

Instructions for trial device.

Custom silicone liner.

The custom silicone diagnostic liner is designed to test for fit and suspension as well as providing an opportunity to locate suspension points, alignment, gel pads, electrode placement, and trim lines of the liner and fabric.

A sample of Ottobock's ProComfort Gel (article #633S2) is included with your liner. 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.

Donning of the liner

A generous amount of ProComfort Gel should be applied to the client's residual limb. The liner should then be inverted and rolled onto the limb. If the liner is sticking to itself, a small amount of ProComfort Gel can also be applied to the outside of the liner (a fabric cover may be a consideration for the final product). Massage out any trapped air. The distal pull strap can then be used to test for suspension.

What to do if liner is too small

If the diagnostic liner is too small, remove the liner from the client and make a longitudinal slit with a scalpel or scissors. Re-don the liner, measure the gap and record the measurement.

What to do if liner is too large

If there is gapping in the diagnostic liner, the areas that are too big can be pinched and marked with permanent marker as to how much was pinched. The liner can also be removed from the client and a longitudinal slit made. Re-don the liner and measure the overlap that occurs. If gapping occurs due to **invaginated** areas, remove the liner and make a small incision in the area. Re-don the liner just distal to the invagination and a silicone putty can be applied inside the liner in this area. Roll on the rest of the liner, massage the silicone putty into the invagination (excess should flow out of the incision that was made). Allow the silicone putty to cure while the patient is wearing the liner. Further modifications to the plaster positive are required to include the invagination.

Marks to add on liner

This is the time to add anything beyond a clear silicone liner that your client will require. Location of these additions should be clearly marked with a permanent marker directly on the diagnostic liner.

Things to be marked include (if applicable)

- Distal connector placement as well as alignment lines
- Side pin locations (fleshy areas)
- Electrode site openings (recommended to cut electrode openings in the liner at the desired locations)
- Gel pad locations
- Any trim line changes (recommended to trim the liner to demonstrate the changes)
- Fabric cover trim lines
- Any other additions

Please note: In order to fabricate the final laminated socket, the client must be casted wearing the definitive liner.