

PBO

GROUP

PROSTHETICS
BRACING
ORTHOTICS



PROSTHETICS PATIENT HANDBOOK

INTRODUCTION

INTRODUCTION

LET'S GET MOVING

At PBO Group we don't just appreciate your business. We value the fact that you've trusted us with your health. Our team is committed to providing all clients with best-in-class care.

PBO stands for Prosthetics, Bracing and Orthotics and our team of dedicated professionals is passionate about helping you achieve your health and lifestyle goals.

Our five Ontario clinics offer convenient access to superior care for a range of healthcare services, including:

- Prosthetics
- Off-the-Shelf and Custom Bracing
- Orthotics
- Compression Therapy
- Cranial Remolding
- Osseointegration Support

If you have any questions, please reach out to the Client Service Team at any time through our website at www.pbogroup.ca or by calling 1-877-331-3395 or by using any of the site-specific phone numbers or email addresses below.

PBO NIAGARA: HOTEL DIEU SHAVER REHABILITATION CENTRE

547 Glenridge Avenue, St. Catharines, Ontario L2T 4C2

PHONE: 905-688-2553

EMAIL: clientcareniagara@pbogroup.ca

FAX: 905-688-3230

HOURS: Monday to Thursday – 8am to 5:30pm

PBO KAWARTHA

1-210 Hunter Street West, Peterborough, Ontario K9H 2L2

PHONE: 705-745-1341

EMAIL: clientcarekawartha@pbogroup.ca

FAX: 705-745-7307

HOURS: Monday-Thursday 8:00am to 5:00pm | Friday 8:00am to 4:00pm

INTRODUCTION

LET'S GET MOVING *continued*

PBO BARRIE

100-115 Bell Farm Road, Barrie, Ontario, L4M 5G1

PHONE: 705-737-3021, 1-800-461-5609

EMAIL: clientcarebarrie@pbogroup.ca

FAX: 705-737-4002

HOURS: Monday – Thursday, 8:30am to 5:00pm | Closed Noon to 1:00pm
Friday, 8:30am to 2:00pm

PBO OWEN SOUND

1665 18th Ave E Unit 2, Owen Sound, ON N4K 3H7

PHONE: 519-371-0001

EMAIL: clientcareowensound@pbogroup.ca

FAX: 519-371-4338

HOURS: Monday – Thursday, 9:00am to 4:00pm

TORONTO: SCARBOROUGH

Unit 2, 31 Melford Drive, Scarborough, M1B 2G6

PHONE: 416-291-7434

EMAIL: clientcaretoronto@pbogroup.ca

HOURS: Monday – Friday, 8:30am to 4:30pm

TORONTO: ETOBICOKE

8-90 Claireport Crescent, Etobicoke, ON M9W 6P4

PHONE: 905-624-9293

EMAIL: clientcaretoronto@pbogroup.ca

FAX: 289-514-1957

HOURS: Monday – Friday, 8:30am to 4:30pm



PATIENT CARE

PATIENT CARE

AMPUTEE CLINICS

PBO Group's Certified Prosthetists are active members of the Amputee Clinics that take place in our communities. At Amputee Clinics, the Amputee Care Team, which typically consists of a Physician, Physical Therapist and a Prosthetist, assess patient needs to determine prosthesis type and develop plans for rehabilitation and training.

NIAGARA AMPUTEE CLINIC	
WHEN	Two Wednesdays per month from 9:30 am – 11:30 am
WHERE	PBO Niagara's Hotel Dieu Shaver Health and Rehabilitation Centre Site 547 Glenridge Avenue, St. Catharines
REFERRAL PROCESS	<ul style="list-style-type: none">• Referral form, available from PBO Niagara, must be submitted by treating Physician• PBO Niagara contacts amputee to schedule Amputee Clinic appointment 1 – 3 weeks following referral

NIAGARA PAEDIATRIC AMPUTEE CLINIC	
WHEN	Thursdays at 1:00 pm
WHERE	Niagara Children's Centre, 567 Glenridge Avenue, St. Catharines
REFERRAL PROCESS	<ul style="list-style-type: none">• Referral form, available from PBO Niagara, must be submitted by treating Physician to Niagara Children's Centre• Niagara Children's Centre contacts amputee's guardian to schedule Paediatric Amputee Clinic appointment 1 – 3 weeks following referral

PATIENT CARE

AMPUTEE CLINICS *continued*

KAWARTHA AMPUTEE CLINIC	
WHEN	Dates and times vary
WHERE	Peterborough Regional Healthcare Centre, 1 Hospital Drive, Peterborough Outpatient Physiotherapy Dept., Room W2605 on the 2nd floor Park in North Entrance parking lot and report to reception upon arrival
REFERRAL PROCESS	<ul style="list-style-type: none">• Referral form, available from PBO Kawartha, must be submitted by treating Physician• PBO Kawartha contacts amputee to schedule Amputee Clinic appointment• If amputation was performed in Peterborough, a referral is sent following inpatient stay

BARRIE AMPUTEE CLINIC	
WHEN	Last Wednesday of the month at 1:00 pm
WHERE	PBO Barrie 100-115 Bell Farm Road, Barrie
REFERRAL PROCESS	<ul style="list-style-type: none">• Referral form, available from PBO Barrie, must be submitted by treating Physician• PBO Barrie contacts amputee to schedule clinic appointment 1 – 3 weeks following referral

OWEN SOUND AMPUTEE CLINIC	
WHEN	Once every three weeks on Tuesdays from 10:30 am – 12:00 pm
WHERE	Grey Bruce Health Services, Owen Sound Site, Outpatient Physiotherapy Gym 1800 8th Street East, Owen Sound
REFERRAL PROCESS	<ul style="list-style-type: none">• Referral forms must be sent from Surgeon or family Physician to Dr. Brian O'Doherty and Dr. Ben Meikle (Fax: 519-371-4853)• Once referral is received, PBO Owen Sound will contact client with an appointment time.

PATIENT CARE

AMPUTEE CLINICS *continued*

TORONTO AMPUTEE CLINIC	
WHEN	Monthly
WHERE	Alternating Toronto West and Toronto East
REFERRAL PROCESS	<ul style="list-style-type: none">Referral form, available from PBO Toronto, must be submitted by treating PhysicianPBO Toronto contacts amputee to schedule Amputee Clinic appointment 1 – 3 weeks following referral

CREDIT VALLEY HOSPITAL AMPUTEE CLINIC	
WHEN	By Appointment Only
WHERE	Credit Valley Hospital
REFERRAL PROCESS	In Patient Only

GUELPH AMPUTEE CLINIC	
WHEN	By Appointment Only
WHERE	St. Joseph's Health Centre, 100 Westmount Rd, Guelph
REFERRAL PROCESS	In Patient Only

PATIENT CARE

WARRANTY

At PBO Group, we are committed to ensuring that all client devices and supports are of the highest quality materials, well fit and built to last. We believe in our products and offer the following warranties from the date of final fit.

CUSTOM-MADE DEVICES

Assuming normal usage, all custom-made devices are warrantied against defects for 6 months. Fit and function for these devices is warrantied for three months after final fit, with the exception of cases of significant changes in weight.

CUSTOM-MADE PAEDIATRIC DEVICES

Assuming normal usage, paediatric devices are warrantied against defects for two months. Fit and function for these devices is warrantied for one month.

SOFT SUPPORTS, PRE-MADE DEVICES, SHOES, COSMETIC ELEMENTS AND CONSUMABLES

These items are solely covered by the warranty provided by the original manufacturer.

MANUFACTURER WARRANTIES

PBO Group also supports manufacturer's warranties to componentry. The client is responsible for the cost of shipping and/or related labour.

Please note that the Ministry of Health (ADP) does not contribute to the costs of repairs under any circumstance.

LET'S WORK TOGETHER

To maximize the success and longevity of your device, please notify us immediately of any problems, visit us annually for maintenance and never attempt to modify a device yourself.

SHOE FITTING TIPS

Poor-fitting shoes can lead to foot pain, corns, calluses, hammertoes, bunions and other foot problems. Follow these simple tips to help ensure a proper fit.

- Buy shoes at the end of the day when feet are at their largest.
- Measure both feet and fit the shoe to your larger foot.
- There should be a thumb width between your longest toe and the end of the shoe. Note that your big toe may not be your longest toe.
- Remove the insole from the shoe and stand on it. Your foot should not overlap the insole.
- Do not expect shoes to stretch.
- There should be enough room in the shoe for your toes to wiggle.
- Try on shoes with the socks that you will most often wear.
- The shoes should initially be comfortable with minimal slipping at the heel.
- If you are fitting the shoe with a foot orthotic, ensure that the shoe has a removable insole. Remember that the foot orthotic will take up a little more room than the original insole.
- Shoe sizes vary by manufacturer, so select your shoes by fit, not size.

If you suffer from the loss of feeling in your feet, take extra care. The shoe may seem like it fits when in fact it is too tight. This can cause calluses or blisters and lead to dangerous infections.

ALWAYS REMEMBER ...

IF THE SHOE DOESN'T FIT, DON'T BUY IT!

WHAT TO EXPECT FOLLOWING AN AMPUTATION

REFERRAL AND ASSESSMENT

- In order for a client's readiness for a prosthesis to be determined, a physician referral must be made to the Amputee Clinic Care Team.
- Once it is determined that the patient is ready, an Initial Assessment is booked with one of our Certified Prosthetists, who will review physical requirements and lifestyle needs and design the most appropriate training prosthesis.

TRAINING PROSTHESIS AND TEST SOCKET

- A mould of the residual limb is made and measurements are taken that will aid in the manufacture of the training prosthesis. The training prosthesis is a device that allows for extensive gait training and can accommodate rapid and extensive changes to the residual limb while the wound is healing. A test socket made of clear plastic is manufactured using the mould.
- A test fitting appointment is scheduled approximately one week later. During this appointment the test socket is reviewed for comfort and function and any necessary adjustments are made. The training prosthesis is then made using the test socket as a template.
- A final fitting appointment is scheduled for one week later. During this appointment the training prosthesis is reviewed for comfort and function. Any necessary adjustments are made and the device is dispensed.
- The training device is then used in a rehabilitation setting and further adjustments are made as required. The training prosthesis will begin to be used in daily life. During this time the Amputee Clinic Care Team follows the client's progress and once it is determined that use of the training prosthesis has been mastered and all accommodations have been completed, it is time to be fit for a definitive prosthesis. This training period lasts approximately three to nine months.

WHAT TO EXPECT FOLLOWING AN AMPUTATION

continued

DEFINITIVE PROSTHESIS

- Once the Amputee Clinic Care Team has determined the client is ready for a definitive prosthesis, an appointment is made with the Prosthetist, who will review physical requirements and lifestyle needs to design the most appropriate device. A plaster mould of the residual limb is made and measurements are taken for the manufacture of the definitive prosthesis. A test prosthesis is made to assess comfort and function. More than one test fitting appointment may be necessary.
- Once the best fit possible has been attained with the test device, the definitive prosthesis is fabricated and a fitting appointment is scheduled for approximately one week later.
- The definitive prosthesis is fit and any necessary adjustments are made. A follow-up appointment is scheduled with the Prosthetist after two to four weeks of daily use and any necessary adjustments are made at this time.
- Cosmetic finishing of the prosthesis is completed once all final adjustments are made.

ONGOING CARE

- Follow-up appointments with the Amputee Clinic Care Team are scheduled for three months and twelve months later.
- When the initial definitive prosthesis wears out or needs to be replaced due to a size change in the residual limb, the Amputee Clinic Care Team will recommend a replacement definitive prosthesis.

DAILY SKIN CARE OF YOUR RESIDUAL LIMB

WASHING THE RESIDUAL LIMB

- Wash your residual limb nightly with mild soap and lukewarm water.
- Rinse thoroughly with clean water to avoid skin irritation.
- Avoid soaking the residual limb for long periods of time. This may soften the skin and cause swelling.
- To dry the skin, pat gently with a soft towel. Avoid brisk rubbing as this can irritate the skin.

MASSAGING THE RESIDUAL LIMB

- Gently massage and touch the residual limb several times a day to help decrease sensitivity and increase pressure tolerance.
- Once sutures have been removed and the scar has healed, gently massage the scar with unscented, hypoallergenic skin cream.
- Use two fingertips to massage the scar, placing one fingertip below the suture line and the other above the suture line. Keep fingertips in place on your skin while the skin/scar over the underlying tissue is moved.
 - Start by moving fingertips together, perpendicular to the scar.
 - Next, move fingertips together, parallel to the scar.
 - Finally, move fingertips together in a circle around the scar.

INSPECTING THE SKIN ON THE RESIDUAL LIMB

- Inspect the skin of your residual limb nightly with a mirror, looking for skin abrasions, blisters or red marks.
- Inspect the back of the limb for skin creases and any bony lumps.

THINGS TO AVOID

- Do not shave the residual limb as it can irritate the skin and may cause a rash.
- Do not apply additional lotions, creams or moisturizers to the skin, as this may soften the skin and encourage bacteria growth.
- Do not apply hot or cold wraps or compresses to the residual limb.

SHAPING YOUR LOWER BODY RESIDUAL LIMB

Your residual limb is either wrapped with an elastic bandage or fitted with a shrinker sock or rigid dressing to shape it for optimal prosthetic fit. The ideal outcome is a firm, cylindrical residual limb. Except during daily skincare and bathing, this dressing should be worn at all times.

WRAPPING YOUR RESIDUAL LOWER LIMB WITH AN ELASTIC BANDAGE

- Wrap the residual limb with your knee straight using one or two 4-inch elastic bandages sewn together, depending on the length of the residual limb.
- Ensure bandages are thoroughly dry and rolled before you begin.
- Use diagonal turns as you wrap the limb, as horizontal or circular turns can constrict circulation.
- The bandages should overlap $\frac{1}{2}$ inch (1/3 cm).
- Avoid creasing of the bandage.
- To cover the end of the limb, wrap using diagonal turns, covering the inside corners first, and then the outside corners. Avoid circling the end of the limb in one turn, as this can cause skin creases in the scar.
- All skin should be covered with at least two layers of bandage.
- Continue making diagonal turns, exerting firm pressure over the end of the residual limb.
- Reduce bandage pressure as you wrap higher toward the thigh to encourage a cylindrical-shaped residual limb.
- Extend the wrap above the knee at least one turn for firm anchoring of the bandage.
- Return to below the knee. If there is bandage remaining, finish the bandage with diagonal turns over the end of the stump.
- Anchor the bandage with tape, not safety pins or clips.
- **If you feel a throbbing sensation or pain in the residual limb after bandaging, remove the bandage immediately and rewrap the residual limb.**
- Rewrap your residual limb every 3 – 4 hours, after exercise or if the bandage slips or bunches.

SHAPING YOUR LOWER BODY RESIDUAL LIMB

continued

SHAPING YOUR RESIDUAL LIMB WITH A SHRINKER SOCK

- The shrinker sock should fit snugly and smoothly and without wrinkling.
- If a throbbing sensation or pain occurs, remove the shrinker sock and consult with your prosthetist.
- As the residual limb shrinks, the shrinker sock will become too large and will tend to fall down. At this point, consult with your prosthetist to obtain a progressively smaller sock.

CARE OF ELASTIC BANDAGES AND SHRINKER SOCKS

- Clean elastic bandages and shrinker socks will help reduce the risk of skin problems.
- Never use the same bandage or sock for more than 48 hours.
- Hand wash elastic bandages and shrinker socks with mild soap and lukewarm water. Rinse thoroughly with clean water.
- Do not wring out bandages or socks, instead, pat or roll dry with a towel, and then lay them on a flat surface to dry thoroughly.
- To protect the elastic, do not use a dryer, hang to dry or place in direct heat or sunlight.

RECOMMENDED BODY POSITIONS DURING RESIDUAL LOWER LIMB SHAPING PERIOD

It is important to maintain and, ideally, increase, muscle strength and flexibility during the residual limb shaping period. Work directly with your physiotherapist to determine which of these exercises are right for you and how often you should be doing them.

REMEMBER:

- Breathe while contracting your muscles – don't hold your breath!
- Wear your elastic bandage, shrinker sock or removable dressing while exercising and rewrap or adjust after exercise.
- Perform exercises on a firm surface, like a bed or exercise mat.

EXERCISE #1: HIP FLEXOR STRETCH

- Lie flat on your back and bring both legs in toward your chest, bending at the knees.
- Hold your thighs tightly against your chest with your hands.
- Lower your residual limb toward the surface, straightening your knee. Do not allow the knee to roll outward. You should feel a gentle stretch over the front of your residual limb.
- Hold the stretch while breathing normally for 30 seconds.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

EXERCISE #2: HIP FLEXION

- Lie flat on your back with your knees straight.
- Bring your residual limb toward your chest, bending the knee.
- Lower your residual limb toward the surface, straightening the knee.
- Relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

RECOMMENDED EXERCISES DURING LOWER BODY RESIDUAL LIMB SHAPING PERIOD

continued

#3: STRAIGHT LEG RAISE

- Lie flat on your back with your sound knee bent and your foot flat on the bed or mat.
- Lift your residual limb toward the ceiling – keeping your knee straight. Do not raise this limb higher than your sound thigh.
- Hold for five seconds, remembering to breathe.
- Slowly lower your leg and relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

EXERCISE #4: HIP EXTENSION

- Lie flat on your back with both legs straight.
- Place a small towel roll under the end of your residual limb.
- Press down into the towel, lifting your buttocks slightly off the bed or mat. Do not arch your back.
- Hold for five seconds, remembering to breathe.
- Relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

EXERCISE #5: ISOMETRIC ABDUCTION-ADDUCTION

- Lie flat on your back with both legs straight.
- Place a small towel roll about 3-4 inches thick between your thighs.
- Tie your legs together with a strap or belt at least 2 inches wide above your knees.
- Push your legs apart. Hold for five seconds. Remember to breathe.
- Draw your legs inward. Squeeze the towel with both legs. Hold for five seconds. Remember to breathe.
- Relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

RECOMMENDED EXERCISES DURING LOWER BODY RESIDUAL LIMB SHAPING PERIOD

continued

EXERCISE #6: HIP ABDUCTION – ADDUCTION

- Lie flat on your back with both legs straight.
- Place a towel roll about 3 – 4 inches thick between your thighs.
- Keep your kneecaps facing the ceiling at all times.
- Move your residual limb out to the side as far as possible.
- Bring your legs together, squeezing the towel roll.
- Hold for five seconds. Remember to breathe.
- Relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

EXERCISE #7: QUADRICEPS SETTING

- Lie flat on your back with both knees straight.
- Tighten your thigh muscle on the amputated side by flattening your knee against the mat or bed. The kneecap will move slightly upward.
- Hold for five seconds. Remember to breathe.
- Relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

EXERCISE #8: GLUTEAL SETTING

- Lie on your stomach with both knees straight.
- Squeeze your buttocks tightly together.
- Hold for five seconds. Remember to breathe.
- Relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

EXERCISE #9: HIP EXTENSION WITH KNEE FLEX

- Lie on your stomach with both knees straight and your legs close together.
- Bend your knee on the amputated side 90 degrees.
- Lift your thigh toward the ceiling. Do not excessively rotate your pelvis.
- Hold for five seconds. Remember to breathe.
- Relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

RECOMMENDED EXERCISES DURING LOWER BODY RESIDUAL LIMB SHAPING PERIOD

continued

EXERCISE #10: HIP EXTENSION WITH KNEE EXTENSION

- Lie on your stomach with both knees straight and legs close together.
- Lift your residual limb toward the ceiling, while keeping your knee straight.
- Keep your hips flat on the surface.
- Hold for five seconds. Remember to breathe.
- Relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

EXERCISE #11: KNEE FLEXION

- Lie on your stomach with knees straight and legs close together.
- Bend your knee on the amputated side, keeping your hips flat on the mat or bed.
- Hold for five seconds. Remember to breathe.
- Relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

EXERCISE #12: HIP ABDUCTION

- Lie on your sound side.
- Lift your residual limb about 12 inches toward the ceiling. Keep your kneecap facing straight ahead. Keep your leg in line with your body.
- Hold for five seconds. Remember to breathe.
- Do not allow your hips to roll forward or backward.
- Lower your leg and relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

EXERCISE #13: KNEE EXTENSION

- Sit erect on a firm surface, like a chair.
- Straighten your knee on the amputated side.
- Hold for five seconds. Remember to breathe.
- Lower your leg and relax.

Therapist to complete: Repeat this exercise ____ times, ____ times each day.

WALKING

- Try to be as active as possible to help maintain strength and endurance.
- Keep your elastic bandages, shrinker sock or removable dressing on while walking without your prosthesis.
- If using a walker: Inspect it for safety, checking for signs of wear. All of the walker's legs should be the same height.
- If using crutches: Inspect them for safety, checking for signs of wear. The handles should be tight and there should be no loose screws.
- Keep your residual limb close to the sound leg and pointed toward the floor.
- Do not rest your residual limb on the sides of the walker or the crutch handles.

CONDITIONS

PERIPHERAL NEUROPATHY

WHAT IS PERIPHERAL NEUROPATHY?

Peripheral Neuropathy is a condition that occurs as a result of damage to the peripheral nervous system. This damage distorts and/or interrupts signals between the brain and the rest of the body, most commonly in the extremities.

WHAT ARE THE SYMPTOMS OF PERIPHERAL NEUROPATHY?

SYMPTOMS OF PERIPHERAL NEUROPATHY CAN INCLUDE:

- Numbness, tingling and prickling sensations
- Sensitivity to touch
- Muscle weakness
- Lack of sensation or pain

IN MORE EXTREME CASES SYMPTOMS CAN INCLUDE:

- Burning pain
- Muscle wasting
- Paralysis
- Organ and gland dysfunction

HOW IS PERIPHERAL NEUROPATHY TREATED?

Treatment for Peripheral Neuropathy can include:

- Bracing and supports to help reduce the pain, minimize the impact of physical disability and protect insensate body parts by:
 - Compensating for muscle weakness
 - Alleviating nerve compression
 - Cushioning insensate areas
 - Supporting unstable joints

FUNDING

OVERVIEW

PBO Group works closely with our clients to assess their needs and support them in exploring all available funding opportunities.

PBO GROUP HAS BILLING PRIVILEGES WITH THE FOLLOWING FUNDING SOURCES:

- Assistive Devices Program (ADP)
- Workers Safety Insurance Board (WSIB)
- Department of Veterans Affairs (DVA)
- Non Insured Health Benefits For First Nations and Inuit (NIHB)
- Ontario Disability Support Program (ODSP)
- Ontario Works (OW)
- Assistance for Children with Severe Disabilities (ACSD)
- War Amps of Canada
- Champs Program
- March of Dimes
- Easter Seals
- Private Health Insurance Plans

If you have any questions about accessing additional funding for your devices, the PBO team is here to help you.

FUNDING

ASSISTIVE DEVICES PROGRAM (ADP) FUNDING

WHO QUALIFIES FOR ASSISTIVE DEVICES PROGRAM (ADP) FUNDING?

Any permanent resident of Ontario with a valid health card and a long-term physical disability that requires an aid for six months or longer can apply for Assistive Devices Program (ADP) Funding.

WHICH AIDS QUALIFY FOR ASSISTIVE DEVICES PROGRAM (ADP) FUNDING?

- Braces
- Prosthetic limbs
- Lymphedema compression garments

HOW MUCH FUNDING WILL ADP CONTRIBUTE TOWARD MY DEVICE?

ADP will pay up to 75% of the approved price. You or your supplementary health insurance company will be charged for the remaining 25%, as well as any additional components or procedures not covered by ADP. In some cases, other government or charitable funding may be available. If you receive social assistance benefits from OW, ODSP or ACSD, ADP may pay up to 100% of the approved price.

HOW DO I APPLY FOR ADP FUNDING?

The first step is to consult with an approved ADP authorizer or provider, like any of our PBO Group locations and complete the appropriate application form.

For additional information on the ADP program, contact the PBO Group or:

Ministry of Health and Long-term Care

Tel. 1.800.268.6021

www.health.gov.on.ca

WEAR & CARE

PROSTHETICS

New prosthetics should be broken in gradually to limit discomfort and skin irritation and increase the success of your prosthesis.

FOLLOW THESE TIPS FOR A BETTER BREAK-IN EXPERIENCE:

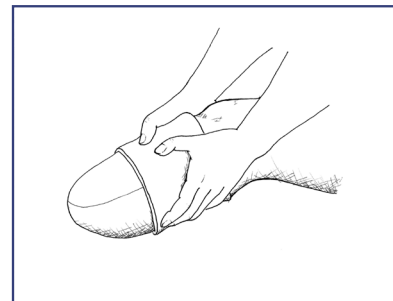
- Begin wearing your prosthesis for 30 minutes in the morning and 30 minutes in the afternoon. Check for skin irritation after each use.
- Continue to increase each break-in period by 15 minutes (as tolerated) until you can consistently wear the device.
- Minor problems can be addressed at your recheck appointment, but if you experience significant pain, blistering or red areas which do not diminish before your next use, STOP wearing the prosthesis and contact us for an appointment.
- Wear your prosthesis with clean, dry socks and sheaths. Change them as often as necessary, but at least daily.
- Always wear your prosthesis with shoes of equivalent heel height.
- Clean your device daily with mild soap and water.
- Check your device daily for cracks, noises or loose attachments and notify us immediately if any are detected.
- If you have a previous prosthesis, it's a good idea to maintain it for back-up purposes.
- Visit us at least annually for biomechanical and device checkups.

PROSTHETIC LINERS

Ongoing care of your prosthetic liner is important.
Follow these tips to maintain your prosthetic liner:

FOLLOW THESE TIPS FOR A BETTER WEARING EXPERIENCE:

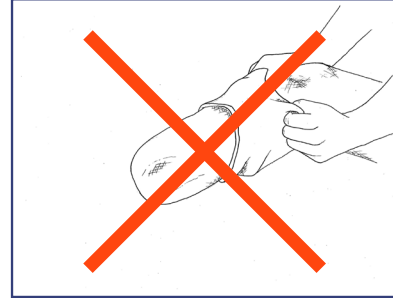
- Inspect liner daily
 - Visually inspect the inside and outside of the liner for any damage or wear and tear.
 - Inform your Prosthetist of any damage
 - If your liner has a pin, ensure it remains snugly threaded into the liner. Inform your Prosthetist immediately if it is not.
- Putting on your liner
 - Before putting on your liner, make sure that your limb is clean, dry and free of soap residue. Cover open wounds and non-intact skin with a gauze patch. Do not apply any type of lotion or powder to the residual limb or to the liner. These products could damage the liner.
 - Invert the liner so that the logo is on the inside. Place the end of the liner against the end of your limb. If using a Locking Liner, center the pin attachment on the bottom of your limb.
- Carefully roll the liner up onto your limb.



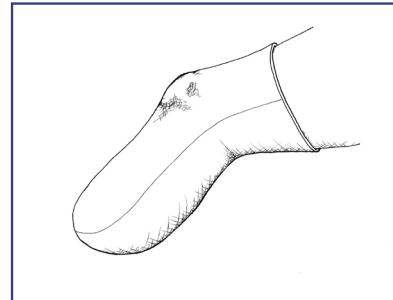
WEAR & CARE

PROSTHETIC LINERS *continued*

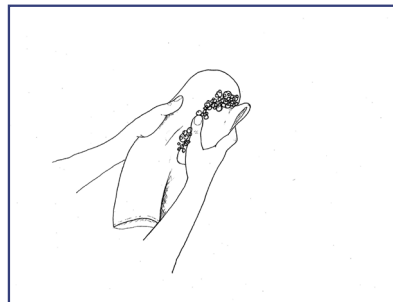
- DO NOT PULL the liner onto the limb. Pulling the liner may stretch the skin and result in an uncomfortable fit.



- Make sure that there are no wrinkles or air pockets between the liner and the limb.



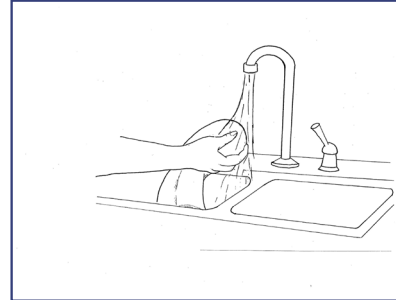
- Daily cleaning of liner
 - Good hygiene is very important when using the liner. The liner must be thoroughly cleaned at the end of each day of wear and disinfected once each week. Having two liners is recommended so that you can wear one while cleaning and drying the other.
 - Thoroughly clean the side of the liner without the logo. Use lukewarm tap water and a body soap that does not irritate your skin. Apply the soap with a clean, soft cloth or sponge. Do not scrub the liner. Scrubbing can roughen the surface of the liner, which can then irritate the skin.



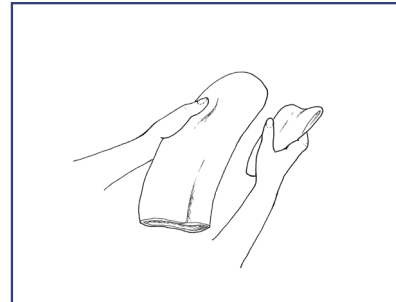
WEAR & CARE

PROSTHETIC LINERS *continued*

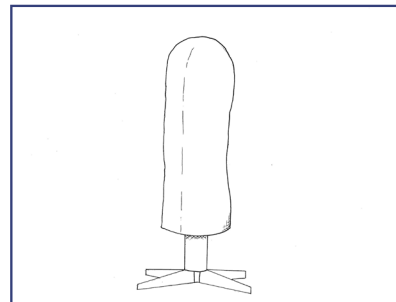
- Rinse all the soap residue from the liner with water.



- Dry the liner with a clean, lint-free cloth.



- Place the liner on the Drying Stand so that the side with the logo in on the outside.



- Clean your limb with soap and rinse well.

WEAR & CARE

PROSTHETIC LINERS *continued*

- Weekly disinfecting of liner
 - Place a small amount of ethyl or isopropyl alcohol on a soft, clean cloth. Lightly wipe the side of the liner without the logo for two minutes.
 - Rinse the alcohol from the liner with water.
 - Place the liner on the Drying Stand so that the side with the logo is on the outside.
 - DO NOT soak the liner in the ethyl or isopropyl alcohol. Soaking the liner in alcohol will stiffen the liner.
- Storing the liner
 - When the liner is not being worn, it should be stored logo side out in a cool, dry place. If the liner will not be used for a long time, cover the dry liner with a clean plastic bag.
- Perspiration
 - Some activities could cause you to sweat heavily. If this happens, occasionally dry off the liner and the limb. This helps to keep the liner from slipping on the limb.

PROSTHETIC SOCKS

Prosthetic socks are integral to the comfort of your prosthesis. They provide cushioning, protect the skin from forces of pressure and friction, absorb perspiration and allow ventilation.

As a result of factors like edema, atrophy, fluid reduction and weight changes, there may be changes in the size of your residual limb that can impact the fit of your prosthesis. Varying the material and ply of socks worn can allow you to adjust to changes in the size of your residual limb and maintain a more comfortable fit.

PROSTHETIC SOCK MATERIAL OPTIONS:

- Wool
- Cotton
- Synthetic

PROSTHETIC SOCK THICKNESS OPTIONS:

THICK 5 ply
↓
3 ply
↓
2 ply
↓
THIN 1 ply

Nylon sheaths are a thin, hose-like sock that provide a moisture barrier and control friction between the skin, the socks and the socket. Sheaths are worn in combination with thicker socks and always directly against the skin.

Both prosthetic socks and sheaths should be washed daily, following the manufacturer's recommendations. Generally, a cold water, gentle cycle in the washing machine and hanging to dry is recommended. Proper washing prevents bacteria buildup that can result in skin breakdown and rashes.