

Hosmer Lower Extremity Prosthetics

Fillauer[®]

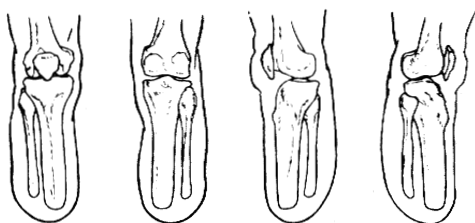
Tel: 800.251.6398
 Fax: 423.698.6076
 2710 Amnicola Hwy
 Chattanooga, TN 37406

Date _____ Patient's Name _____ Company Name _____
 Occupation _____ Soc. Sec. # _____ Street Address _____
 Amp. Date _____ Reason _____ City _____ State _____ Zip _____
 Site of Amputation _____ Clinic or Hospital _____
 Height _____ Weight _____ Age _____ Prescribing Physician _____
 MALE FEMALE LEFT RIGHT Prosthetist's Name _____

(Show Location of Stump Details, Identify with Code Letters)

BELOW KNEE

Anterior Posterior Medial Lateral

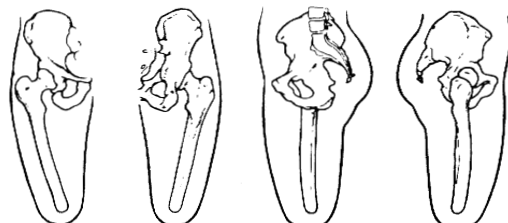


(PROVIDE TRACINGS ALSO)

A = abrasion
 B = boil or skin infection
 Bu = bursa
 Bs = bone spur
 D = discoloration
 E = edema
 I = irritation
 M = muscle bunching
 P = pressure point
 R = redundant tissue
 S = scar
 T = trigger point

ABOVE KNEE

Anterior Posterior Medial Lateral



(PROVIDE TRACINGS ALSO)

BELOW-KNEE STUMP CHARACTERISTICS	ABOVE-KNEE STUMP CHARACTERISTICS			
Stump Shape: _____ Distal Padding: _____	Stump Musculature	Soft	Average	Hard
Subcutaneous Tissue: Heavy <input type="checkbox"/> Light <input type="checkbox"/> Average <input type="checkbox"/>	General			
Distal Pressure Tolerance: None: <input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/>	Hamstring Group			
Condition of Thigh Musculature: Atrophy <input type="checkbox"/> Normal <input type="checkbox"/>	Gluteal Group			
Condition of Stump Musculature: Atrophy <input type="checkbox"/> Normal <input type="checkbox"/>	Rectus Femorus			
Knee Stability: _____	Adductor Longus			
Range of Knee Motion: _____	Subcutaneous Tissue: Heavy <input type="checkbox"/> Light <input type="checkbox"/> Average <input type="checkbox"/>			
Degree of Knee Contracture: _____°	Ischium: Toughened <input type="checkbox"/> Pressure Sensitive <input type="checkbox"/>			
Condition of Cut Bones: Tibia _____ Fibula _____	Muscle Padding _____ Prominent _____			
Remarks: _____	Previous Ischial Bearing: Yes <input type="checkbox"/> No <input type="checkbox"/>			
_____	Stump Lateral Convex _____ Concave _____			
_____	Contour: Out <input type="checkbox"/> Flat <input type="checkbox"/> In <input type="checkbox"/>			
_____	Degree of Contracture: Hip Flexion _____°			
_____	Abduction _____°			
_____	Stump Adduction _____° Remarks: _____			

Prescription for Prosthesis

Modular Prostheses Specify Type →	BK with adjustable pylon and soft cosmetic cover	AK with swing phase control and soft cosmetic cover	Swing phase control type	Other
Foot Component Model: Size:	Knee Component Model: Width:	Socket Materials	Type of Symes	Hip-Joint Model Type Size:
Ankle Component Model: Size:	Type of Socket	Shank Materials	Hip Disartic. Type	Type of Suspension

(Complete prosthetic measurement chart on opposite side)

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Patient's Name _____ Type of Prosthesis _____ Rt. Lt.

SPECIFICATIONS

Color: Caucasian Brown
 Light Brown Medium Dark Brown
 Limb Weight: Light ; Heavy Duty ;
 Standard
 Shoe Furnished: One Both None
 (Send shoe intended to be worn)
 Shoe Lace Opening: Top _____ Bottom _____
 Heel Cushion: Firm Regular Soft
 Socket: Lined Total Contact
 Other _____
 Valve (specify) _____
 Ankle Joint: Size _____ Style _____
 KD or BK Knee Joints: Size _____ Style _____
 KD or BK Thigh Lacing:
 Eyelets Hooks Both
 Thigh Lacer Height: _____
 Waist Belt Size: _____

COSMETIC COVERING:

Pigment Color Chip # _____ Issue: _____
 Cosmetic Soft Cover , or
 Custom Soft Cover (to cast of sound limb) , or
 Laminated over Foam , Wood , or
 Neuter Foam Blank (for shaping and covering
 by prosthetist)

OLD PROSTHESIS MEASUREMENTS:

Ischium to Floor: _____ inches
 Knee-Center to Floor: _____ inches

NOTE:

For complete fabrication of prosthesis to be expedited, send negative plaster wrap of original modified cast (to be retained for your reference).

Date Required _____ How Ship? _____

SPECIAL NOTES: _____

BELOW KNEE

Diameter at level of femoral epicondyles:
 M-L (only) _____

Diameters at level of patella tendon:
 M-L _____
 A-P _____

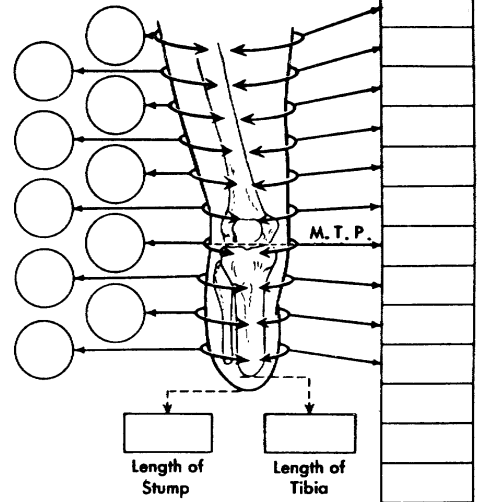
For Symes and knee disarticulation, diameters at widest and narrowest distal portions of stump.

Widest portion
 M-L _____
 A-P _____

Narrowest portion
 M-L _____
 A-P _____

MEASUREMENTS

If femur on this side not same length as on sound side, specify plus or minus difference.

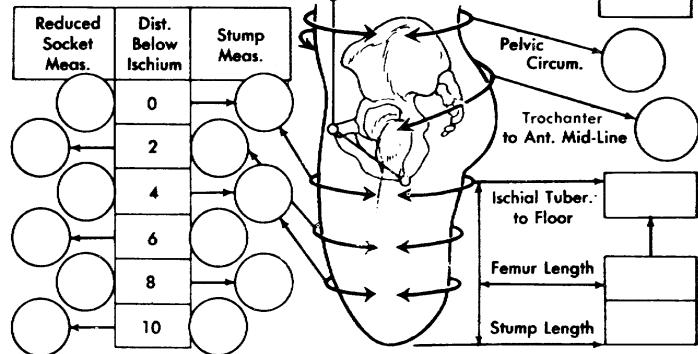


Knee Stability: _____
 Degrees of Knee Contracture: _____°

IMPORTANT — Mark all Bony Prominences on Cast

ABOVE KNEE

M-L Dimension of Socket _____
 A-P Dimension of Socket _____
 Distance from Ischial Tuberosity to Adductor Longus Tendon _____



Degree of Contracture: Hip Flexion _____°
 Abduction _____° Stump Adduction _____°

SOUND LIMB

