

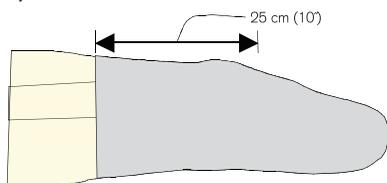
Casting for Ottobock custom liners.

1. Complete all required sections of the Order Form, including limb circumferences.
2. Apply parting agent to the limb, stopping 25 cm (10") above MPT.

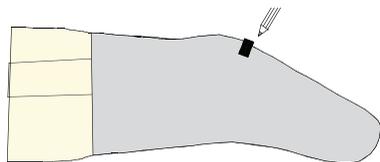
Normal Skin: Wrap the limb with plastic wrap or cover with lubricant.

Skin with Invagination or Scarring: Invaginations or deep scarring that do not close when cupped by hand are rare; only 1-2% of all patients. If you encounter one of these cases, fill the invagination/scar with plaster bandage wrap. Apply petroleum jelly to the remainder of the limb. Avoid getting petroleum jelly on the bandage wrap. Make a not on the Order Form to alert Ottobock of the invagination/scar.

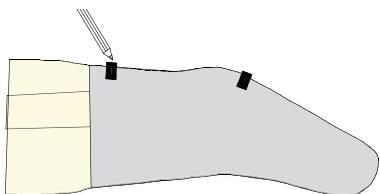
3. Pull a thin casting sock over the limb to a height of 25 cm (10") above MPT.



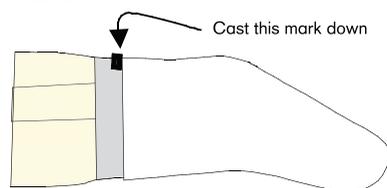
4. Mark the MPK on the casting sock with an indelible pencil. This mark is used by the Ottobock technician when manufacturing the custom liner.



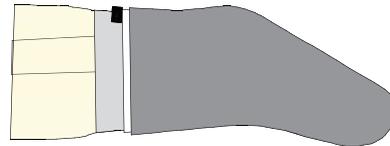
5. Mark a spot on the thigh 23 cm (9") above the MPT mark as a reference for the top of the cast. Have the patient hold their limb at 100 of flexion.



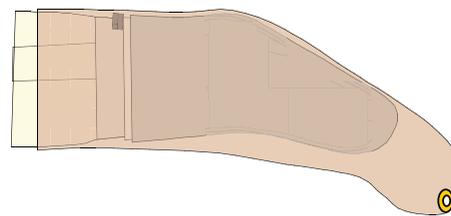
6. Cast the limb with plaster bandage starting proximally at the mark.



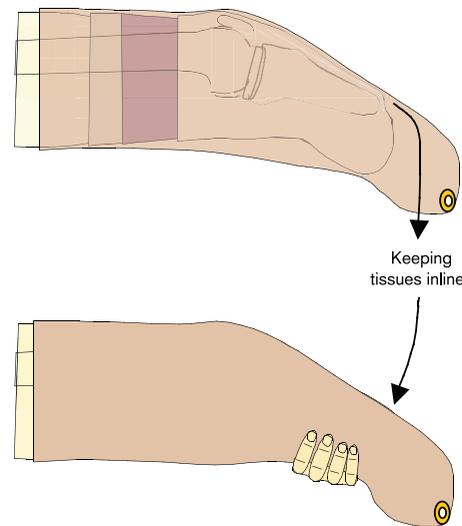
7. Apply 4 layers of nylon or a casting sock over the cast.



8. Apply casting bag. Extend it up to the thigh to form a seal.



9. If necessary, lightly support any distal, redundant soft tissue that gravity has caused to droop so that it remains in line with the rest of the lower limb until the plaster has set. The reason to support the soft tissue is to avoid producing a liner that tends to hold soft tissue off center.



10. Place the knee at 100 of flexion and turn on the casting pump. Maintain vacuum until the cast has set.

Note: For limbs less than 4" long, a 20° knee flexion gives best results.

11. Write the patient's name on the cast and ship with completed Order Form to Ottobock.