APPENDIX D: PHYSICIAN EVALUATION FORM FOR LAW ENFORCEMENT OFFICERS WITH AMPUTATIONS

I. TO THE EXAMINING PHYSICIAN —

Please read the following introductory information to assist with your assessment:

The well-managed and motivated amputee may be capable of safe and effective performance of law enforcement officer (LEO) job functions. For the purposes of this discussion and for the evaluation "amputation(s) refers to all forms of limb deficits, whether congenital or due to amputation for whatever reason. Law enforcement entails a unique set of job functions that need to be considered in regards to those with an amputation who may or may not utilize prosthesis.

These may include (depending on the duties of the particular LEO position):

- Running, often over uneven terrain and obstacles, with sudden changes in direction and stops/starts necessary;
- Rapidly ascending multiple stairs of various construction types and shapes (e.g., rectangular tread, spiral wedge tread) and rapidly descending multiple stairs without the aid of hand support on banisters (potentially needing hands for equipment or restraining suspect);
- Scaling various higher obstacles such as fences of different construction;
- Jumping down from heights up to several feet (e.g. porches, loading docks);
- Grabbing, grasping, as in holding clothing or body parts of suspects to gain control;
- Grappling in hand-to-hand struggle with struggling, resisting suspects (requiring stable stance and rapid stance/weight distribution changes);
- Forceful twisting and torquing with hands as part of restraining struggling, resistant persons;
- Removing handcuffs from holder and applying them to resisting suspect while restraining with opposite hand;
- Driving either on patrol or emergency response or pursuit while operating in-vehicle instruments such as radio;
- Safely and effectively handling weapons;
- Brief periods of maximal physical exertion;
- Shift schedules over 8 hours;
- Work outdoors in hot and cold environments;
- Immersion in water.

II. Physician Assessment

The LEO being evaluated should be under the care of a physician knowledgeable about amputations and amputee medical management. Outpatient and in-patient record(s) of the last three years or since date of amputation (whichever is shorter) should be reviewed by the treating physician and provided to the police physician.

1. My credentials as a physician knowledgeable about amputee medical management are as follows (or attach CV):

_____

_____

_____

2. Please provide a clinical description of the type of amputation (ex: left trans-radial amputation, right below knee amputation, etc.) the person has:

   _____

   _____

   _____

3. Age at time of amputation (in years)_____
4. Date of amputation(s)_____
5. What was the underlying cause of the amputation (check all that apply):

   ☐ Dysvascular ☐ Trauma-related ☐ Cancer-related ☐ Congenital

   Other (specify):_____
6. Was the limb revised at any time? ☐ Yes ☐ No

   If yes, how many times was the limb revised and when?_____

   _____
7. Have there been any problems with the residual limb healing? ☐ Yes ☐ No
8. Is this patient taking any medications for neuropathic, chronic, or phantom limb pain? ☐ Yes ☐ No

   If yes, please indicate the current medications, starting date, and dosage:

   _____

   _____

   Are any of these medications being used to treat other disorders concomitantly such as seizures or depression?

   ☐ Yes ☐ No

   If yes, please explain:

   _____

   _____
9. Does this patient use a prosthesis? ☐ Yes ☐ No If yes, for how long?_____
10. Are you aware of any complications within the past 12 months (e.g. skin breakdown interfering with proper fit of prosthesis, contractures, extreme fluctuations in size/shape of residual limb, neuropathic/phantom limb pain, etc.) or failure of prosthetic components, including battery failure if using a myoelectric prosthesis?

    ☐ Yes ☐ No

    If yes, please describe the event(s) and subsequent steps taken to minimize the possibility of reoccurrence:

    _____

    _____

    _____

11. Has the patient been educated about residual limb care and prosthetic management and demonstrated knowledge of procedures that should be followed for proper care and use of the prosthesis and what to do if complications arise?

    ☐ Yes ☐ No

12. Are you aware of any other medical conditions that would interfere with the person's ability to perform the job functions of a law enforcement officer as noted above, but not limited to those listed above?

    ☐ Yes ☐ No

13. For patients with upper extremity amputations

Does the patient use a prosthesis? ☐ Yes ☐ No

Does the patient have adequate POWER GRIP and PREHENSION FUNCTION of the HAND to perform tasks such as holding, clutching, clasping, or seizing firmly the steering wheel or other vehicle/police equipment, apprehending/restraining a suspect, etc.?

With the prosthesis they intend to wear at work if one used?

Right: ☐ Yes ☐ No

Left: ☐ Yes ☐ No

Without prostheses?

Right: ☐ Yes ☐ No

Left: ☐ Yes ☐ No

14. For patients with lower extremity amputations

Does the patient utilize a prosthesis? ☐ Yes ☐ No

Does the patient have adequate STRENGTH, BALANCE, and STABILITY to perform tasks such as running in pursuit, sprinting short distances at high speed, dodging, pushing/dragging/pulling heavy loads, crawling, climbing, and operating a motor vehicle?

With the prosthesis they intend to wear at work?

Right: ☐ Yes ☐ No

Left: ☐ Yes ☐ No

Without prostheses?

Right: ☐ Yes ☐ No

Left: ☐ Yes ☐ No

_____ _____

Physician Signature *Date*

_____ _____

Printed Physician Name *Phone*