

Complete Arms: i-Digits Diagnostic Package

KIT INFORMATION

Clinician Name: _____

Client Name: _____

Facility Name: _____

Account Number: _____

Purchase Order Number: _____

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KIT CONTENT

This diagnostic package will serve to help you to refine your client's i-Digits prosthesis and provide essential information for final production. At this stage, you will be able to alter the positive plaster cast as well as identify definitive componentry.

Kit Includes:

1. Plaster cast, taken from impression
2. Mounting plate with digits assembled
Note: You will need to align the digits and mount them to the frame
3. Check socket which contains inner silicone socket and frame with wired up componentry
4. Refinement Kit: Contains additional componentry for further customization*




* All items in the Refinement Kit must be returned with the Diagnostic Package. Any missing items may be subject to additional fees.

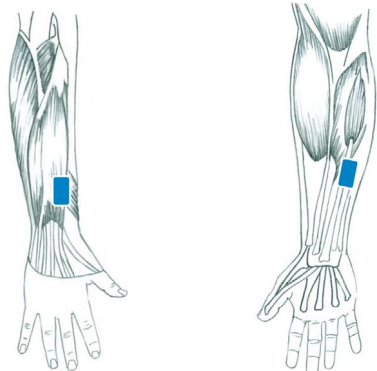
CHECK USED PARTS	DESCRIPTION	QUANTITY IN KIT
	NONE	0
	Size 6 digit	1
	Size 5 digit	1
	Size 3 digit	1
	Size 2 digit	1
	Thumb Size 5	1
	Bellows	1
	Wristband	1
	Stepped Mounting Plate Medium R	1
	Stepped Mounting Plate XS R	1
	Stepped Mounting Plate Medium L	1
	Stepped Mounting Plate XS L	1
	Flat Mounting Plate R	1
	Flat Mounting Plate L	1
	LP Remote Electrodes	2
	Compact Electrodes	2



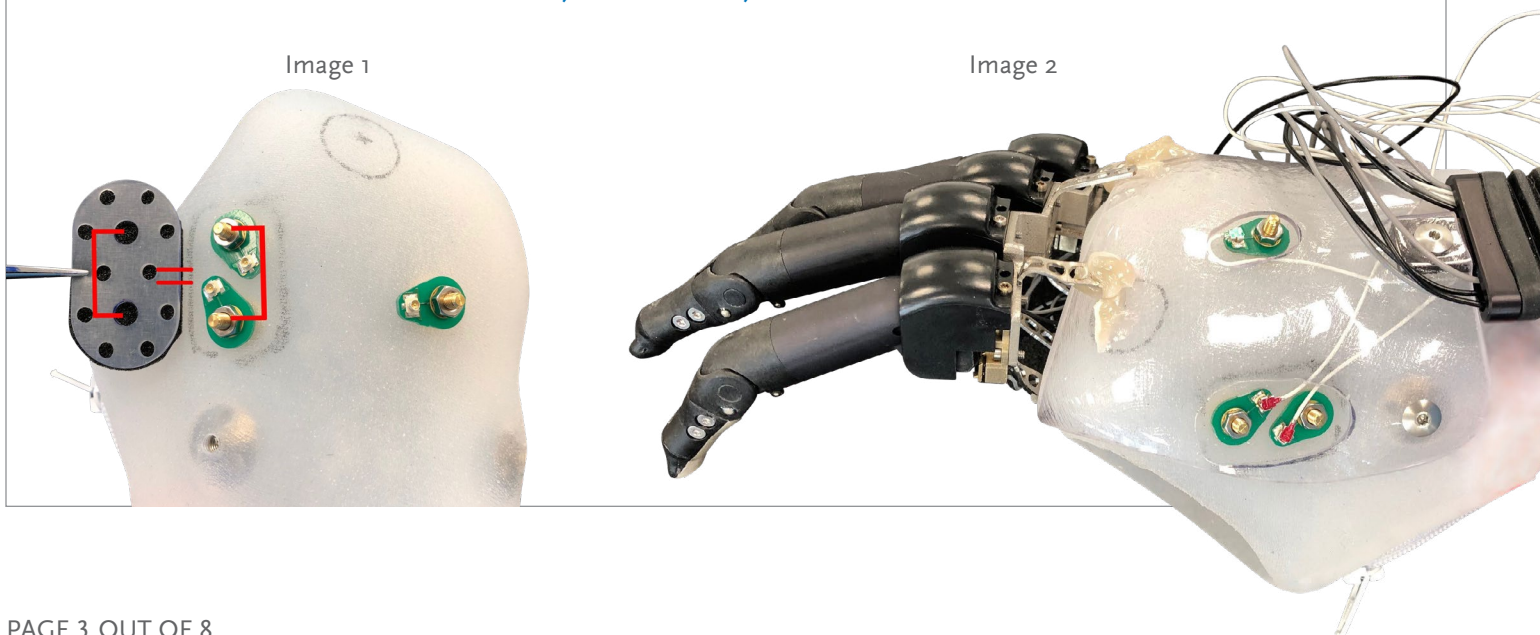
MYOTESTING

RECOMMENDED MYOSITE OPTIONS

INTRINSIC MUSCLES (PRIMARY CHOICE)		
THENAR EMINENCE	HYPOTHENAR EMINENCE	DORSAL INTEROSSEI
<p>Palmar thumb area: Imagine adducting or opposing thumb</p> <p>*Only appropriate to use when anatomical thumb is missing</p> 	<p>Palmar aspect: Imagine flexing little finger</p> <p>Lateral aspect: Imagine abducting little finger</p> 	<p>Dorsum of hand between metacarpals: Imagine spreading fingers apart or crossing fingers or squeezing middle finger against index or ring fingers or extending fingers</p> 

EXTRINSIC WRIST MUSCLES (SECONDARY CHOICE)	
<p>Ideally the socket would not extend above the wrist, however if sites are unavailable in the hand, muscles in the distal forearm can be used.</p> <p>Radial: Imagine extending the thumb (Left Image)</p> <p>Ulnar: Ulnary deviate wrist (Right Image)</p>	

Once myotesting is complete, mount the electrodes in the silicone socket. Use the silicone suspension piece to identify the proper spacing of the check socket electrode domes. [See Image 1]. Place a common ground electrode on the dorsum of the hand, away from other myosites.



DIGIT ALIGNMENT

Step 1:

Position the supplied mounting plate with pre-assembled digits to the diagnostic frame.

Step 2:

Bend the tangs on the mounting plate to rest on the check socket. (See Figure 4)

Step 3:

Bond half of the tangs with rapid setting urethane adhesive. (Clay can be used to assist in stabilizing if needed)

Step 4:

Check that the digit tips can close to within 20mm of the palm of the prosthesis. Check that the thumb can touch the index and middle finger for pinch and that lateral grip position is possible.

Step 5:

Bond the remaining tangs.

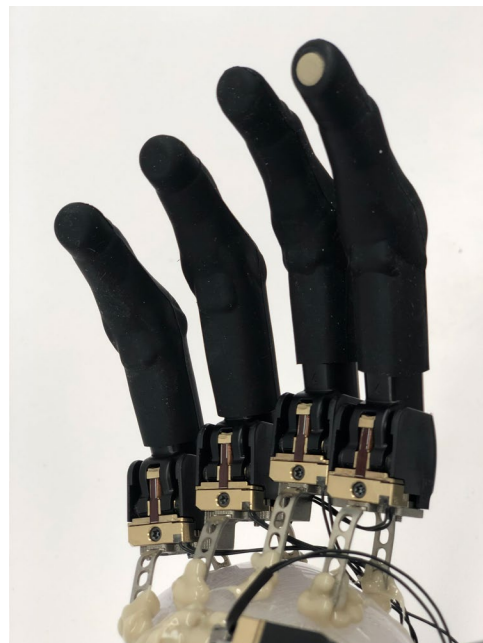







Figure 4



CONFIRM ALIGNMENT FUNCTIONALLY

After digit mounting, confirm proper digit alignment by checking that various natural grasp patterns of the hand can be achieved. Digit repositioning may be needed if your patient can not achieve the grasp patterns below.

GRIP PATTERN	PICTURE EXAMPLE	CHECK BOX TO CONFIRM ACHIEVED
<p>Large Objects Spherical/Cylindrical Grip: Objective: Allow large enough span of opening to grasp various sized objects Test: Grasp 12oz can, water bottle, or mug</p>		
<p>Small Handle Hook/Cylindrical Grip: Objective: Have enough pre-flexion to hold smaller handles Test: Grasp broom handle or tool handle</p>		
<p>Precision Pinch: Objective: Allow pinch between thumb and index digits Test: Grasp small object like nut/bolt, block, bottle cap, etc.</p>		
<p>Tripod Grip: Objective: Allow pinch between thumb, index, and middle digits Test: Grasp slightly larger object such as block or small cup</p>		
<p>Lateral Grip: Objective: Allow pinch between thumb and radial surface of the index digit Test: Hold something flat such as card or piece of paper and try to pull it out.</p>		

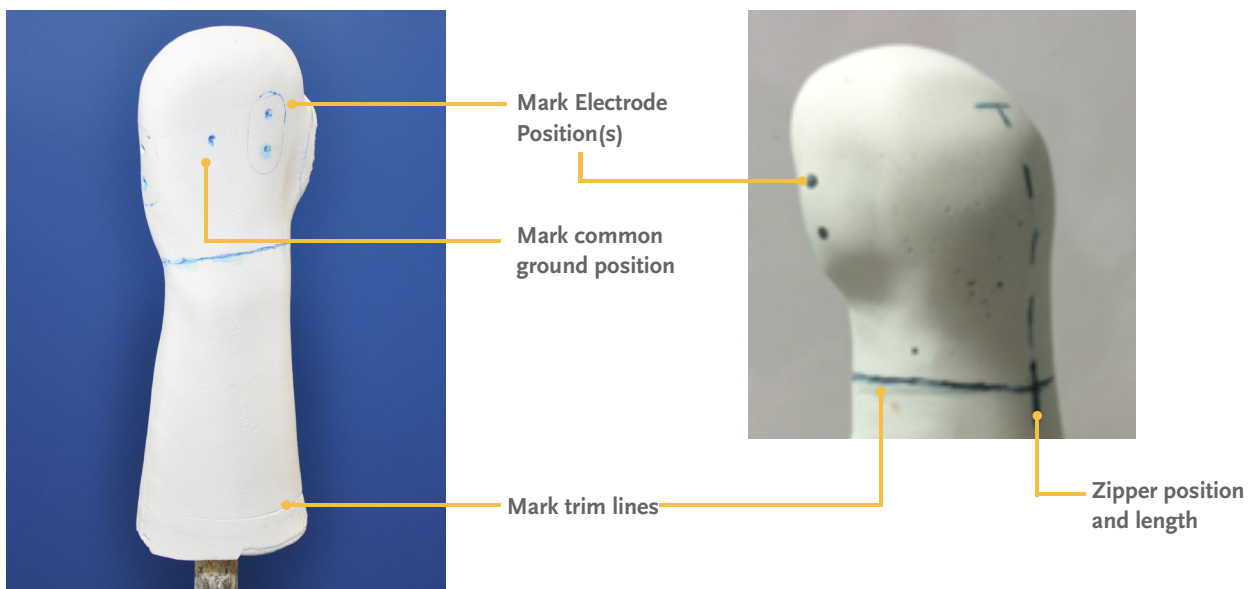
*Note: based on additional injuries to any intact fingers, not all grasp patterns may be possible. It is important to prioritize digit alignment based on patient's goals when it is not possible to achieve all of the above positions.

**For a 5-digit system, make sure the patient can get adequate pronation and supination.

MODIFY PLASTER MODEL

Modify and mark the plaster model with the following:

- Make any modifications required to improve the fit and improve electrode contact
- Mark trim lines on plaster cast
- Mark electrode position on plaster cast
- Mark zipper position and length on plaster cast if selected
- Mark ground electrode location (use dorsum of hand away from other myosites)



Additional Modifications Requested During Fabrication:

Bilateral user modifications (zipper pulls, battery straps, velcro for wristband strap)

Material in palm for increased grip

Anchors in position to allow addition of a radial strap for suspension

Zipper modification if skin pinching noted in diagnostic

Notes: _____

SHIPPING CHECKLIST

Please review this list of requirements, and confirm completion by marking the corresponding check boxes. Diagnostic packages received without the following information will be rejected.

CHECK TO CONFIRM	REQUIREMENTS
	Modified plaster model marked and packaged for return without damage
	Digit(s) aligned and mounted to frame
	Electrodes confirmed and positioned as desired
	Diagnostic silicone and frame packaged for return without damage

Return Shipments To:

Össur Custom Solutions
6640 Riverside Dr., Suite 360
Dublin, OH 43017

For other inquiries:
touch.fabrication@ossur.com

RETURN ACKNOWLEDGMENT

Please review this list of requirements, and confirm completion by marking the corresponding check boxes. Diagnostic packages received without the following information will be rejected.

Silicone Socket Color Selection:

Black

Gray Battery Color

Other, such as red or blue: _____

(Please include example print out or swatch of color)

Skin swatch number and manufacturer

Ossur # _____

Other _____ # _____

Frame Color Selection:

Black

Other, such as red or blue: _____

SleeveArt style from fredslslegs.com

(+\$40): _____

Frame Design Selection:

Weave Exposed (Textured Finish)

Weave Hidden (Smooth Finish)

*Note NO Carbon Fiber will be used

PLEASE CHOOSE	
	<p>I require an additional diagnostic socket to be made to confirm requested changes to the fit will work. Please list specification changes:</p> <p>_____</p> <p>_____</p>
	<p>I have provided all necessary information and confirm that this diagnostic is approved for a definitive final device*.</p>
	<p>I would like a phone call or text prior to beginning fabrication. Please contact me at the following number: _____</p>

*The final device will be delivered to the specifications defined and as signed off here. Any adjustments needed to the final device will be subject to a fee.

Signature

Date

