

# TF Design Check Socket—Canada



Contact person		Customer number		PO#		Date		
<b>Customer</b>				<b>Shipping Address</b> (if different from customer address)				
Company				Company				
Street				Street				
Postal code/city				Postal code/city				
E-mail			Patient ID			Phone		

Please complete this form and return to Ottobock by fax OR click the button to send via email.

Shipping options:

**Order**    **Quote Only**

**FedEx Ground**    **FedEx 2-Day**  
 **FedEx Overnight**    **Other:** \_\_\_\_\_

**Side:**    Left    Right

**Requirements:**    Check socket    Positive model    Check socket and positive model

**Material for check socket:**    ThermoLyn, rigid    \_\_\_\_\_ (article number)

**Valve:**    Preparation only    Installation   **Positioning:**    Medial    Lateral

21Y12 Screw valve    21Y14 PushValve    21Y15 MagValve  
 21Y21 ClickValve    21Y140 Silicone Socket valve    \_\_\_\_\_

452A1=\* ProSeal ProSeal ring (not glued in and recommended only in combination with the ProSeal socket type and a ProSeal liner)

**Shuttle Locks/KISS:**

4R160=1    4R163    4R160=2  
 4R164    6A20=10    6A20=20  
 6A20=30    6A30=10    6A30=20  
 6A40

**Socket adapter:**

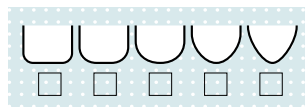
5R6=\*  
 4R41  
 4WR95  
 4R111  
 Other: \_\_\_\_\_

**Socket type:**

ICS Advanced    ProSeal (recommended especially in combination with the ProSeal ring)  
 ICS Contoured    Quadrilateral Contoured  
 ICS Medium    Quadrilateral Medium  
 ICS Feminine Contoured    Quadrilateral Feminine Contoured  
 Hybrid    Anatomical

**Information for the socket design:**

Distal end



**Preparation for liner:**

Silicone-Gel-Liner 6Y80   Size \_\_\_\_\_  
 \_\_\_\_\_ Size \_\_\_\_\_

Contact person  Company  Date  Patient ID

<input type="text"/>	°	Flexion angle
<input type="text"/>	°	Adduction angle
<input type="text"/>	mm	Bony ML measurement
<input type="text"/>	mm	Soft tissue ML measurement
<input type="text"/>	mm	Perineum AP measurement
<input type="text"/>	mm	Proximal brim adjustment (-15 to +15 mm)

... or reduction in %

<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> 3%	<input type="checkbox"/> 4%	<input type="checkbox"/> 5%	<input type="checkbox"/> 6%	proximal
<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> 3%	<input type="checkbox"/> 4%	<input type="checkbox"/> 5%	<input type="checkbox"/> 6%	distal

[link to video on youtube](#)

Please note that using patches results in changes to the socket volume

1	<input type="text"/> mm	Lateral Posterior Femur Patch <sup>1</sup> (max. depth of 8 mm)
2	<input type="text"/> mm	Lateral Anterior Femur Patch <sup>1</sup> (max. depth of 8 mm)
3	<input type="text"/> mm	Lateral Trochanter Patch (max. depth of 8 mm)
4	<input type="text"/> mm	Lateral Posterior Distal Femur patch (max. height of 8 mm)
5	<input type="text"/> mm	Posterior Middle Femur Patch (max. depth of 8 mm)
6	<input type="text"/> mm	Medial Adductor Tendon patch <sup>2</sup> (max. height of 8 mm)
7	<input type="text"/> mm	Medial Patch <sup>3</sup> (max. depth of 8 mm)
8	<input type="text"/> mm	Anterior Patch <sup>4</sup> (max. height of 8 mm)

<sup>1</sup> not possible for ProSeal with liner and ring

<sup>2</sup> not possible for ProSeal with liner and ring or quadrilateral models

<sup>3</sup> not possible for Hybrid, ProSeal with liner and ring or quadrilateral models

<sup>4</sup> only available for quadrilateral models

Contact person	<input type="text"/>	Company	<input type="text"/>	Date	<input type="text"/>	Patient ID	<input type="text"/>
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## Taking Measurements

- All measurements should be taken in millimeters. To ensure accuracy, maintain consistent tension on the measuring tape. We also recommend re-measuring a second or third time.
- To determine the socket length, measure from the ischial tip to the tissue end.
- To determine the circumference of the residual limb, take the first measurement 30 mm distal to the ischium. For best results take measurements with the muscles tensed and when completely relaxed, then record the average of these two numbers. The final measurement must be taken proximal to where the distal curvature of the residual limb begins (at least 60 mm from the distal end of the residual limb).
- Consideration should also be taken for suction sockets if a patient is pulling into a socket vs. pushing in for a wet fit. Pulling in generally makes the limb length longer and the circumferences smaller. Conversely, pushing in can shorten a limb and make the circumferences larger.

## Liner Fittings

- If you are taking measurements with liners, ensure you take measurements directly on top of the liner.
- If this is a new fitting, it is helpful to complete compression therapy one week ahead of time and put the liner on the user 30 minutes before taking measurements.
- Ensure you measure to the end of the liner cap when taking the length measurement.

## Reduction Suggestions

These reduction percentages are based on our experience. You may need to try different percentages to determine the reduction that best meets your needs.

0% Liner	1-2% Sock Fit
3-4% Suction Fit	5-6% Fleshy Skin

## Special Instructions: