

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 BANDAGES OR SOCKS? ____ 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:

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