular upward rotation  
Mild or possibly no reductions in rom, may have selective loss of shoulder ir in 90 deg abd  
May have selective muscle shortening/tightness in posterior pectoralis minor or major  
May demonstrate reverse action of humeroscapular muscles on scapula with initiation of reaching  
May have poor timing/motor control of serratus anterior and/or lower trapezius, with rapid scapular downward rotation during eccentric lower of the arm  
May have reduced strength testing for serratus, lower trap, glenohumeral external rotation, and/or humeral abduction  
May have positive Neer test

**General characteristics of a person with this movement system problem:**

Age, gender, other characteristics of individuals commonly affected by this problem

Can affect any age or gender but most common 25-60, more common in overhead workers or overhead athletes.

Examples of typical impairments, activity limitations, and participation restrictions for a person with this movement system problem

Inability to complete work activities or participate in recreational or other athletics, inability to complete fitness routine, pain with ADLs involving reaching or lifting to shoulder level or higher. May be progressive.

Other key conditions/surgeries/medications that are directly related to the movement system problem

May have associated rotator cuff or long head biceps tendonopathy or tear, may have undergone surgical cuff repair or acromioplasty. May have associated multidirectional shoulder instability.