



LIMB LOSS *and*
PRESERVATION
REGISTRY

Activity is health.



O&P Collected Data Elements

patients

Address
Alcohol Frequency
Alcohol Use
Allergies
Date of Birth
Date of Death
Deceased Indicator
Education Level
Ethnicity
Marital Status
Name
Occupation
Patient ID
Race
Sex
Sex at Birth
Smokeless Tobacco Use
Smoking Tobacco Use
Veteran Status

provider

Credential Number
Credential Type
Credentialing State
Encounter Number
Organization Name
Patient ID
Provider Name
Provider NPI
Provider Specialty
Taxonomy Code

facility

Facility Address
Facility ID
Facility Name
Facility Phone Number

patient visit

Assistive Device Type
Assistive Device Use
Discharge Location
DX Codes
Encounter Date & Time
Encounter Number
Facility ID
Function Level
Height
HCPCS Codes
Pain Level
Patient Goals
Patient Goals Defined
Patient ID
PROMIS Physical Function
PT/OT Therapist Training Indicator
PT/OT Therapist Training Visits
Residual Limb Sensation
Residual Limb Shape
Residual Limb Strength
SDOH Codes
Socket Comfort Score
Weight

payer

Cardinality
Patient ID
Payer Type
Payer Status
Payer Status Effective Date

comorbidity

Comorbidity
Date of Presentation
DX Code
Encounter Number
Patient ID

lower limb prosthesis

Capability
Delivery Date
Fabrication Location
Brand*
Lot Number*
Manufacturer*
Serial Number*
SKU UPC Code*
Foot Type
Functional Component
Hip Type
interface
Knee Type
Laterality
Liner Material
Liner Size
Patient ID
Prosthetic Avg Hours of Use
Prosthetic Description
Prosthetic Use
Sock Material
Sock Ply
Sock size
Sock Use
Socket**
Structural Design
Suspension
Suspension Type
Suspension Type Additional

orthosis

Lot Number
Manufacturer
Manufacturer Year
Orthosis Controller
Orthosis Controller Indicator
Orthosis Experience
Orthosis Type
Orthosis Use
Orthotic Hours of Use
Patient ID
Serial Number
SKU UPC Code
Suspension Type
Version Number

upper limb prosthesis***

***To be added once data elements have been finalized.

*Applies to hip, knee, foot, & liner

**Design, Composition, & Manufacturer