

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: (<320 lbs) _____

Amputation Cause: _____

Activity Level: K1 K2 K3 K4

Tissue Density: Soft Med Firm

③ SOCKET DETAILS

Side: Left Right

Trim Lines: Standard (56mm > MTP)

Suspension: Pin-Lock Seal-In/Suction High (86mm > MTP)

Seal-In/Elevated Vacuum

Liner Type: TPE Polyurethane Silicone

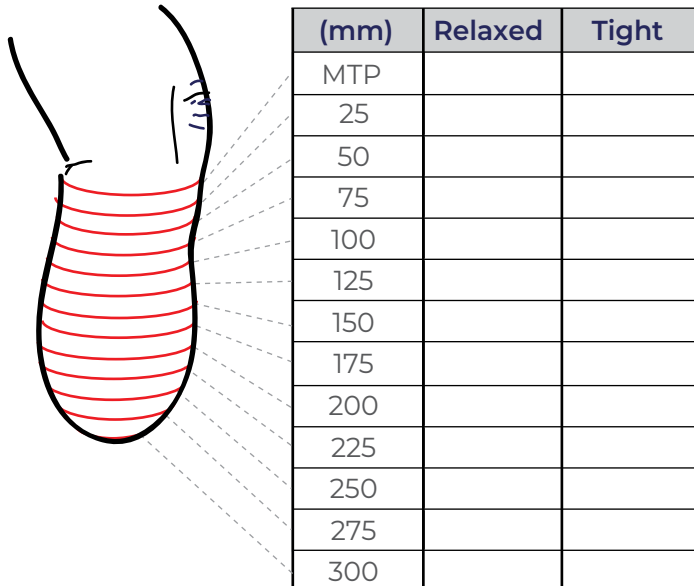
Liner Thickness: 3mm 6mm 9mm

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.

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:** MTP level.
- iii **Mark:** Distal circumference levels every 25 mm to end of limb. (50mm, 75mm, 100mm)
- iv **Measure:** Relaxed and tight limb circumferences.



STEP 2: Mark any bony prominences

Indications:

MAX Circumference: **550mm**
 MAX Length: **300mm**
 MIN Length Pin-Lock: **120mm**
 Seal-In: **190mm**

Distal Build Height:

Pin lock: **24 mm**
 Seal-In: **35 mm**

Tools Required:

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

- Measure: A/P at mid-patellar tendon. (mm)
- Measure: PML proximal to the femoral epicondyle. (mm)
- Measure: M/L at mid-patellar tendon. (mm)
- Measure: MTP to end of limb relaxed. (mm)
- Measure: MTP to end of limb compressed. (mm)
- Specify: Desired patient flexion. (0° - 20°)
- Specify: Desired patient adduction. (-5° - 7°)
- Measure: Contralateral MTP to floor. (mm)
- Measure: Foot build height. (mm)

STEP 3: Save and send to orders@liminnovations.com