

# **PROTOCOL: FLO-TECH-TOR™ 2020 (FTT™-2020) Socket When used as a Post-Op or Early Fitting Prosthetic Socket**

*A licensed or certified Prosthetist should be consulted throughout the use of all APOPPS® sockets.*

## **PHYSICIANS - SUGGESTED SURGICAL and POST-SURGICAL PROTOCOL:**

- ✓ **Elective surgical length is ideal between 5" and 8" as measured from the mid-patella tendon. The APOPPS® can be custom made to accommodate any size, length, flexion contracture or deformity. Please allow 24 to 48 hours depending on the time of day the order is received by our facility (before noon Eastern Time) and shipping schedules.**
- ✓ The cut edges of the tibia should be well rounded, beveled and smooth.
- ✓ The wound (incision) should be cleaned and well sutured.
- ✓ Apply narrow adhesive strips and a non-adherent petrolatum gauze.
- ✓ Apply a thin layer of 4" x 4" gauze.
- ✓ Apply a non-compressive dressing, evenly and not too thick, from the distal end to approximately 2" above the patella. All forms of moderate skin cover (elastic bandages, gel liners, under cast padding) are acceptable with the FTT™-2020.
- ✓ Roll the appropriate size sterile post-op fitting sock (or stockinet) up to the proximal edge of the non-compressive dressing.
- ✓ The Prosthetist may continue the application process from this point.

The FTT™-2020 may be removed as needed to observe the incision, provide knee range of motion and allow for patient or staff to change bandages or dressings. It must be removed, once in the AM once in the PM. The outer amputation sock should be changed to a clean dry sock to allow the outer sock to wick away moisture and other fluids.

## **PROSTHETISTS – SUGGESTED FTT-2020™ POST-SURGICAL PROTOCOL:**

- ✓ Apply the waist belt with extension aide (strap).
- ✓ Roll the post-op sock (or sterile stockinet) up high enough to fold over the top of the socket; then use a non-allergenic spray adhesive to secure it to the thigh, or temporarily secure it to the extension strap portion of the waist belt.
- ✓ Apply a 1" or 2" (or both) distal end pad. See our website for "Selecting Distal End Pads"
- ✓ Fit the distal end pads in place with Mid-Patella Tendon (MPT) and FTT™-2020 positioned anatomically and pads compressed no more than ¼".
- ✓ Apply an outer non-sterile amputation sock over the reticulated pad, tall (long) enough to fold over the top of the FTT™-2020 and attach it to the hook Velcro on the outer thigh section of the FTT™-2020.
- ✓ Apply the posterior section of the FTT™-2020 (loosely) to deter swelling, injury and potential flexion contractures. Apply the SOFT neoprene (type) band from medial edge hook over the tibia to lateral edge hook of the posterior section.
- ✓ Fold the anterior socket section over the neoprene (type) band, double check distal pad compression and secure fork strap to the extension strap with minimal upward pressure.
- ✓ The MPT strap, MPT socket relief area, and patient MPT must all be anatomically located for proper fit and function. The MPT strap should be loose enough to slide a finger under it when the patient is NOT bearing weight. When ready to bear weight the MPT strap and waist belt must be tightened. After weight bearing the waist belt and MPT strap must be returned to their relaxed positions.

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## PATIENTS, NURSES, HOME HEALTH & FAMILY HELPERS

### - SUGGESTED POST-SURGICAL PROTOCOL:

#### *\*Daily Hygiene, Range of Motion and Transfer Recommendations:*

- ✓ \*Remove the FTT™-2020 socket 2 times per day.
- ✓ \*Remove the outer fitting sock (or stockinet) and the polyurethane distal end pad.
- ✓ Examine (**do not remove**) the innermost post-op fitting sock (or sterile stockinet) for signs of excessive bleeding or drainage
  - ***If excessive blood or drainage is found, contact the Physician immediately!***
  - **If only mild spotting is noted, make a record and proceed.**
  - **Record the size and location of the spotting.**
  - **If the spotting becomes excessive at some later point contact the Physician.**
- ✓ Wash the reticulated distal end pad with an anti-bacterial soap; rinse well, dry the pad by gently compressing it in a towel (**DO NOT WRING, TWIST OR STRETCH**), reapply the pad and a clean dry outer sock over the pad.
- ✓ Re-apply the FTT™-2020 Socket with: neoprene (type) band attached to the posterior, securing the pads in place, protecting the tibia and under the anterior socket section
- ✓ The strap at the mid-patella tendon (just below the knee) should be loose enough to slide a finger under it.
- ✓ When standing the strap and the two-piece neoprene waist band should be tightened.
- ✓ When in bed or reclined in a chair the; mid-patella tendon strap, socket designation and the patients MPT must be anatomically located and the strap should be loose enough to slide a finger under it.

**\*THE COMPLETE HYGIENE PROCESS SHOULD TAKE NO LONGER THAN 20 MINUTES EACH TIME.**

## PHYSICAL THERAPISTS - SUGGESTED POST-SURGICAL PROTOCOL:

### *Daily Use, Rehabilitation and Training with the FTT™-2020:*

- ✓ Weight bearing **MUST** be authorized by a Physician.
- ✓ Patients may begin early contact weight bearing upon receipt of the FTT™-2020 either on a tilt table, or by standing on a pillow with a chair supporting the distal socket.
- ✓ Patients should be encouraged to begin monitored use of the FTT™-2020 in conjunction with the UFOS™ as soon as they are able (usually 24-hours to 7-days post-op).
- ✓ The extension strap is detached from the FTT™-2020 fork strap and secured to the UFOS™ fork strap.
- ✓ When the time is right, patients should be encouraged to keep possession of the UFOS™.
- ✓ Training, prior to and after receiving the UFOS™ **MUST** stress: caution, following strap procedure, transfer skills, form (posture and balance), navigating obstacles and being aware of and reporting fitting problems as they develop.
- ✓ The patient should return to his/her licensed or certified Prosthetist as often as appointments are scheduled.
- ✓ The Prosthetist, with a Doctor's prescription, will provide a VCSPS™ (Variable Control Supra Patella Socket [a pre-fabricated preparatory prosthesis]) to be used with the same UFOS™, when the patient is ready for knee flexion and full weight bearing.