

Otto Bock®

QUALITY FOR LIFE



Amputee Fitting Protocol

Trial fitting with the C-Leg®/C-Leg®compact

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Amputee Data

Name, first name (please write in block letters)

Date of birth

Medical Supply Store

Company (please write in block letters)

Address:

Postal code, city:

Customer service no.

Phone

Fax

General Information

Residual limb / Amputation level

- knee disart. TF hip disart. hemipelvectomy
 muscular medium atrophied scarred
 long medium short

contracture in degrees: _____°

Other diseases

- bilateral amputation _____ amputation of the upper extremity
 multiple disability complicated post-traumatic condition
 contralateral joint instability joint arthrosis of the lower extremity

Socket:

- Socket type:** ischium supported hybrid ischial containment M.A.S.
Adhesion: very good good average poor no adhesion
Load capacity: very good good average poor not possible

Specifications of the Previous Prosthesis

Age of the prosthesis _____

Prosthetic foot _____

Knee joint _____

Liner _____

Note: Please use this Fitting Protocol in conjunction with the Amputee Questionnaire.

Initials	Date of birth

Specifications of the Fitting with the C-Leg® /C-Leg® compact

Kind of fitting

- trial fitting definitive fitting

Test period of trial fitting

_____ day(s) _____ week(s)

Carried out by

- certified medical supply store Otto Bock
 Prosthetist _____

Components used

Knee joint

- C-Leg® C-Leg® compact
 adjustment pyramid long residual limb

Tube adapter

- without torsion with torsion
 110 mm 120 mm 160 mm 200 mm 240 mm

Adapter

- 4R57 rotation adapter adjustment pyramid threaded connector
 4R118 sliding adapter
 4R112 sliding adapter
 other: _____

Foot

- 1A30 1D10 1D25 1D35 1C30 1C40
 1E40 1E56 1E57
 left right Size: _____

Settings at the end of trial fitting

	C-Leg®	C-Leg® compact
Maximum toe load		
Stance flexion damping		
Stance extension damping		
Swing phase damping		
Swing extension damping		
Initial swing flexion damping		
Knee angle threshold		
Dynamic factor		
Basic flexion damping (2 nd mode)		
Increased damping with knee angle (2 nd mode)		

Initials	Date of birth

Judgment regarding the Use of the C-Leg® /C-Leg® compact

Use of walking aids:

Before trial fitting:

none walking cane one forearm crutch two forearm crutches _____

With test prosthesis:

none walking cane one forearm crutch two forearm crutches _____

Use of stance flexion damping:*

Stairs:

alternating using the damping step for step not possible
 safe still unsafe permanently unsafe

Ramp:

alternating using the damping step for step not possible
 safe still unsafe permanently unsafe

Even surfaces:

for stopping for sitting down yielding increased weight bearing
 amputated side becomes the standing leg no confidence

Special mode (2nd mode, only C-Leg®)

Amputee requires the special mode for _____

Different walking speeds*

without restrictions with restrictions not possible

Harmonization of the gait pattern*

very clearly clearly minor very minor none

Relief of sound leg

very clearly clearly minor very minor none

Reduction of energy required

very clearly clearly minor very minor none

Shared attention

Amputee can talk while walking

very well well moderate poor not possible

* Document by video if possible

