

Measurement Form

① CLINICIAN INFO

Facility: _____

Branch: _____

Prosthetist Name: _____

Email: _____

Phone: _____

Shipping: Ground (\$0) 2-Day (\$75)

Next Day (\$150)

PO Number: _____

② PATIENT INFO

Name: _____

DOB: _____

Gender: Male Female Other

Height: _____

Weight: (<250 lbs) _____

Amputation Cause: _____

Activity Level: K1 K2 K3 K4

Tissue Density: Soft Med Firm

③ SOCKET DETAILS

Side: Left Right

Brim: Subischial Ischial Seat Tensioner: Velcro Ratchet

Suspension: Pin-Lock Seal-In/Suction Liner Type: TPE Polyurethane Silicone

Lanyard Elevated Vacuum Liner Thickness: 3mm 6mm 9mm

④ MEASUREMENTS

STEP 1: Measure the limb

- i Prepare to take measurements of the patient's limb by having the patient don the liner.
- ii **Mark:** 50 mm below the ischium level.
- iii **Mark:** Distal circumference levels every 25 mm to end of limb. (50mm, 75mm, 100mm)
- iv **Measure:** Relaxed and tight limb circumferences.

Indications:

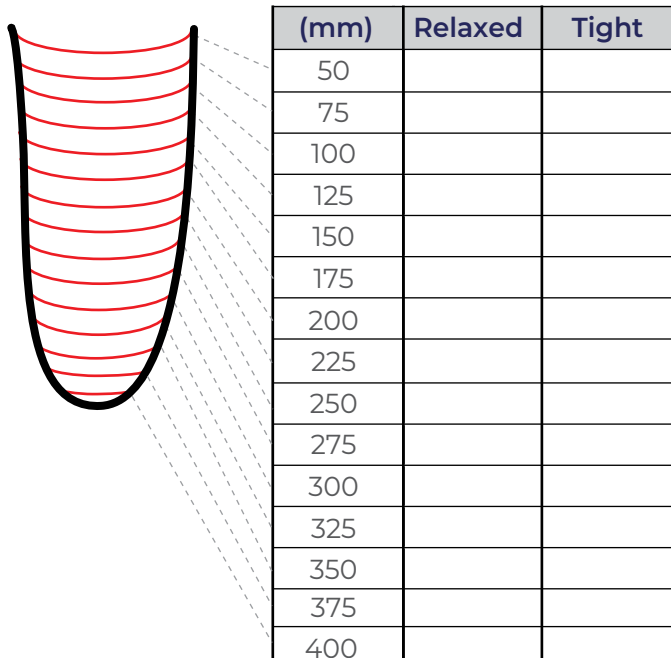
MAX Circumference: **700mm**
 MAX Length: **420mm**
 MIN Length: **150mm**

Distal Build Height:

Pin lock: **50 mm**
 Lanyard: **55 mm**
 Seal-In: **40mm**

Tools Required

TF Length Gauge
 A/P M/L Gauge
 Tape Measure
 Indelible Marker
 Goniometer



STEP 2: Mark any bony prominences

- Measure: Ischium to end of limb relaxed. (mm)
- Measure: Ischium to end of limb compressed. (mm)
- Measure: A/P at 50mm below ischium. (mm)
- Measure: M/L at 50mm below ischium. (mm)
- Specify: Desired patient flexion. (0° - 20°)
- Specify: Desired patient adduction. (-5° - 10°)
- Measure: Distal end to proximal seal. (mm) (suction only)
- Measure: Distal end to distal seal. (mm) (suction only)

STEP 3: Take sagittal and coronal photos
 8ft away level with the liner umbrella
(LIM Capture orders only)

STEP 4: Save and send to
orders@liminnovations.com