OTTO BOCK HEALTHCARE CANADA
CUSTOM SILICONE SERVICES

HANDS • FEET • LINERS • MYOELECTRICS • ORTHOTICS
MISSION STATEMENT

Through our global organization, to provide high-quality, innovative, technologically superior products, services and education to enhance the physical comfort, confidence, independence and mobility of human beings.

“...to be of service, quickly and effectively, with the most practical and modern products and services in the entire field of technical orthopedics.” – Otto Bock, 1919
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CUSTOM SILICONE SERVICES

Otto Bock has nearly a century of experience in prosthetics. Our Custom Silicone Services team can provide your client with a prosthesis that has superior quality, function, aesthetics and durability.

Every product we create is as unique as the person wearing it. Our attention to detail and the creativity we bring shows in every finished product.

Our handcrafted products are just what you ordered. We are available to help you determine the best solution for hands, feet, liners, myoelectrics and orthotic devices, ensuring that comfort goes hand in hand with style. Whether your client needs special details like freckles, veins or hair, we will work with you to find the best possible outcome.

Best of all, our one-year warranty ensures that you are getting a product that is as durable as it is functional.

Call 800.665.3327 ext. 4842 and speak to our Custom Silicone Services technicians for more information and next steps.
OUR FOCUS IS ON YOU

Otto Bock HealthCare Canada brings the properties of the silicone to a new level.

GENERAL SILICONE FACTS

MEDICAL GRADE SILICONE

Our medical grade silicone is made in 3 different shores; 65, 35, 20 shore (the lower the shore, the more flexible the silicone). You can create a unique design for your client by using multiple or a blend of shores in the same device.

DURABLE

The material is firm, resistant against tear, UV light and heat.

FLEXIBLE

Its elastic properties provide effective pressure on the skin, allow easy donning and doffing of the device and contours well to the residual limb.

COMFORTABLE

Suspension and comfort are the main objectives when using silicone.

HYGIENIC

Easy maintenance; can be washed daily with mild soap and boiled once a month to remove bacteria and oil residue produced by the skin.
CUSTOM SILICONE – HAND PROSTHESES

Art and technology come together to offer you the next generation in custom-made aesthetic and functional hands and fingers.

FEATURES AND BENEFITS

Restores Functionality:
• Improves the gripping function of the affected side
• Improves the ability to control elements in everyday life
• Allows for passive actions such as holding light objects
• Allows for active actions such as producing an opposing force when lifting heavier objects involving the use of both hands
• Structurally permitting, wires can be inserted into fingers to allow slight positioning and movement of fingers
• Protects sensitive or painful residuum from impact

Aesthetic features include:
• Low profile
• Available in custom shapes and colours
• Acrylic nails (acetone-free nail polish remover must be used)

CUSTOM SILICONE CHECKLIST – HAND PROSTHESES

— For Clinical Use Only —

PLEASE MAKE SURE TO INCLUDE THE FOLLOWING:

☐ Detailed alginate cast of sound side poured with dental plaster in a relaxed natural position with space between fingers
☐ Alginate cast of affected side – past styloid process
☐ If a glove is to be fabricated over the prosthesis, the definitive prosthesis must be sent with an inner hand that is one size smaller
  • Measurement of sound side from Olecranon to Thumb tip with reference on prosthesis
☐ Completed order form on page 20

COLOUR MATCHING:

Option 1
In house colour matching
Client will visit Otto Bock in Burlington, Canada (near Toronto). Colour matching will be performed by our technicians when the client visits.

Option 2
Colour matching via photographs
Please include the following:

☐ Digital photographs of dorsal and palmer aspects of both sound and affected sides that reflect actual colouring of client on a grey background (refer to instructions on taking pictures)
☐ Close-up photographs of nails (refer to instructions on taking pictures on page 17)

Colour swatches will be sent along with the trial device. The trial device should be worn for at least two weeks to check for size, suspension, trim lines and alignment then returned to Otto Bock. Any changes should be documented along with pictures comparing client’s colouring to the swatches.

Thank you for ordering our custom silicone product. Remember that any missing information will delay the delivery of your order. For information please contact 800.665.3327 x4842
FAQ’S

HAND PROSTHESSES

Q: Is there a trial device to ensure fit?
A: Yes, to ensure the desired outcome is achieved, a trial device is fabricated and worn for a period of two weeks on a daily basis. Any necessary changes will be made during this phase to ensure that the needs and expectations of you and your clients are met. The final product is then crafted.

Q: Will the prosthesis match skin colour exactly?
A: Every attempt is made to match the client’s skin colour as closely as possible. However, it is very helpful to understand that human skin is ever changing. It is greatly influenced by environmental effects such as sunlight. Skin tone naturally changes with mood, diet, emotional state and lighting. The silicone material used is not living, therefore, it will not change with natural skin colour fluctuations.

Q: How long will the hand/finger prosthesis last?
A: Otto Bock silicone has a very specific molecular structure that makes our silicone very durable. The life time of the prosthesis will vary greatly depending on the activity level of the client. The pigment colour is intrinsic, so you don’t have to worry about colour fading or wearing off. They are all under warranty for one year under normal usage against manufacturer defects.

Q: How to don and doff the prosthesis? How does it stay on?
A: Apply water based cream (we recommend Otto Bock ProComfort Gel 633S2) to the residuum before donning. Suction suspension will keep the prosthesis on. To remove, introduce air to the prosthesis by pinching the edge. Avoid any creams with petroleum. For more information please refer to the Care and Cleaning instructions on page 18.

Q: Can the fingers be positioned?
A: Yes, wires in the fingers are standard, depending on the length of the residual limb. The fingers can be manually extended or flexed in different positions to a certain extent.

Q: Are there special cleaning instructions?
A: For daily cleaning, the prosthesis can be cleaned with mild soap and water. For further details, please refer to Care and Cleaning Instructions on page 18.

Q: Can details like hair, freckles and veins be added?
A: Yes, these can all be incorporated into the prosthesis. The hair will be embedded in the silicone for enhanced aesthetics and durability.

Q: Can nail polish be applied to the nail?
A: Yes, it can! They are acrylic nails and can be painted. However, only a non-acetone polish remover can be used.
CUSTOM SILICONE – FOOT PROSTHESES

Otto Bock has applied silicone technology and years of experience as the leader in the production of functional and aesthetic feet.

FEATURES AND BENEFITS

Restores Functionality:
- Retains normal ankle motion while walking
- Increases stability due to larger contact surface
- Improves propulsion and stability during toe off
- Supports and aligns the foot
- Allows for comfortable and safe walking
- Prevents the aggressive flexion of the shoe
- Protects sensitive or painful residuum from impact

Aesthetic features include:
- Low profile
- Available in custom shapes and colours
- Silicone nails (acetone-free nail polish can be applied)

CUSTOM SILICONE CHECKLIST – FOOT PROSTHESES

— For Clinical Use Only —

PLEASE MAKE SURE TO INCLUDE THE FOLLOWING:

☐ Cast of affected side
  - Alignment and trim lines marked on the mould
☐ Detailed alginate cast of sound side poured with dental plaster (not required for SACH or 1D10 toes)
☐ Foot plate or tracing of sound side
☐ Heel height
☐ Shoe to be worn
☐ Completed order form on page 21

COLOUR MATCHING:

Option 1
In house colour matching
Client will visit Otto Bock in Burlington, Canada (near Toronto). Colour matching will be performed by our technicians when the client visits

Option 2
Colour matching via photographs
Please include the following:
  - Digital photographs of dorsal and plantar aspects of both sound and affected sides that reflect actual colouring of client on a grey background (refer to instructions on taking pictures)
  - Close-up photographs of nails (refer to instructions on taking pictures on page 17)

Colour swatches will be sent along with the trial device. The trial device should be worn for at least two weeks to check for size, suspension, trim lines and alignment then returned to Otto Bock. Any changes should be documented along with pictures comparing client’s colouring to the swatches.

Thank you for ordering our custom silicone product. Remember that any missing information will delay the delivery of your order. For information please contact 800.665.3327 x4842

One year warranty on manufacturing defects

OTTO BOCK HEALTHCARE CANADA
FAQ’S

FOOT PROSTHESES

Q: Are there different styles of feet available?
A: Yes, the options include:
  • No Toes (SACH)
  • 1D10 Toes
  • Custom Shape 1 Colour
  • Custom Shape and Custom Colour
  • Forefoot only
  • Toe with Fixation
  • Toe Prosthesis

Q: Should I modify the cast?
A: It is recommended that you send your negative cast of the client’s limb to the Custom Silicone Services to do the modifications. Over the years we have developed unique modification percentages used for our silicone prostheses which differ than standard modifications for a hard socket. Modifications are done at an hourly rate.

Q: How long will the foot prosthesis last?
A: Otto Bock silicone has a very specific molecular structure that makes our silicone very durable. The life time of the prosthesis will vary greatly depending on the activity level of the client. The pigment colour is intrinsic, so you don’t have to worry about colour fading or wearing off. The foot is under warranty for one year under normal usage against manufacturer defects.

Q: How to don and doff the foot?
A: Apply water based cream (we recommend Otto Bock ProComfort Gel 633S2) to the residuum before donning. A shoe horn should ALWAYS be used to aid in donning of a partial foot. Suction suspension will keep the prosthesis on. To remove, insert a shoe horn and slowly introduce air into the socket until the suction is released.

Q: Can nail polish be applied to the nail?
A: Yes, it can! They are silicone nails and can be painted. However, only a non-acetone based nail polish remover can be used.

Q: Will the nails damage my shoes?
A: The nails are made of 65 shore silicone which makes them extremely durable without damaging shoes.

Q: When wearing my prosthesis can I go barefoot?
A: To prolong the life of the prosthesis we recommend you wear shoes. However, when outdoors, shoes MUST be worn.

Q: Are there special cleaning instructions?
A: For daily cleaning, the foot should be cleaned with mild soap and water. For further details, refer to Care and Cleaning Instructions on page 18.
CUSTOM SILICONE – LINERS

If you have a client with skin breakdown problems, a uniquely shaped residual limb, or comfort and durability issues, Otto Bock has the answer.

FEATURES AND BENEFITS

Otto Bock Custom Silicone Liners use a proprietary silicone significantly more durable than the standard silicones used in the off-the-shelf liners, allowing us to vary both thickness and durometer anywhere you choose. It also lets us place softer gel pads right into the liner so you can target bony prominences or areas susceptible to breakdowns before they become a problem. To have us fabricate a Custom Silicone Liner please refer to the checklist below.

Additional features available include customized thickness, durometer, distal connection, side pins, anti-elongation material, gel pads, valve and custom colour. A lycra cover can be added to aid in donning if requested. The result is a custom liner designed to meet individual needs.

Otto Bock Custom Silicone liners offer:
- A completely customized fit
- High durability
- Cushioning wherever you need it
- Superior suspension
- Protection against skin irritation

CUSTOM SILICONE CHECKLIST – LINERS

— For Clinical Use Only —

PLEASE MAKE SURE TO INCLUDE THE FOLLOWING:

☐ Cast of affected side

Please mark the following on the cast:
- Client name/ID
- Left or right
- Circumferential measurements
- Trim lines of liner
- Alignment lines
- Electrode sites (for upper extremity liners)
- Gel pad borders and apex points
- Trim lines of fabric

☐ Completed order form on page 22

Can I make special requests? Yes! If you have any special requests or design features that you want incorporated, please call us at 800.665.3327 x4842 and we will do everything we can to help make your ideas a reality.

One year warranty on manufacturing defects
FAQ’S

LINERS

Q: Should the cast be modified?
A: It is recommended that you send the negative cast of the client’s limb to the Custom Silicone Services to do the modifications. Over the years we have developed unique modification percentages used for our silicone prostheses which differ than standard modifications for a hard socket. Modifications are done at an hourly rate.

Q: When would I use a Custom Silicone Liner?
A: A Custom Silicone liner is used to obtain total contact. It is ideal for those unique shapes that cannot be fit with conventional off-the-shelf liners. Perfect examples are congenital cases, severe scarring, invaginations and when durability of the off-the-shelf liner has been a problem.

Q: What special features are available on a Custom Silicone liner?
A: Colour, pattern or tattoos can be incorporated into the liner. If you have any special requests or special design features that you want incorporated into the liner, please call us at 800.665.3327 x4842 and we will do everything we can to help make your ideas a reality.

Q: When can the socket be made?
A: The socket can be fabricated only after the final liner is completed. A cast of the client wearing the final liner is required.

Q: Are there special cleaning instructions?
A: For daily cleaning the liner can be cleaned with mild soap and water. For further details, refer to Care and Cleaning Instructions on page 18.

Q: What type of connector can be added?
A: Otto Bock can incorporate an aluminum alloy distal connector that is compatible with 10mm thread pins. An adaptor can be added for ¼-20 threaded pins. If you have a unique attachment mechanism, send it with your cast, and we can check the compatibility with our silicone and incorporate it if possible.

Q: How thick should I make my liner?
A: The standard recommended thickness is 2mm. For the popliteal or cubital fold areas, a little thinner (1.5mm) is recommended to allow for ease and comfort during flexion.

Q: What is the difference between off-the-shelf and custom gel pads?
A: We offer off-the-shelf gels with 4mm apex. They are generally used for a fairly smooth surface. A custom gel pad is recommended for unique shapes and invaginations where you may specify the thickness and contours. If you are unsure, please mark location on the cast and confirm with a custom silicone technician.

Q: How to don and doff the liner?
A: Apply water based cream (we recommend Otto Bock ProComfort Gel 633S2) to the residuum before donning. The liner can then be pushed on and massaged to eliminate any air pockets. For a fleshier residuum, the liner can be completely inverted and rolled on. Suction suspension will keep the prosthesis on. To remove, slowly introduce air into the liner by pinching the edge until the suction is released.

Q: When should a fabric/Lycra cover be used and how far should it extend?
A: It should be used as a tool for clients with difficulty donning the liner into the socket. It is important to note that it is not used as part of the matrix and will inhibit the stretchability of the liner somewhat. For this reason, there should be no fabric in the popliteal or cubital fold areas. The trim lines for the fabric should be about half an inch below the proximal trim line of the liner.
There are three main styles for incorporating silicone to a myoelectric prosthesis:

1) Silicone Myoelectric Prosthesis
This device will be fabricated entirely using silicone which will house all the components required for a myoelectric device. Electrodes will be embedded directly into the silicone and channels will run from the electrodes to the switch block. Space will be created to accommodate other componentry including batteries and a charge port. A wrist unit will be anchored and embedded into the silicone. This low profile style provides flexibility, comfort and a softer feel to the user.

2) Hybrid (Silicone and Lamination) Myoelectric Prosthesis
Laminated struts are embedded into the silicone so the device maintains flexibility and control as well as provides extra support and comfort for the active user. Depending on the choice of componentry, the prosthesis may have one or two laminated frames.

3) Roll-on Silicone Liner
The Liner with cut-outs for electrodes will act as an interface between the residuum and the inner socket.

It is best to consult with our Custom Silicone team to determine which style your client can benefit from. To ensure the desired outcome is achieved, a trial device is recommended. A trial liner will be fabricated over the modified cast to demonstrate the flexibility and feel of the prosthesis. Electrodes and build-ups will be created where necessary. The build ups are made from Pastasil (85H11) which represent the battery and charge port placements along with any other componentry incorporated in the device. If the style of device requires lamination, an initial lamination will be made.

One year warranty on manufacturing defects (only when using all Otto Bock components)

CUSTOM SILICONE CHECKLIST – MYOELECTRIC PROSTHESSES

PLEASE MAKE SURE TO INCLUDE THE FOLLOWING:

☐ Cast of affected side

Please mark the following on the cast:

- Client Name/ID
- Left or Right
- Trim Lines
- Outline of the laminated frame (for hybrid style prosthesis)
- Electrode sites
- Include your measurement form

☐ Completed order form on page 23

It is crucial to know what components will be used for the device PRIOR to starting the process. To ensure all components are accounted for, please fill out the order form on page 23.

If you already have the electrodes and electrode cables, please send them along with the negative or positive mould so that we can incorporate them in the trial device.

CUSTOM SILICONE – MYOELECTRIC PROSTHESSES

Clients with an upper limb amputation can benefit from a Custom Silicone Myoelectric Prosthesis. Myoelectric users can gain comfort, suspension and an increased streamlined prosthesis using Custom Silicone.
FAQ’S

MYOELECTRIC PROSTHESIS

Q: How to cast the client and what landmarks should be identified?
A: Please refer to the casting instructions on page 16.

Q: Should the cast be modified?
A: It is recommended that you send the negative cast of the client’s limb to the Custom Silicone Services to do the modifications. Over the years we have developed unique modification percentages used for our silicone prostheses which differ than standard modifications for a hard socket. Modifications are charged at an hourly rate.

Q: What is the benefit of using Suction Electrodes?
A: Suction electrodes provide a complete seal around the electrode which eliminates any loss of suction. Another great benefit is that the seal prevents bacteria, dead skin cells and cream from collecting around the electrode.

Q: How to insert or remove the 13E202 suction electrodes?
A: If they are provided or ordered through Custom Silicone Services, we will assemble the suction electrodes into the device.

Q: When inserting the electrodes at your facility, please follow these instructions:
To insert electrodes:
1. Insert by tucking in one corner of the electrode into the allotted slot in the device.
2. Apply pressure and work the other sides of the electrode into place while lifting the seal all around the electrode.
3. Ensure that the housing of the electrode snaps into place while the seal is lying flat on the inside surface of the silicone.

To remove electrodes:
1. If the outside surface of the electrode is palpable, gently apply pressure and the electrode should pop out on the inside of the device.
2. If that is not an option, using a dull flat tool, you will need to lift the seal and carefully pry the electrode out of its slot. Care must be given to prevent from damaging the electrode.

Q: How to don and doff the prosthesis?
A: Since this device will have all the cables connecting the componentry, the client will be required to just push into the socket. We recommend applying a thin layer of a water based cream (Otto Bock ProComfort Gel 633S2) on the limb and pushing into the socket. If there is any build up of negative pressure, a valve can be installed at the distal end to expel the air. To remove the prosthesis, slightly pinch the edge of the silicone creating a channel to introduce air into the socket. Once air is introduced, the client should be able to pull the prosthesis off. If the client has a bulbous end, a zipper can be embedded for ease of donning and doffing.

Q: Are there special cleaning instructions?
A: Since this prosthesis will have electronic components embedded into it, immersing the device in any form of liquid is prohibited. Doing so will compromise the function of the electronics. For further details, refer to Care and Cleaning Instructions on page 19.

Thank you for ordering our custom silicone product. Remember that any missing information will delay the delivery of your order. For information please contact 800.665.3327 x4842
CUSTOM SILICONE – ORTHOTIC DEVICES

Every design is unique; custom made to meet the needs of your client.

You can create a unique design for your client by using multiple or a blend of shores in the same device. Varying the durometer and thickness of silicone will limit unwanted motion in desired areas, while maintaining flexibility where needed.

Custom Silicone Services offers:
- Ankle Foot Orthosis (AFO)
- Wrist Hand Orthosis (WHO)
- Thumb Orthosis (TO)
- Gloves for diverse syndromes such as spinal cord injury and Ehlers-Danlos Syndrome
- Protective liner for AFO
- Protective cushioning for bony prominences or invaginations

FEATURES AND BENEFITS

Restore Functionality:
- Support and immobilize affected area
- Offers flexibility when utilizing lower shores
- Protects affected area

Aesthetic Features Include:
- Low profile
- Available in custom shapes and colours
- Attractive design

Custom Silicone orthotic devices also have a wide range of use in the world of sports and are tailored for individual use.

CUSTOM SILICONE CHECKLIST – ORTHOTIC DEVICES

— For Clinical Use Only —

PLEASE MAKE SURE TO INCLUDE THE FOLLOWING:

☐ Cast of affected side

Please mark the following on the cast:
- Client Name/ID
- Left or Right
- Include your measurement form
- Trim Lines (proximal and distal) of the device
- Bony prominences
- Sensitive scars/invaginations

☐ Photographs of the client’s affected limb
  (instructions on page 17)

☐ Completed order form on page 24

In order to fully conceptualize the best orthoses for your client, it is vital to know the following:
- Location and degree of rigidity
- Desired design or pattern
- Closure method
- Colour

Can I make special requests? Yes! If you have any special requests or design features that you want incorporated, please call us at 800.665.3327 x4842 and we will do everything we can to help make your ideas a reality.

One year warranty on manufacturing defects
Q: How to cast for an orthosis?
A: Please refer to the casting instructions on page 16.

Q: How to interface a silicone liner with an AFO?
A: If incorporating the silicone liner with a thermoplastic AFO, ensure that the cast for the silicone liner is reflective of the final position required. The liner must be completed prior to fabricating the AFO to obtain an intimate fit. It is possible to thermo-mould over a liner. Please contact Otto Bock for best practices if pursuing this route.

Q: Can a silicone orthosis be used as a direct replacement for a thermoplastic device?
A: Silicone is designed to protect or control motion but cannot stop motion as aggressively as plastic or metal. It is intended to be used for mild instabilities or muscle weaknesses.

Q: Why use silicone in orthotics?
A: Unlike thermoplastic, silicone creates a soft interface between the client and their device thereby eliminating many of the issues found when using more rigid materials i.e. edge pressure(s), bony prominences, pistoning, friction, etc. Silicone provides circumferential support to an extremity while still allowing for some degree of motion and is easily donned and doffed.

Q: Can clients wear their liners without their AFO when at home?
A: The liners are not to be worn without the AFO unless otherwise agreed upon by you during the trial phase.

Q: Is there a trial orthotic device?
A: Yes, to ensure the desired outcome is achieved, a trial orthotic device is recommended and worn for a period of two weeks on a daily basis. This will allow us to determine that the correct total contact surface is attained and that the suspension and support is appropriate for your client. It will allow us to determine the client’s level of tolerance and the reaction of their skin to the silicone. Any necessary changes will be made during this phase to ensure that the needs and expectations of your clients are met. The final product is then crafted.

Q: When is my client not a candidate for a custom silicone orthosis?
A: The client is not a candidate when experiencing any of the following:
   • Significant volume fluctuations
   • Open ulceration
   • Unresolved skin irritation ex: eczema

Q: How long will the orthotic device last?
A: The life expectancy of the device depends on how it is used and maintained.

Q: Are there special cleaning instructions?
A: The orthotic device can be cleaned with mild soap and water. For further detail, refer to Care and Cleaning instructions on page 18.
CUSTOM SILICONE – PRODUCT ORDERING PROCESS

1 QUOTE STAGE
• Please have available quote requirements from page 15
• Contact Custom Silicone Services at 1.800.665.3327
• Valid for 60 days
• Review Custom Silicone Product Expectation Guide

2 TRIAL FABRICATION STAGE
• Send in cast and a trial device will be fabricated

3 TRIAL FITTING STAGE
• The trial device will be fitted for a 2-week period
• All changes MUST be noted at this point

4 FINAL FABRICATION STAGE
• Fabrication of the final device

5 DISPENSING STAGE
• Carefully review Care and Cleaning Instructions with client
INFORMATION REQUIRED WHEN REQUESTING A QUOTE

*Quote valid for 60 days

1. Facility name
2. Contact name
3. Phone number
4. Fax number
5. E-mail
6. Account #
7. Client name/ID
8. Pictures and descriptions

A sample can be provided upon request for a maximum of 2 weeks.
Upon receipt of all information a quote is issued within 2 business days.

Ensure to review the Custom Silicone Product Expectation Guide with your client (available online or contact your local sales representative).

Do you have questions?
For assistance or more information please contact Custom Silicone Services 800.665.3327 x4842
CASTING/FITTING MATERIAL

Plaster Bandage
Cellona Plaster Bandages
699G3

Fibreglass Bandage
Cellacast Xtra Rigid Bandages
699G30

Alginat
87A1

Impresil RTV silicone (casting and fitting)
Impresil Kit – 642V15=1
Includes: 1 dispenser, 5 cartridges and 20 static mixers

Refill Pack – 87A5
5 cartridges and 10 static mixers

Pastasil RTV silicone (fitting)
Small package – 85H11=1 (2x0.5 kg)

Big Package – 85H11=5 (2x2.5 kg)

CASTING INSTRUCTIONS

HANDS
- Natural position
- Indicate any sensitive areas or bony prominences
- Cast proximal to styloid process
- Alginat for the affected and sound side
- Impresil can be used for partial fingers

FEET
- Neutral alignment
- Semi-weight bearing
- Indicate any sensitive areas or bony prominences
- Alginat for the sound side
- Plaster or fiberglass bandage for the affected side
- If there are invaginations or scar tissue, use alginat

LINERS/MYELECTRIC PROSTHESES
- Slightly in flexion, around 10-15 degrees
- Cast 1” proximal to the desired trim line
- Indicate any sensitive areas, bony prominences, alignment and electrode sites
- Plaster or fiberglass bandage
- If there are invaginations, use Impresil or Pastasil in those areas

ORTHOTICS

Upper extremity
- Cast in a desired final position
- Suggestion – Impresil between fingers if incorporated in the device
- Plaster or fiberglass bandage

Lower extremity
- Semi-weight bearing
- Plaster or Fiberglass bandage

Do you have questions?
For assistance or more information please contact Custom Silicone Services 800.665.3327 x4842
CUSTOM SILICONE – INSTRUCTIONS FOR TAKING PICTURES

THE FOLLOWING PICTURES ARE REQUIRED:

HANDS (sound and affected sides):
- Dorsal
- Palmar
- Medial
- Lateral
- Close up of nails without nail polish

FEET (sound and affected sides):
- Dorsal
- Plantar
- Medial
- Lateral
- Close up of nails without nail polish

INSTRUCTIONS FOR TAKING PICTURES:
- NO FLASH
- Take pictures in indirect day light
- Use a grey background if possible
- Pictures should be focused, consistent in colour and light
- Place a reference colour swatch next to the sound side hand/foot if possible and send swatch along with casts
- JPEG format recommended

Pictures should reflect the natural skin colouring of the client. Colour and nail samples will be sent once satisfactory pictures are received.
CUSTOM SILICONE – CARE AND CLEANING INSTRUCTIONS

FOR HANDS, FEET, LINERS AND ORTHOTIC DEVICES

DAILY CLEANING:
• Silicone devices must be cleaned daily to avoid skin irritation and to prolong the life of the prosthesis
• Use only a mild soap such as regular dishwashing soap
• NO antibacterial soap should be used
• Using a soft bristled brush, thoroughly wash and rinse both the inside and outside of the prosthesis
• Let air dry or use a lint free towel

THOROUGH CLEANING:
• The product can be thoroughly cleaned once every month or immediately if the product has been in contact with a contaminant such as chlorine or petroleum based products
• To thoroughly clean, the product should be boiled with a few drops of soap in a pot with a face cloth between the pot and the silicone
• It should be kept in boiling water for 10-15 minutes

CLEANING OF STAINS:
• Avoid contact with permanent inks
• If a mark does occur, wash immediately with ONLY soap and water and a soft bristled brush

NAIL POLISH:
• Water based polish can be used on the acrylic nails
• When removing the polish, use only acetone free nail polish remover

GUIDE FOR PUTTING ON AND TAKING OFF THE PROSTHESIS:
• A small amount of Otto Bock Procomfort Gel (633S2) can be applied to the limb, this product has been tested on silicone. If using other creams, ensure they are water based creams and there is very little alcohol and no petroleum products (ex. Vaseline) present as they can cause permanent stretching and degradation of the silicone.
• Keep away from sharp objects and fingernails as these can cut/tear the silicone
• To remove the product, squeeze together or insert finger in order to let air enter. This will break the suction and the product should be able to be gently pulled off. Avoid using fingernails.

WARNING: Clothing dye may rub off and stain the silicone device, please ensure to colour-fast your clothing

Care and Cleaning Instructions for Myoelectrics can be found on page 19
MYOELECTRIC DEVICES

Due to the electronics embedded into this device, immersing it in any form of liquid is **PROHIBITED** as damage will occur.

**DAILY CLEANING:**

- A silicone device must be cleaned daily to avoid skin irritation and to prolong its life.
- Avoid using alcohol or acetone based cleaners such as antibacterial soaps.
- USE non-alcoholic wipes (ie. baby wipes) to clean the inside of the device.
- Avoid contact with water while the electronic components are attached.
- If surfaces get wet, use a lint free towel and dry immediately.

**OTHER IMPORTANT INFORMATION:**

- For easier donning, a small amount of Procomfort Gel can be applied to the limb. Procomfort Gel is a water-based Otto bock product that has been tested on silicone.
- Use water-based creams and lotions on your skin only. Avoid using oil-based products such as Vaseline. Such products can cause permanent stretching and affect the fit and durability of the device.
- Avoid contact with sharp objects (ie. fingernails) and abrasive surfaces.
- If repairs or changes are required, contact your clinician.
- Proper care and cleaning will extend the life of your custom silicone liner.
CUSTOM SILICONE – HAND PROSTHESIS ORDER FORM

--- For Clinical Use Only ---

Bill To:
Company Name:
Address:
City:
State/Prov:
Phone:
Fax:

US Tax ID # (for custom purposes):
Otto Bock Account Number:
Contact:
Email:
Date:

Ship To:
Company Name:
Address:
City:
State/Prov:
Phone:
Fax:

Purchase Order #:
Client Name/ID:
Affected Side: □ Left □ Right

NOTE:
• A standard TRAIL finger/hand will have a 35 shore silicone socket with Pastasil to complete the finger/hand.
  Use this stage to adjust the fit of the socket, length, shape and angle of the finger/hand.
• A standard FINAL finger/hand will include acrylic nails, wire armature (if space allows) and custom colours.

FINGER(S) – INDIVIDUAL SUSPENSION
– please select appropriate option (all options involve a trial stage 88A1=P* unless otherwise noted or requested)

☐ 88A1=D Thumb
☐ 88A1 One Finger
☐ 88A1=2 Two Fingers
☐ 88A1=3 Three Fingers
☐ 88A1=4 Four Fingers
☐ 88A1=5 Five Fingers

FINGER(S) – with FIXATION
– please select appropriate option (all options involve a trial stage 88A* unless otherwise noted or requested)

☐ 88A1=RF Finger(s) with Ring Fixation (1-2 fingers with a band on adjacent finger)
☐ 88A1=F Finger(s) with Hand Fixation (1-2 fingers)
☐ 88A2=D Thumb with Hand Fixation

HAND
– please select appropriate option (all options involve a trial stage 88A2=P unless otherwise noted or requested)

☐ 88A2 Hand (3-5 fingers)
☐ 88A10 Hand over Innerhand to Elbow (glove over a completed prosthesis)
  – Approval of the hand shape will be required prior to final fabrication

ADDITIONAL REQUESTS:
CUSTOM SILICONE – FOOT PROSTHESES ORDER FORM

— For Clinical Use Only —

Bill To:
Company Name: ____________________________
Address: __________________________________
City: ______________________________________
State/Prov: _____________________________
Phone: _____________________________
Fax: _______________________________

Ship To:
Company Name: ____________________________
Address: __________________________________
City: ______________________________________
State/Prov: _____________________________
Phone: _____________________________
Fax: _______________________________

US Tax ID # (for custom purposes):

Otto Bock Account Number: _______________________
Contact: ____________________________
Email: ____________________________
Date: ____________________________

NOTE:
• A standard TRIAL toe/foot will have a 35 shore silicone socket with Pastasil to complete the toe/foot. Use this stage to adjust the fit of the socket, length, shape and angle of the toes.
• A standard FINAL toe/foot will include silicone nails

TOE(S)
— please select appropriate option (all options involve a trial stage 88A41 unless otherwise noted or requested)

☐ 88A41 Toe
☐ 88A41=1 Toe with Fixation
☐ 88A41=3 Forefoot (prosthesis will encompass metatarsal heads)

FOOT
— please select appropriate option (all options involve a trial stage 88A30=2 unless otherwise noted or requested)

☐ 88A30=1 SACH (no toes)
☐ 88A31=1 1 Colour/Standard shape toes (1D10) – please specify colour below
☐ 88A31=1M 1 Colour/Custom shape toes – please specify colour below
☐ 88A32=1 Full Colour/Custom shape toes
☐ 88A20 Custom Cover over Transtibial Prosthesis
— Approval of the foot shape will be required prior to final fabrication

For additional options on the FINAL foot, please specify below:

Custom Gel Pad 88L3=IP Specify locations & thickness:
Off-the-Shelf Gel Pad 88L3=SP Specify locations (4.0 mm thickness at apex):
One Solid Colour OB Swatch #:
Zipper (metal zipper for donning) Specify location:

ADDITIONAL REQUESTS:
CUSTOM SILICONE – LINERS ORDER FORM

--- For Clinical Use Only ---

**Bill To:**
Company Name: 
Address: 
City: 
State/Prov: 
Phone: 
Fax: 

**Ship To:**
Company Name: 
Address: 
City: 
State/Prov: 
Phone: 
Fax: 

US Tax ID # (for custom purposes): 
Otto Bock Account Number: 
Contact: 
Email: 
Date: 

**NOTE:**
- A standard **TRIAL liner** is opaque 20 shore, 2.0 mm thick and has a pull loop on the distal end to test for suspension. Although it is not included in the cost of the final liner, it is recommended to proceed with a trial to ensure a proper fit.
- A standard **FINAL liner** is opaque 20 shore, 2.0 mm thick and includes either a distal connector or two side pins.

**LINERS** – please select appropriate option(s)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88L3=P</td>
<td>Trial Liner (please also select desired options for <strong>FINAL</strong> liner)</td>
</tr>
<tr>
<td>88L1=BA</td>
<td>Transradial</td>
</tr>
<tr>
<td>88L1=OA</td>
<td>Transhumeral</td>
</tr>
<tr>
<td>88L1=OB</td>
<td>Transtibial</td>
</tr>
<tr>
<td>88L1=BB</td>
<td>Transfemoral</td>
</tr>
<tr>
<td>88L2=HD</td>
<td>Hip Disarticulation – hybrid silicone/lamination socket with hip joint (no trial stage – a well fitting check socket is required to proceed with a final socket)</td>
</tr>
</tbody>
</table>

For additional options on the **FINAL** liner, please specify below:

- **Attachment Method** (mark on cast)
  - Universal Distal Connector
  - Side Pins
- **Custom Gel Pad 88L3=IP**
  - Specify locations & thickness:
- **Off-the-Shelf Gel Pad 88L3=SP**
  - Specify locations (4.0 mm thickness at apex):
- **One Solid Colour Added 88L3=C**
  - OB Swatch #:
  - Other – please specify:
- **Fabric Cover 88L3=L**
  - Fabric colour; (please refer to www.ottobock.ca for current fabric options)
- **Electrodes** (specify if using suction electrodes)
  - Cut outs
  - Embedded

**ADDITIONAL REQUESTS:**
# CUSTOM SILICONE – MYOELECTRIC PROSTHESSES ORDER FORM

--- For Clinical Use Only ---

## Bill To:
Company Name: 
Address: 
City: 
State/Prov: 
Phone: 
Fax: 
US Tax ID # (for custom purposes): 
Otto Bock Account Number: 
Contact: 
Email: 
Date: 

**NOTE:**  
- A standard **TRIAL liner** is opaque 20 shore and 2.0 mm thick. Electrodes and build ups, using Pastasil, will be created where necessary to represent the componentry incorporated in the device. If the device requires lamination, an initial lamination will be made. Although it is not included in the cost of the final liner, it is recommended to proceed with a trial to ensure a proper fit.

### MYOELECTRIC PROSTHESSES – please select appropriate option(s)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88L3=P</td>
<td>Trial Liner (please also select desired option(s) for <strong>FINAL</strong> liner)</td>
</tr>
<tr>
<td>88L1=SM</td>
<td>Silicone Socket – no laminated frame</td>
</tr>
<tr>
<td>88L1=HM</td>
<td>Hybrid Socket – silicone with embedded lamination frame</td>
</tr>
<tr>
<td>88L1=BA</td>
<td>Roll-On Liner Only – interface to a laminated socket</td>
</tr>
</tbody>
</table>

Please specify components & codes below:  
*please indicate if components need to be ordered by OB:

| Hand |  
|------|---|
| Wrist Unit |  
| Battery | Internal:  
| | External:  
| Battery Mounting Set |  
| Battery Charger |  
| Electrodes | 13E200 Standard:  
| | 13E202 Suction:  
| Electrode Cables |  
| PVC Glove |  
| Colour of Prosthesis | OB Swatch #:  
| | Other – please specify:  

### ADDITIONAL REQUESTS:

---

**Bill To:**
Company Name: 
Address: 
City: 
State/Prov: 
Phone: 
Fax: 
US Tax ID # (for custom purposes): 
Otto Bock Account Number: 
Contact: 
Email: 
Date: 

**Ship To:**
Company Name: 
Address: 
City: 
State/Prov: 
Phone: 
Fax: 
Purchase Order #: 
Client Name/ID: 
Affected Side:  

---

**For Clinical Use Only**
CUSTOM SILICONE – ORTHOTIC DEVICES ORDER FORM

Bill To:

Company Name: ____________________________
Address: ____________________________
City: ____________________________
State/Prov: ____________________________
Phone: ____________________________
Fax: ____________________________

US Tax ID # (for custom purposes): ____________________________
Otto Bock Account Number: ____________________________
Contact: ____________________________
Email: ____________________________
Date: ____________________________

Ship To:

Company Name: ____________________________
Address: ____________________________
City: ____________________________
State/Prov: ____________________________
Phone: ____________________________
Fax: ____________________________
Purchase Order #: ____________________________
Client Name/ID: ____________________________
Affected Side: □ Left □ Right

NOTE:
In order to fully conceptualize the best orthosis/protective liner for your client, it is vital to know the desired degree of rigidity required. The options include 20, 35, and/or 65 shores. Please sketch your design in the space below. Although it is not included in the cost of the final liner, it is recommended to proceed with a trial to ensure a proper fit.

<table>
<thead>
<tr>
<th>ORTHOTIC DEVICES – please select appropriate option(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 88W* Trial Orthosis/Protective Liner (please also select desired option(s) for FINAL device)</td>
</tr>
<tr>
<td>□ 88W0 Thumb Orthosis</td>
</tr>
<tr>
<td>□ 88W1 Wrist Hand Orthosis (WHO)</td>
</tr>
<tr>
<td>□ 88W2 Ankle Foot Orthosis (AFO)</td>
</tr>
<tr>
<td>□ 88W3 Protective Liner – Upper Limb</td>
</tr>
<tr>
<td>□ 88W4 Protective Liner – Lower Limb</td>
</tr>
</tbody>
</table>

For additional options on the FINAL liner, please specify below:

<table>
<thead>
<tr>
<th>Custom Gel Pad 88L3=IP</th>
<th>Specify locations &amp; thickness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off-the-Shelf Gel Pad 88L3=SP</td>
<td>Specify locations (4.0 mm thickness at apex):</td>
</tr>
<tr>
<td>Solid Colour Added 88L3=C</td>
<td>OB Swatch #:</td>
</tr>
<tr>
<td>Closure Method (indicate location on sketch below)</td>
<td>Other – please specify:</td>
</tr>
<tr>
<td></td>
<td>Zipper: □</td>
</tr>
<tr>
<td></td>
<td>Velcro: □</td>
</tr>
</tbody>
</table>

SKETCH DESIGN: (include shore, thickness and any additional requests)
CUSTOM SILICONE – SHIPPING INSTRUCTIONS AND TURNAROUND TIMES

HOW TO COMPLETE AND SHIP YOUR CUSTOM SILICONE ORDER

SHIPPING INSTRUCTIONS:
1. Complete the appropriate Otto Bock Custom Silicone order form.
2. Place cast and order form in a suitably padded box.
3. Attach shipping label and complete your shipping waybill. We recommend FedEx.
4. Call your preferred carrier for pickup.

OPTIONS:
1. Ship directly to Canada
   Address: 5470 Harvester Road
   Burlington, ON
   L7L 5N5
2. Ship to Otto Bock Tech Center (US Customers Only)
   (Customs papers not required)
   Address: 14800 28th Ave
   Minneapolis, MN
   55447

Attention: When sending to the Otto Bock Tech Center please make a note to have it forwarded to Custom Silicone Services in Canada (For US Customers Only).

TURNAROUND TIMES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>TRIAL DEVICE TIME FRAME* (up to)</th>
<th>FINAL DEVICE TIME FRAME* (up to)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liner/Orthotic Devices</td>
<td>2 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Myoelectric Prostheses</td>
<td>2 weeks</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Finger/Toe</td>
<td>2 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Hand or Finger w/hand fixation</td>
<td>3 weeks</td>
<td>4-6 weeks</td>
</tr>
<tr>
<td>Leg cover (over TT)</td>
<td>2 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Feet</td>
<td>2 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Toe w/fixation</td>
<td>2 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Repair</td>
<td>N/A</td>
<td>Please consult with Custom Silicone</td>
</tr>
</tbody>
</table>

*Time frame varies for trial and final device depending on the complexity and type of the device.