## Check Socket Measurement Form

| ① CLINICIAN INFO |
| :--- |
| Facility: |
| Branch: |
| Prosthetist Name: |
| Email: |
| Phone: |
| Shipping: Ground (\$0) $\bigcirc$ 2-Day (\$75) $\bigcirc$ |

## PO Number:

SOCKET DETAILS


MEASUREMENTS

## Notice:

We will not modify your socket upon receipt.
Measurements are required for clarification purposes.
Upon submitting a check socket, you will receive a $\$ 200$ discount. This will be applied to your invoice.

## STEP 1: MEASURE THE LIMB

Prepare to take measurements of the patient's limb by having the patient donn the liner.
Indications:
MAX Circumference: $\mathbf{5 5 0 m m}$
MAX Length: $\mathbf{3 0 0 m m}$
MIN Length Pin-Lock: $\mathbf{1 2 0 m m}$
$\quad$ Seal-In: $\mathbf{1 9 0 m m}$
Distal Build Height:
Pin lock: $\mathbf{2 4} \mathbf{~ m m}$
Seal-In: $\mathbf{3 5} \mathbf{~ m m}$ Tools Required: TT Length Gauge A/P M/L Gauge Tape Measure Indelible Marker GoniometerMeasure: MTP to end of limb relaxed (mm)Measure: MTP to end of limb compressed (mm)Specify: Desired patient flexion ( $0^{\circ}-20^{\circ}$ )Specify: Desired patient adduction (-5 $\left.{ }^{\circ}-7^{\circ}\right)$Measure: Contralateral MTP to floor (mm)
Measure: Foot build height (mm)

[^0]
[^0]:    Foot build height is required to determine L-Bracket position. Failure to provide measurement will result in L-Bracket being rotated superiorly to avoid impact with foot components.

