



# Instructions for trial device. Custom silicone partial feet.

Enclosed is the test socket along with Pastasil, a 2-part silicone putty, and a sample of Ottobock's Procomfort Gel (#633S2). Pastasil can be used for any modifications inside or on the surface of the test socket. Please use Procomfort Gel in small amounts for easy donning. This cream has been tested to be the most compatible with silicone products as it is a water-based cream and contains little alcohol or oil-based products which are known contaminants of silicone. These contaminants cause stretching of the liner and will affect the fit and durability.

## Please check for:

- Suspension (suction fitted)
- Foot height
- Length of foot
- Nail sample against client's nail
- Arch height
- Trim lines
- Toe out
- Toe lift
- Colour swatches against client's skin

## How to use the Pastasil provided

Mix equal parts of A & B until a continuous colour is seen throughout. There will be less than 5 minutes of working time. Pastasil will stick to itself and can be ground down as desired.

## What to do if socket is too tight

Remove the test socket from the client and cut out pressured area. Re-don the socket and cover the hole with Pastasil provided.

## What to do if socket is too loose

If there is gapping in the test socket, cut out small holes where it is loose and apply Pastasil on the inside of the socket to allow excess to squeeze out, allow Pastasil to cure with the client wearing the socket. If not using Pastasil, pinch socket on the outside and mark both sides with permanent marker.

## What to do if the foot is too big or too small

Adjust the shape by adding, grinding down or manipulating the Pastasil as needed. Pastasil will stick to itself.

## What to do if the shape of the nails needs adjustments

Take a mould of the sound side toenail(s) by placing the foot on a flat surface and apply the Pastasil over the desired toenail(s) creating a mould.

**We strongly recommend that the client wears the test socket for two weeks if the socket is fitting fairly well. Contact us at [iFabBUR@ottobock.com](mailto:iFabBUR@ottobock.com) with the date of the reassessment to request a Colour Determination Loaner Kit (89D8=1) to be sent out 3 business days prior to the appointment date. Include name of facility, contact and client name.**

When you are satisfied with the fit, please return the trial and the Colour Determination Loaner Kit back to us so that we can proceed with the final fabrication of the prosthesis. Thank you.

**ottobock.**

Patient name: \_\_\_\_\_

Customer no.: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_

Email photos to [iFabBUR@ottobock.com](mailto:iFabBUR@ottobock.com)