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ADL WORKSHEET (ACTIVITIES OF DAILY LIVING) HOW TO CHOOSE A PROSTHETIC FOOT

Here is your quick reference sheet that you can take to your prosthetist/physical therapy appointment. The original blog available on my [website](#) has more in- depth descriptions and helpful links.

***** This worksheet is meant to get you thinking about what you want to be able to do once you receive your new prosthetic foot. Don't forget to take this to your Physical Therapist appointment because it will help set your goals AND be sure to take this with you to your Prosthetist as well!***

Go through the list below - you can either highlight, check off or circle the activities that pertain to you. I left spaces in between each item so you could jot down notes. This list is certainly not comprehensive so feel free to include anything I may have forgotten!

HOUSEHOLD:

- GETTING OUT OF BED TO CHAIR
- USING THE BATHROOM (SELF CATH/BEDPAN/BEDSIDE COMMUNE/TOILET IN BATHROOM)
- MEALS (EATING AT TABLE/EATING IN BED/TUBE FEEDS)
- HYGIENE (SPONGE BATH IN BED/SPONGE BATH AT BEDSIDE/SHOWER STANDING/SHOWER SITTING/BATHTUB)
- MAKING BEDS (DAILY MAKING THE BED/CHANGING SHEETS)
- DOING LAUNDRY (SORTING/LOADING WASHER/DRYER/FOLDING/PUTTING AWAY)
- COOKING (MICROWAVE/STOVETOP/OVEN)
- CLEANING (DUSTING/BATHROOMS/VACUUMING/MOPPING/WINDOWS)

- WASHING CAR
- GARDENING
- MOWING LAWN
- RAKING LEAVES
- SHOVELLING SNOW
- ROOFTOP/GUTTERS
- GOING INTO/OUT OF HOME (STEPS/STAIRS/RAMPS/HANDRAILS)

Notes:

WORK:

- WHAT IS YOUR OCCUPATION?
- WHERE DO YOU WORK EVERYDAY? (INDOOR BUILDING, DRIVING IN A CAR TO SEE CLIENTS, OUTDOOR ON UNEVEN TERRAIN)
- HOW DO YOU GET TO WORK? (SELF DRIVE, WALK, UBER/LYFT, PUBLIC TRANSPORTATION)
- WHAT ARE THE PHYSICAL REQUIREMENTS FOR YOUR JOB? (LIFTING, WALKING, STANDING FOR LONG PERIODS OF TIME)
- HOW LONG IS YOUR WORKDAY?
- WHAT ARE YOUR BREAK/LUNCH PERIODS? WILL YOU HAVE TIME TO REMOVE YOUR PROSTHESIS DURING THE DAY?

Notes:

FAMILY LIFE:

- DO YOU LIVE ALONG? WITH FAMILY?
- ARE YOU A CAREGIVER (CHILD/ELDERLY/DISABLED INDIVIDUAL)?
- DO YOU HAVE A CAREGIVER?
- ARE YOU AROUND CHILDREN?
- DO YOU HAVE PETS?

Notes:

HOBBIES/SPORTS:

- HOW DO YOU LIKE TO STAY IN SHAPE? (WALKING/SPORTS/NONE)
- DO YOU GO TO THE GYM OR STAY AT HOME FOR FITNESS?
- WHAT ARE YOUR OUTDOOR HOBBIES?
- WHAT ARE YOUR INDOOR HOBBIES?
- WHERE DO YOU LIKE TO GO ON YOUR DAY OFF?
- WHAT WOULD YOU LIKE TO BE ABLE TO DO ONCE YOU GET YOUR PROSTHETIC FOOT?

Notes: