

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 _____
 (Residuum measuring shorter than 4 1/4" or longer than 6 1/4" 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.

SIZES:	FLO-TECH-TOR™-TF	VCSPS™	UFOS™	IWB™
Modified				
#1416 – (MPT 14" to 16")	L _____ 7 or 9	L _____	L _____	L _____
Distal: 13" (33cm) to 15" (38cm)	R _____	R _____	R _____	R _____
Range: 11" (28cm) to 16" (41cm)				
#1618 – (MPT 16" to 18")	L _____ 7 or 9	L _____	L _____	L _____
Distal: 15" (38cm) to 17" (43cm)	R _____	R _____	R _____	R _____
Range: 13" (33cm) to 18" (46cm)				
#1821 – (MPT 18" to 21")	L _____ 7 or 9	L _____	L _____	L _____
Distal: 17" (43cm) to 19" (48.5cm)	R _____	R _____	R _____	R _____
Range: 15" (38cm) to 22" (56cm)				
#2124 – (MPT 21" to 24")	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
_____	TF Complete Belt System (required)	_____	Stainless Steel Pyramid Socket Attachment Plate
_____	Each Amputation Socks Size: _____	_____	Stainless Steel Pylon Tube w/Adapter
		_____	Stainless Steel Tube Clamp