

optimus
PROSTHETICS

Patient
Education
Packet



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Liner

The first component of a prosthesis is usually a silicon or gel liner. The liner is designed to be soft and stretchy so it can be rolled onto the residual limb and help protect your skin from the rigid socket. For some mature limbs a liner is not used. The liner is attached to the prosthesis by a lock and pin, suction or vacuum system.

Socket

With the liner on, the residual limb slides into the socket which is made out a variety of materials such as felt, nyglass, and carbon fiber. These materials are laminated together by an acrylic resin that “glues” the material together making it very durable. Often times a flexible inner socket, made of plastic, is used for comfort.

Knee

The knee is designed to bend during walking allowing you to clear the floor. Each knee has various features to help mimic normal knee movement and help you walk with a smooth gait.

Foot

The prosthetic foot is designed to maximize energy efficiency and stability when walking.

Adapters and other Components

Various other components help connect the prosthesis together. An aluminum or carbon fiber tube called a ‘pylon’ stands between the socket and the foot allowing for height adjustments when needed. Other connecting parts are critical for the alignment of the prosthesis.



BK SUCTION

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The suspension technique used for your prosthesis is suction. The suction is created by the sealing membrane on the liner contacting the inner wall of the socket. When the prosthesis is put on, air within the socket is pushed out through a one way valve at the bottom creating negative pressure inside the socket which holds the prosthesis on.

Donning

- 1) Turn liner inside-out.
- 2) Roll liner onto the limb making sure that the bottom of the liner is in contact with the very end of the stump. If you need to add a sock, pull the sock beyond the seals so they are left exposed.
- 3) Remove valve from the socket.
- 4) Spray the sealing membrane on the liner and the inside of the socket with a 50/50 mixture of water and rubbing alcohol.
- 5) Pull the prosthetic on or step into it, replace the valve and push down into the socket several times to make sure you have reached the bottom.
- 6) To ensure that you are completely in the socket, twist the valve off and feel inside the hole with your finger. If there is any gapping, you are not completely in. Continue weight shifting or take a few careful steps to sink in the rest of the way.
- 7) To release the prosthesis and take it off, press and hold the valve in to allow air to flow inside the socket or twist the valve off for more air flow and a faster release.





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The liner will act as a barrier to cushion and protect your limb from the applied forces within the socket. It is also often used as the suspension method to hold your prosthetic on. Since the liner is in direct contact with your skin, it is prone to getting dirty and damp (due to sweat). Proper hygiene is extremely important to prevent infection, bacteria growth, and skin irritation.



WASHING INSTRUCTIONS

- The liner needs to be washed daily (best time is after use at the end of the day).
- Wash the liner inside-out (gel-side out) by hand with warm, soapy water.
- Pat dry with a cloth or towel or hang dry (Return the liner to normal, with the fabric on the outside, soon after washing).
- Allow for the liner to completely dry before wearing it again.



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⦿To reduce any irritation that may occur, contact your prosthetist to trim the liner if needed. DO NOT trim your liner with scissors, as they can leave a harsh edge that may cause skin irritation.

⦿Inspect the inside of the liner for foreign objects, tears, or embedded objects before putting it on.



⦿You are provided two liners. To prolong their life, alternate wearing them day-to-day.

⦿To reduce the tackiness of the silicon, try adding a little baby powder or talcum powder to the inside of the liner before donning. This will also help prevent irritation.



⦿On sensitive limbs, to reduce rubbing on the end of your tibia, knee cap or behind the knee, apply a little baby oil on the skin to reduce the shear forces of the liner rubbing on the skin.

SOCKET HYGIENE



Sockets come in all different shapes, sizes, and colors to fit your limb and showcase your lifestyle. Periodically scrub your socket inside and out with warm soapy water and dry with a towel. Allow the socket to completely dry before wearing. Report any cracks, chips or noises to your prosthetist as damage to the socket can affect the safety of the prosthesis.



PROSTHETIC SOCKS

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Prosthetic socks are to be used for daily volume fluctuation of your residual limb. Due to the trauma of surgery, the residual limb tends to swell and collect fluid. As time goes on the residual limb will shrink as this fluid leaves, causing the socket to no longer fit properly. When this happens, prosthetics socks are to be worn to take up the extra space within the socket and to make the socket fit properly.

Donning Tips

- It should take a little effort to “click” into your socket. If it goes on effortlessly and “clicks” right to the bottom this is a sign that you probably need to add a sock.
- Add as many socks as necessary to create a snug fit.
- Be sure that the socks are away from the pin and don't obstruct the pin from engaging with the lock.
- Machine wash the socks regularly to keep clean of dirt, skin oils, and sweat.
- Prosthetic sheaths should also be laundered regularly.

Prosthetic socks come in 3 thicknesses or plys

No Stitching/White..... 2 ply

Yellow Stitching..... 3 ply

Green Stitching..... 5 ply



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LIMB VOLUME CHANGE

Increase in size

Decrease in size

Causes

- General weight gain
- Heat
- Blood Pressure
- Fluid Retention
- Medication Changes
- Decreased activity
- Decrease time wearing prosthesis
- Not wearing shrinker

Problems

- Leg feels too tight with socks
- Improper fitting socket
- Pressure resulting in discomfort in new areas
- Pinching
- Leg seems taller
- Back Pain
- Discomfort

Causes

- General Weight Loss
- Diuretics (such as blood pressure medication)
- Cold
- Increased Activity
- Longer wearing time

Problems

- Leg feels loose
- Pistoning
- Increased pressure on bony areas
- Leg seems shorter
- Back Pain
- Discomfort

Solution

**Decrease sock ply
See your Prosthetist**

Solution

**Increase sock ply
See your Prosthetist**



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Unfortunately, sores and skin irritation are not uncommon among amputees. Always check your skin before and after prosthetic use and follow these guidelines to take care of your skin.



DAILY SKIN CARE



1. Every day, or more often if necessary, wash your residual limb with a mild or antibacterial soap and lukewarm water. Rinse thoroughly with clean water to remove all soap.



2. Dry your skin by patting it with a towel. Be sure your residual limb is completely dry before putting on your prosthesis. Allowing 15 minutes of air-drying before applying your prosthesis should ensure that the skin is thoroughly dry.



3. Consult your prosthetist before using moisturizing creams or lotions. Vaseline or petroleum-based lotions degrade some types of prosthetic liners. Only use softening lotions when your skin is at risk of cracking or peeling. If a moisturizing lotion is needed, it is best to apply it at night or at other times when you will not be wearing your prosthesis. Do not apply lotions to any open area.

4. If needed, applying an antiperspirant to the residual limb can help you control perspiration. Do not apply antiperspirant to any open area. Consult your prosthetist for antiperspirant recommendations.

5. Gentle massage and light tapping of the residual limb will help toughen the leg and prepare it for a prosthesis. You can increase pressure as the leg heals.



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1. Do not use alcohol-based products on your residual limb; they dry out the skin and can contribute to cracking or peeling.
2. Do not shave your residual limb; pressure from the prosthetic socket on "stubble" can cause the hair to grow inward, become painful, and in the worst cases, even become infected. Never use chemical hair removers on your residual limb.
3. Avoid prolonged soaking in warm bathtubs or hot tubs because this may cause increased swelling in your residual limb.

Inspection of Your Residual Limb

1. Regular inspection of your residual limb using a long-handled mirror will help you identify skin problems early.
2. Initially, inspections should be done whenever you remove your prosthesis. Later on, most amputees find daily inspection sufficient for the early identification of skin problems.
3. Inspect all areas of your residual limb. Remember to inspect the back of your residual limb, the back of your knee and all skin creases and bony areas.
4. Look for any signs of skin irritation, blisters or red marks that do not fade within 15 minutes of removing your prosthesis. Report any unusual skin problems to a member of your rehabilitation team.



For further information on skin care visit the Amputee Coalition of America online
<http://www.amputee-coalition.org/>



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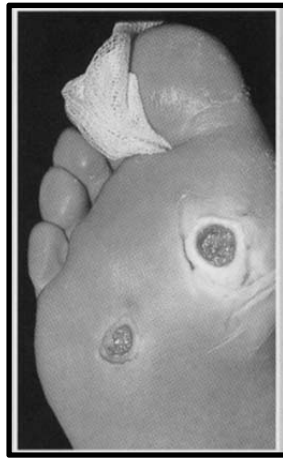
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For lower-extremity amputees, it is important to maintain the health of your sound foot. This is especially important if you have diabetes or if you have decreased circulation or sensation in your lower extremities.

Your Daily Routine Should Include the Following:



1. **Wash and dry your foot properly:** Use a mild soap, rinse thoroughly, and dry your skin by blotting or patting, making sure to dry between your toes.
2. **Inspect your foot daily:** Check for blisters, cuts and cracking, pressure areas, redness, irritation, skin breakdown, pain, or edema.
3. **Protect your foot from injury:** Wear shoes or slippers at all times, and check your shoes every time you put them on for tears, rough edges or sharp objects.
4. Contact your physician or prosthetist with any concerns.

SHRINKERS

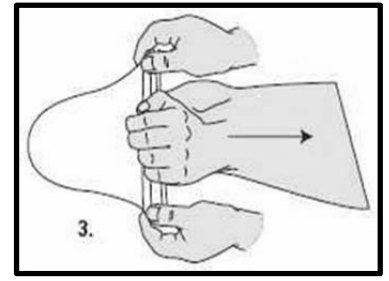
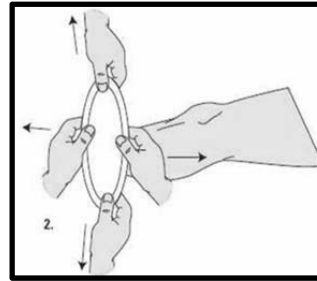
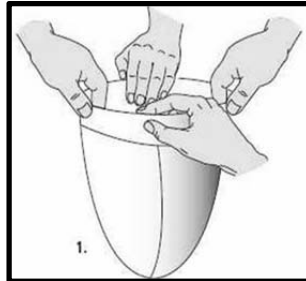


Shrinkers are designed to help control “edema” or swelling within your residual limb by applying compression to your limb. The compression helps push the fluid within your leg away from your residual limb. Until the volume of your residual limb has stabilized, you should wear your shrinker anytime you have your prosthesis off (including at night).



SHRINKERS

HOW TO PUT ON A SHRINKER



1. Roll Shrinker until it becomes flat like a pancake.
2. If another person is available pull on opposite corners to reduce any shear friction on the incision.
3. Pull the shrinker over the limb and smooth out any wrinkles.

Shrinker Tips

- Wear the shrinker all the time your prosthesis is not being worn.
- Machine-wash regularly and lay flat to dry.
- Wear overnight to prevent swelling.

Frequently asked Q's?

• *What if my shrinker slides off?*

Shrinkers will have a tendency to do this, especially at night as you move around while you sleep. Simply pull the shrinker back up. You may contact your prosthetist for a smaller size if the shrinker is excessively large.

• *What if I can't fit into my leg?*

Often times if you neglect to wear your shrinker, especially at night, your limb will swell up making it difficult to fit into your prosthesis. Put on the shrinker or use an ace bandage to put compression on the limb for several minutes and then try putting on your prosthesis.

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When used properly your prosthesis can help you walk and live more independently. Follow these important points to ensure your success:

- ☉ Catch any issues early, contact your prosthetist at the first sign of problems.
- ☉ Know your limb— be able to recognize when something unusual occurs (red spots, discoloration, tough skin, etc).
- ☉ While wearing the leg your skin may experience adverse effects like blisters, rashes, sores, etc. When this occurs immediately remove the prosthesis and contact your prosthetist.
- ☉ Report any malfunctions, failures or needed repairs to your prosthetist immediately.
- ☉ If there is a significant change to your health condition or weight loss or gain of more than 10lbs contact your prosthetist.
- ☉ Repairs on the prosthesis are under warranty for 3 months from the date of delivery. Individual components may have different warranties. Ask your prosthetist for details.
- ☉ Regular follow up appointments are important and should occur weekly until the adjustment period is completed and your prosthetist directs a change.

Initial Wear Schedule

Your leg needs time to adjust to wearing the prosthesis. Do not wear your prosthesis all day the first day. Unless otherwise directed by your prosthetist, follow these general wearing guidelines. Discontinue use if blistering or sores develop and contact your prosthetist.

First Week.....1-2 hours in am, 1-2 hours in pm
 Second Week.....4-8 hours a day (gradually increasing use 30 minutes a day)
 Third Week.....10-12 hours a day or as tolerable



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Be prepared! Here is a quick checklist of some things you may want to remember.

ANTIBACTERIAL CREAM— You may be walking more and, as a result, may develop sores from the increased activity. Antibacterial cream will help keep any sores clean.

DUCT TAPE— To temporarily hold together a broken strap, belt or other part of your prosthetic.

SET OF HEX WRENCHES— To tighten any bolts that may come loose (most common is 4, 5 & 6mm).

PLASTIC BAGS— To keep your prosthesis dry when there is a threat of it getting wet.

EXTRA PROSTHETIC SOCKS— Your socks have a tendency to get dirtier with hot weather and increased activity. Extra socks allow you to change them more frequently.

SPARE LINER— In case your liner gets damaged or lost.

SPARE SUCTION VALVE— In case suspension is lost or your valve is not working properly (your prosthesis may not have this - contact your prosthetist if you are unsure).

PHONE NUMBER OF YOUR PROSTHETIST— In case of an emergency and you need to contact your prosthetist.

DON'T FORGET YOUR CHARGER!! (If your prosthesis requires charging).



MY PROSTHESIS

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I received my prosthesis on _____

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My shrinker size is I II III IV V VI

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My sheath size is _____

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My liner size is _____ and the brand is _____

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My sleeve is a _____

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My sock size is S M L

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I was given 2-ply x _____, 3-ply x _____, 5-ply x _____

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M-F 8-5pm
Emergencies/after hours call 937-454-1900