

NU FlexSIV Socket Work Form

PATIENT INFORMATION:

Name: _____

Date: _____ Amputation Side: Left Right

Age (years): _____ Weight (kg): _____

Sex: M F Activity K-Level: _____

PATIENT MEASUREMENTS:

For liner selection:

Circumference 4cm above Distal End (cm): _____

Liner Type/Size: _____

For prosthesis/socket set up:

(Numbers correspond to image at top right)

2 Ischial Tuberosity to Distal End (cm): _____

3 Ischial Tuberosity to Distal Femur (cm): _____

Socket Flexion (degrees): _____

Socket Adduction (degrees): _____

For socket rectification:

(Numbers correspond to image at top right)

1 Proximal Medial-Lateral (cm): _____

(Refer to Mold Reduction Algorithm)

Limb Tissue Type: Soft Tissue Firm Tissue

Mold Displacement: Easy Difficult

Limb Profile: Symmetrical Asymmetrical

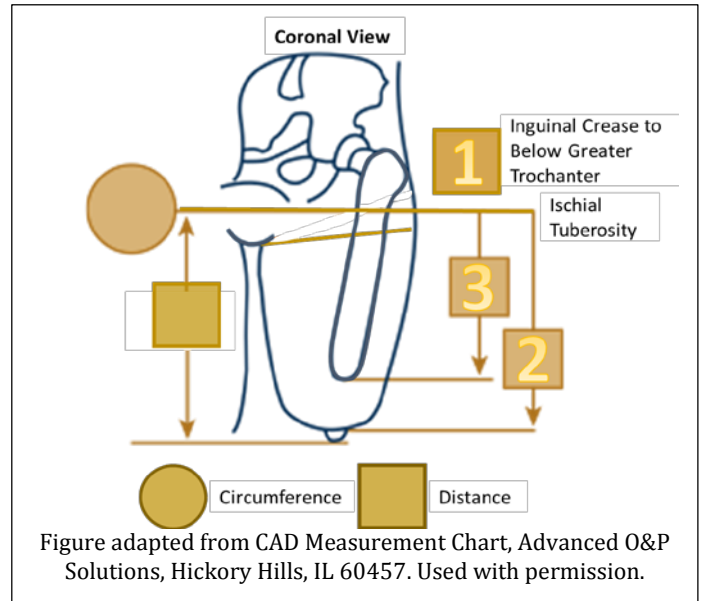
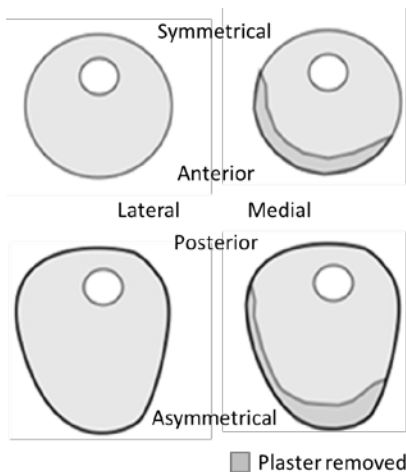
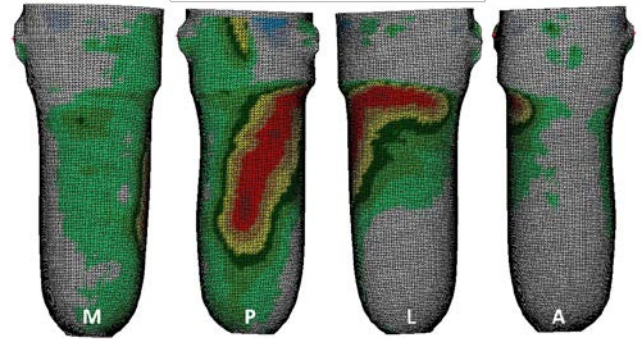


Figure adapted from CAD Measurement Chart, Advanced O&P Solutions, Hickory Hills, IL 60457. Used with permission.

Rectification Reference:



Pictured (left to right): medial, posterior lateral, anterior

Mold Measurements:

Starting 1" below proximal medial trim line

Location	% Reduction	Actual Circumference	Goal Circumference
1"			
2"			
3"			
4"			
5"			
6"			
7"			
8"			
9"			
10"			
11"			
12"			

Mold Reduction Algorithm for NU-FlexSIV Socket

