

ottobock.

iFab Custom Silicone Services.
General information.



A woman with blonde hair tied back, wearing a light pink ruffled top and blue jeans, is smiling and assisting a young boy in climbing a dark wooden rock wall. The boy is wearing a blue and white striped shirt, dark shorts, and blue sneakers. The rock wall has various colorful climbing holds. The scene is outdoors on a gravel surface with greenery in the background.

**We help people
maintain or regain their
freedom of movement.**

Ottobock iFab's silicone product offerings are custom-made, functional, and aesthetically pleasing. Our skilled team of technicians who design and produce these prosthetics and orthotics are masters of our craft. We are dedicated artists who can create a bespoke device for your patient.

Silicone is a durable, comfortable, flexible, and hygienic option for custom solutions. Ottobock uses a proprietary silicone that is superior in durability. Through our iFab services, your patients receive a unique product tailored specifically to their needs. Our collaboration is the key to ensuring a successful outcome, combining your clinical expertise with our specialized fabrication processes.

Contents:

- **Product expectation guide**
- **Overview of the custom silicone process**
- **Photo-taking instructions**
- **Links to order forms, casting techniques, shipping instructions, trial assessments and care & cleaning instructions**
- **Colour Determination Spec Sheets**

If you have any questions about Ottobock iFab's Custom Silicone Services, please contact us at **iFabBUR@ottobock.com** or **1.800.665.3327**.



iFab custom silicone.

Product expectation guide.

Every patient has expectations about their custom silicone device. To ensure alignment on expectations, discuss the following topics with your patient.

Colour

We strive for a realistic skin tone match, but natural skin changes due to sun/light, diet, and emotions. Silicone can't replicate all variations. Colour swatches chosen during the trial stage will be used for the final device. Opt for a natural shade, considering seasonal changes. After the final device is completed, the colour cannot be modified.

Fine Details

Hair, freckles, and veins can be added for a natural look.

Size and Shape

The size and shape of the device must be reviewed thoroughly during the trial stage. Address any changes during this period; adjustments to the final are not possible.

Function

Our custom prosthetics improve function in all aspects of life (active, passive, social, emotional). Depending on individual needs, reinforcements like embedded wires (in fingers with sufficient space) can allow for some manual extension and flexion.

Longevity and Warranty

Custom silicone prosthetics last approximately 3 years with proper care, depending on activity level when the manufacturer's recommendations are followed. Ottobock offers a one-year warranty against manufacturing defects.

Returns

We cannot accept returns on custom silicone products as they are unique to your patient.

Chemicals and Substance

Certain chemicals can damage the silicone and change its properties.

Advise patients to avoid:

- Petroleum products
- Solvents/thinners
- Chlorine
- Antibacterial soap
- Alcohol
- Acetone



Custom silicone process.

During your patient consultation, we recommend that you review the “Product Expectation Guide” section of this document with your patient to navigate the conversation, cover important details and set expectations from the beginning. This will help ensure a smooth and positive process with the highest quality product delivered. A quote is recommended to ensure the custom-made product is feasible for all paying parties.

Below is an overview of the process.

Step 1: Obtain a quote

- Download the appropriate order form* and complete the required information
- Photo Taking Instructions*
- Email order form and photos to iFabBUR@ottobock.com

Step 2: Cast (recommended after the quote has been approved)

- Cast the patient’s affected and sound sides
- Refer to casting techniques*
- Send the casts to Ottobock

Step 3: Trial Assessment

- The patient should wear the trial for two weeks if the fitting is acceptable and a follow-up reassessment appointment should be scheduled
- Modifications can be made to the trial device to address fit and shape
 - o Note: If significant modifications are required, a second trial fitting is recommended
- Instructions for trial device assessment*
- **Notify the iFab Team (iFabBUR@ottobock.com) of the reassessment date and a Colour Determination Loaner Kit (89D8=1) will be arranged to be sent out for the appointment date**

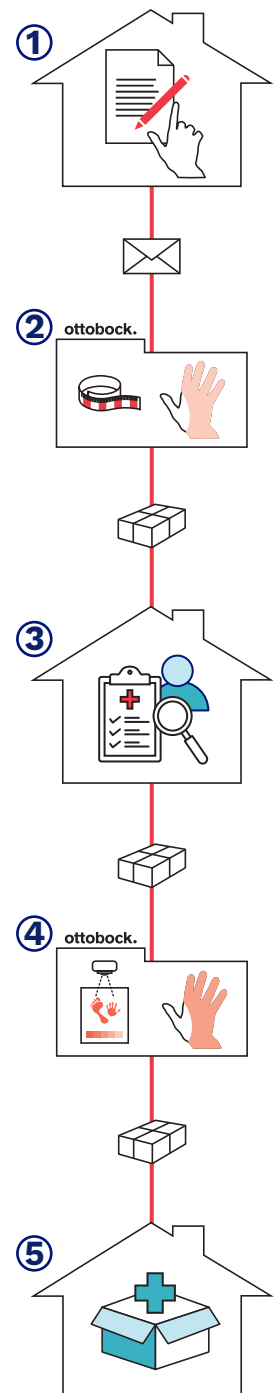
Step 4: Trial Reassessment

The definitive device will be fabricated using the feedback provided from the trial assessment stages and the chosen colours. Provide detailed feedback for optimal fitting and functionality.

Colour matching instructions are provided in the Colour Determination Kit. Send the trial and Colour Determination kit back to Ottobock.

Step 5: Provision of Definitive Device

Review Care and Cleaning instructions* with the patient



iFab custom silicone photo taking instructions.

Guidelines

- A place with natural light and at room temperature
- Water-based cream (Ottobock's Procomfort Gel 633S2 recommended) to relieve dry skin
- Patient should have clean nails (no polish) filed to the desired length
- Hands/feet should be in a relaxed position
- Use a neutral grey background (if available, use the grey background in the Colour Determination Loaner Kit)
- No flash and no zoom
- Clear and close-up images from various angles (listed below)

Photo & Testimonial Release

Scan the QR code to complete the Photo & Testimonial Release

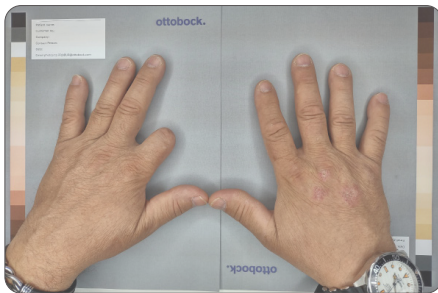


Patient's consent to send and use photos must be provided.

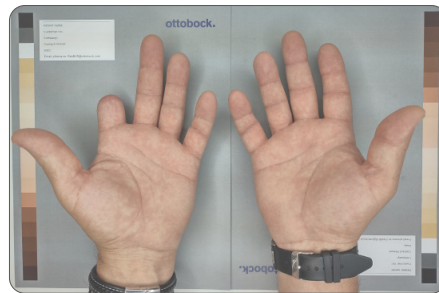
Send photos to iFabBUR@ottobock.com

Required photos for initial quoting and casting stages:

Dorsal



Palmar

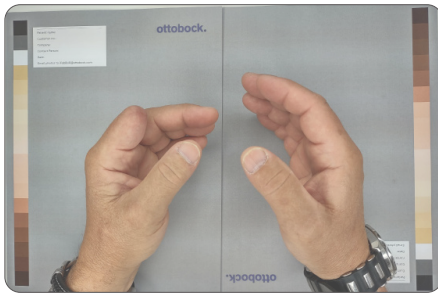


Close Up:



Nails without polish, filed to desired length.

Medial

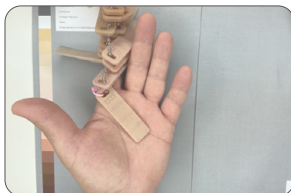


Lateral



During reassessment take photos with chosen colour swatches (layering for colour accuracy) and also with the trial device:

Base



Fingertip



Palmar



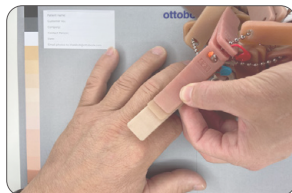
Trial



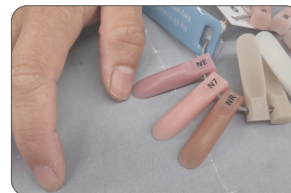
Tan

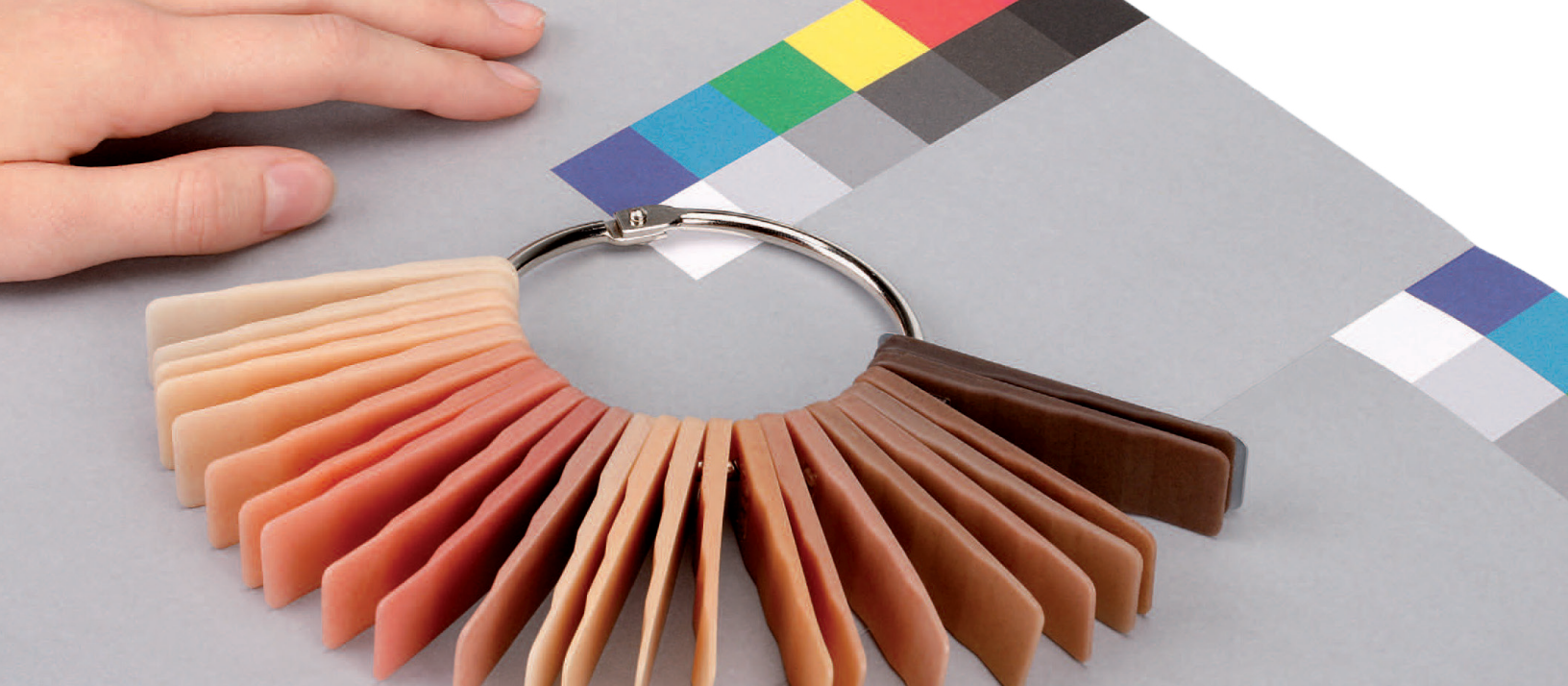


MCP/PIP/DIP



Nail





Colour determination sheet. For silicone products.

This Colour Determination Sheet offers a standardized approach for assessing the patient's skin colour. On the coloured background provided, enter the personal data, take digital photos of the hands and feet (palmar/plantar and dorsal views), and email them to Ottobock. We will take care of the rest.

Preparation

Guidelines

- A place with natural light and at room temperature
- Water-based cream (Ottobock's Procomfort Gel 633S2 recommended) to relieve dry skin
- Patient should have clean nails (no polish) filed to the desired length
- Use a neutral grey background (on the reverse of this page)
- No flash and no zoom
- Clear and close-up images from various angles (including close-up images of the nails)

Patient

- No black or white clothing should be worn
- Patient should be warm, with a stable heart rate
- Patient should sit facing the window (or other light source)
- Avoid shadows on hands/feet
- Avoid exposing the hands/feet to direct sunlight
- Position the hands/feet on the background provided
- Ensure that at least one colour scale remains visible and free of shadow along its whole length
- Place the hands/feet in relaxed position on the photo background

For Best Results

- Please enter the patient data in the fields provided
- Use colour swatches if available

Email

- Import the photos into the computer and check for accuracy
- Email photos to iFabBUR@ottobock.com



ottobock.

Patient name: _____

Customer no.: _____

Company: _____

Contact Person: _____

Date: _____

Email photos to iFabBUR@ottobock.com

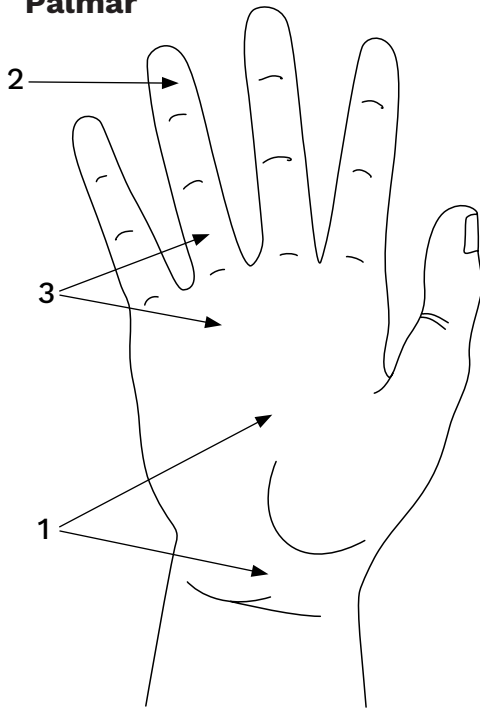
Silicone partial finger/hand prosthesis.

Colour determination spec sheet.

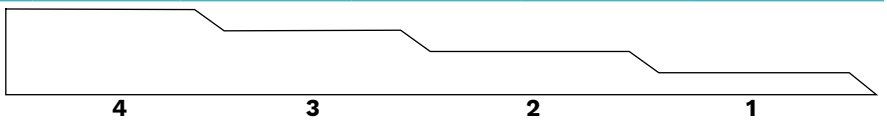
Patient ID Customer No. Date

Comments:

Palmar



Colour swatch - Colour grade



Area	Swatch #	Grade #	Additional Comments
------	----------	---------	---------------------

Palmar

1	Base	<input type="checkbox"/> 3 <input type="checkbox"/> 4	
2	Fingertip		
3	Palmar		

Dorsal

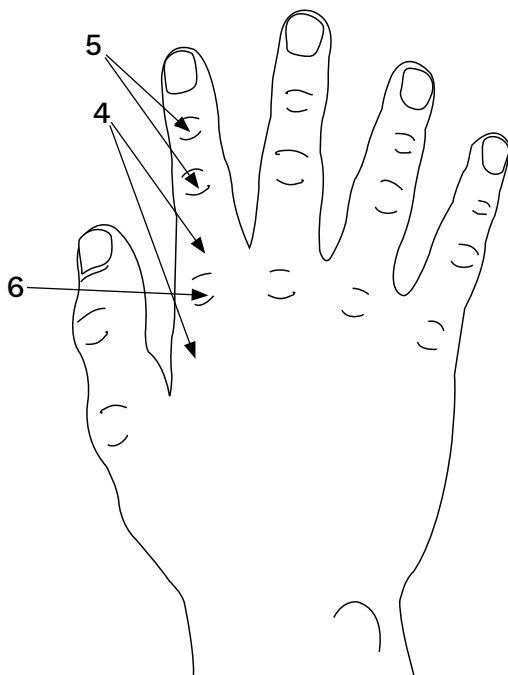
4	Tan		
5	MCP		
6	PIP/DIP		

Vein* Green Blue Other: _____
*Draw vein location

Freckles Yes No

Hair** Yes No **Draw hair orientation

Dorsal



Nails

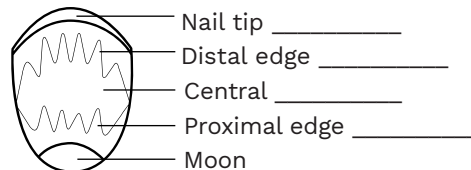
Shape + length determined by cast

Acrylic Silicone

Nail Swatch Ring

Nail sample as colour reference only Nail swatch ring*

*If using nail swatch ring, write swatch ID in corresponding area



Tip Length

0.5 mm
 1 mm
 2 mm
 3 mm

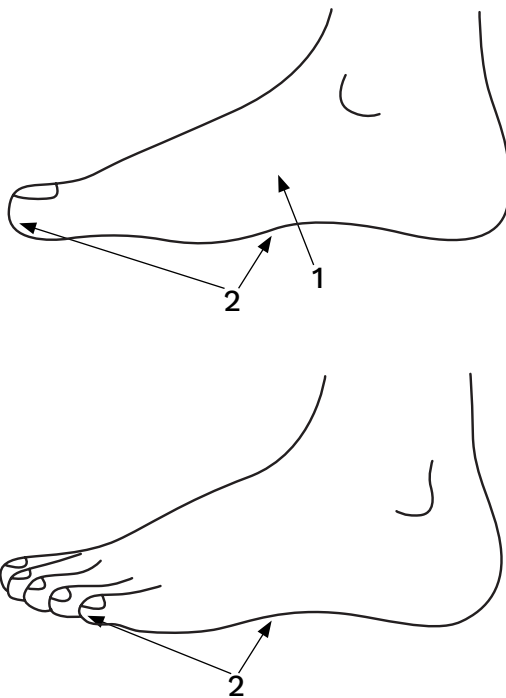
Silicone partial toe/foot prosthesis.

Colour determination spec sheet.

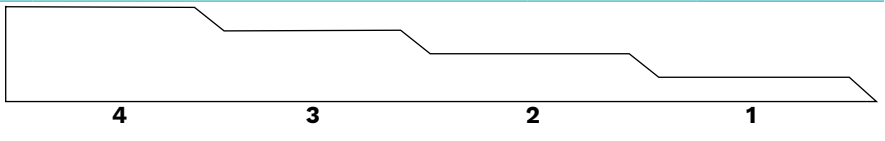
Patient ID Customer No. Date

Comments:

Plantar

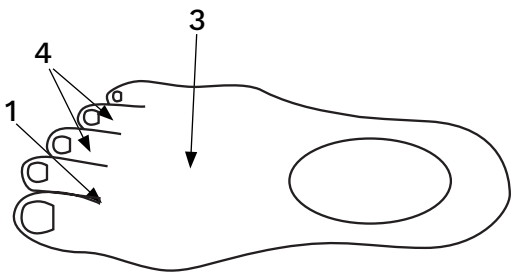


Colour swatch - Colour grade



Area	Swatch #	Grade #	Additional Comments
Plantar			
1 Base		<input type="checkbox"/> 3 <input type="checkbox"/> 4	
2 Plantar/Toe tip			
Dorsal			
3 Tan			
4 Knuckles			
Vein*	<input type="checkbox"/> Green	<input type="checkbox"/> Blue	<input type="checkbox"/> Other: _____ *Draw vein location
Hair**	<input type="checkbox"/> Yes	<input type="checkbox"/> No	**Draw hair orientation

Dorsal



Nails

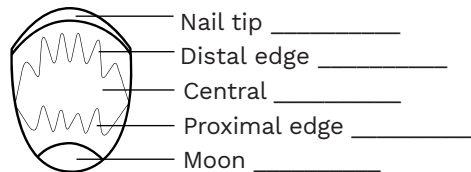
Shape + length determined by cast

- Acrylic Silicone

Nail Swatch Ring

- Nail sample as colour reference only Nail swatch ring*

*If using nail swatch ring, write swatch ID in corresponding area



Tip Length

- 0.5 mm
 1 mm
 2 mm
 3 mm



