

**Ischial Weight Bearing Trans-Tibial Measurement Form**

PROSTHETIST: \_\_\_\_\_ PO NUMBER: \_\_\_\_\_

**Includes:** Narrow ML (type) Ischial weight bearing section, 7” inner floating socket, and 9” modified UFOS™.

*Complete belt system required for use and sold separately.*

**All joints are provided and attached by the Prosthetist.**

*Returns are accepted for manufacturer defect only.*

**MEASUREMENTS** TAKEN OVER MEASUREMENTS \_\_\_\_\_ YES \_\_\_\_\_ NO **RESIDUUM:** Left \_\_\_\_\_ Right \_\_\_\_\_  
 (Residuam measuring shorter than 4 ¼” or longer than 6 ¼” without bandages requires custom made sockets)

**CUSTOM ORDERS:** Amputations larger or longer than above limitations @ \$85.00 per socket

**LENGTH MPT to distal end** \_\_\_\_\_ in/cm

Measurements taken  Without shoe  With shoe - heel height \_\_\_\_\_ in/cm

**CIRCUMFERENCES:** Ischial level: \_\_\_\_\_ in/cm MPT: \_\_\_\_\_ in/cm & 2” up from distal end: \_\_\_\_\_ in/cm

*Sockets are sized to provide ideal anatomic knee circumference for socket ordered.*

<b>SIZES:</b>	<b>FLO-TECH-TOR™-TF</b>	<b>VCSPS™</b>	<b>UFOS™</b>	<b>IWB™</b>
<b>Modified</b>				
<b>#1416 – (MPT 14” to 16”)</b>	L _____ 7 or 9	L _____	L _____	L _____
Distal: 13” (33cm) to 15” (38cm)	R _____	R _____	R _____	R _____
Range: 11” (28cm) to 16” (41cm)				
<b>#1618 – (MPT 16” to 18”)</b>	L _____ 7 or 9	L _____	L _____	L _____
Distal: 15” (38cm) to 17” (43cm)	R _____	R _____	R _____	R _____
Range: 13” (33cm) to 18” (46cm)				
<b>#1821 – (MPT 18” to 21”)</b>	L _____ 7 or 9	L _____	L _____	L _____
Distal: 17” (43cm) to 19” (48.5cm)	R _____	R _____	R _____	R _____
Range: 15” (38cm) to 22” (56cm)				
<b>#2124 – (MPT 21” to 24”)</b>	L _____ 7 or 9	L _____	L _____	L _____
Distal: 20” (51cm) to 23” (58.5cm)	R _____	R _____	R _____	R _____
Range: 17” (43cm) to 25” (63.5cm)				

**OPTIONS & COMPONENT ITEMS:**

<u>QTY</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>DESCRIPTION</u>
_____	Interpret Order	_____	4-bolt Adapter Plate, 4 short, 4 long screws
_____	Pour and Modify Cast	_____	Titanium SACH Foot Adapter
_____	Cast or schematic preparation	_____	Titanium Pyramid Socket Attachment Plate
_____	Per Socket Strap – all sizes	_____	Titanium Pylon Tube w/Adapter
_____	Neoprene socket band	_____	Titanium Tube Clamp
_____	Distal End Pad – per pkg. Size: _____	_____	Post-op Foot: <input type="checkbox"/> L <input type="checkbox"/> R Size: _____
_____	Distal End Pad Reticulated Size: _____	_____	Stainless Steel SACH Foot Adapter
_____	<b>TF Complete Belt System (required)</b>	_____	Stainless Steel Pyramid Socket Attachment Plate
_____	Each Amputation Socks Size: _____	_____	Stainless Steel Pylon Tube w/Adapter
		_____	Stainless Steel Tube Clamp