**Replacement Liner** Call Customer Service at **866 684 7267**

**Patient Information**
Custom Liners are imprinted with your patient’s name. Please clearly write the appropriate first name and last name.

- **First Name**
- **Last Name**

**Patient ID**
- □ Left
- □ Right
- □ Transtibial
- □ Transfemoral
- □ Other

**Select the appropriate Custom Liner options**
(For Harmony or other vacuum/suction liners select Tapered, No Locking Mechanism, and Uncovered or Partial Covered exterior)

**Wall Thickness:**
- □ Uniform (6mm uniform distal wall to proximal)
- □ Tapered (6mm MPT to 3 mm proximal)
  - Distal thickness 18 mm for locking and 12-13 mm for cushion

**Locking Mechanism:**
- □ Yes
- □ No
  - □ Pin Locking
  - □ DVS (select partial textile cover)

* Locking liners must have exterior textile selected

**Exterior:**
- □ Uncovered
- □ Partial Textile Cover** (Partial cover height ___mm)
- □ Full Textile Cover**
  ** If partial or full cover, select textile below:
  - Slick/Stretchy Lycra □ Black □ Tan
  - Tough/Thicker Wearforce □ Black □ Tan
  - Uneo 3D Textile □ Silver

**Additives:**
- □ With SkinGuard antibacterial additive
- □ With Fresh scented additive
  (Only one can be chosen)

**For Transtibial Measurements**
Important: Extend measurements as needed. Please mark the MPT and any problem areas on cast or diagram.

- +8 (20cm)
- +6 (15cm)
- +4 (10cm)
- +2 (5cm)
- +1 (2.5cm)
- MPT
- 1 (2.5cm)
- 2 (5cm)
- 3 (7.5cm)
- 4 (10cm)
- 5 (12.5cm)
- 6 (15cm)

Circle one: cm in
Length of residual limb from MPT to distal end.

For limbs > 4 in length the cast should be taken in ≤10° flexion and at least 8” above MPT. For limbs < 4” in length take cast in 20° for best results.

Otto Bock maintains all rights, title and ownership to the custom liner mold and will keep the mold on file for 2 years from the last order date.

*Note: For Transfemoral liners, a cast or skin fit test socket is recommended.
Casting for the Custom Urethane Liner

1. Complete all required sections of the Order Form, including limb circumferences.

2. Apply parting agent to the limb, stopping 25 cm (10") above MPT.

Normal Skin: Wrap the limb with plastic wrap or cover with lubricant.

Skin with Invagination or Scarring: Invaginations or deep scarring that do not close when cupped by hand are rare; only 1–2% of all patients. If you encounter one of these cases, fill the invagination/scar with plaster bandage wrap. Apply petroleum jelly to the remainder of the limb. Avoid getting petroleum jelly on the bandage wrap. Make a note on the Order Form to alert Ottobock of the invagination/scar.

3. Pull a thin casting sock over the limb to a height of 25 cm (10") above MPT.

4. Mark the MPT on the casting sock with an indelible pencil. This mark is used by the Ottobock technician when manufacturing the custom liner.

5. Mark a spot on the thigh 23 cm (9") above the MPT mark as a reference for the top of the cast. Have the patient hold their limb at 10° of flexion.

6. Cast the limb with plaster bandage starting proximally at the mark.

7. Apply 4 layers of nylon or a casting sock over the cast.

8. Apply casting bag. Extend it up to the thigh to form a seal.

9. If necessary, lightly support any distal, redundant soft tissue that gravity has caused to droop so that it remains in line with the rest of the lower limb until the plaster has set. The reason to support the soft tissue is to avoid producing a liner that tends to hold soft tissue off center.

10. Place the knee at 10° of flexion and turn on the casting pump. Maintain vacuum until the cast has set.

Note: For limbs less than 4” long, a 20° knee flexion gives best results.

11. Write the patient’s name on the cast and ship with completed order form to Ottobock USA 866.684.7267 Fax 801.956.2401 3820 W. Great Lakes Drive, Salt Lake City, UT 84120-7205 For more information please visit our web site at www.professionals.ottobockus.com