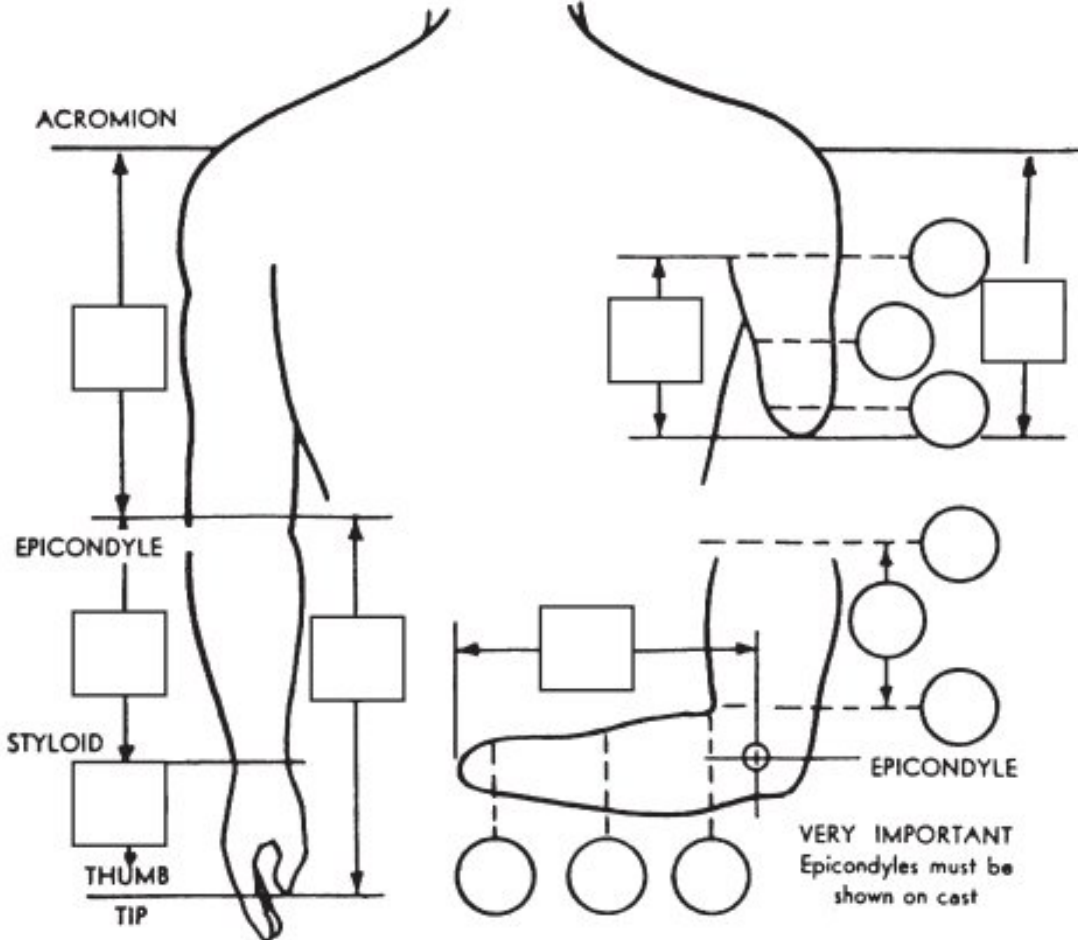


Date Due: ☐ Initial Check Socket ☐ Revision / Refit ☐ Diagnostic Socket

PATIENT		TRIAL COMPONENT SETUP	
Last Name:		Terminal Device (trial):	
First Initial:		Wrist Unit (trial):	
Patient ID:		Elbow Unit (trial):	
☐ Bilateral	☐ Left only ☐ Right only	☐ Body-Powered Cable Test	☐ Myo Electrode Test
Practitioner:			
Facility:			
LEVEL OF AMPUTATION		MYOELECTRIC SIGNAL CHECK (if applicable)	
☐ Partial Hand	☐ Wrist Disarticulation	Electrode Site 1:	Signal: ☐ Strong ☐ Weak
☐ Transradial (Below Elbow)	☐ Elbow Disarticulation	Electrode Site 2:	Signal: ☐ Strong ☐ Weak
☐ Transhumeral (Above Elbow)	☐ Shoulder Disarticulation	☐ Co-contraction Test Passed	☐ Calibration Needed
CHECK SOCKET MATERIAL		ALIGNMENT CHECK	
☐ Clear Thermoplastic	☐ Opaque Thermoplastic	☐ Rotational Alignment OK	☐ Rotation Needs Adjustment
☐ PETG	☐ Polypropylene	☐ Flexion Angle OK	☐ Flexion Needs Adjustment
☐ Surlyn	☐ Other (see notes)	☐ TD Orientation OK	☐ TD Orientation Needs Adj.
SOCKET FIT EVALUATION		FUNCTIONAL TASK TESTING	
Overall Fit:	☐ Good ☐ Loose ☐ Tight	☐ Grasp/Release	☐ Pinch ☐ Carry Object
Suspension:	☐ Adequate ☐ Excess Pistoning ☐ Slipping	☐ Reach Overhead	☐ Bimanual Task ☐ ADL Simulation
Donning/Doffing:	☐ Easy ☐ Difficult		
Comfort:	☐ Comfortable ☐ Pressure Points ☐ Pain Noted		
PRESSURE / RELIEF AREAS NOTED		ADJUSTMENTS NEEDED FOR FINAL FAB	
(Mark location & describe in notes section, p.2)		☐ Trim Lines	☐ Relief Area
☐ Epicondyles	☐ Olecranon	☐ Tighten Socket	☐ Loosen Socket
☐ Styloid	☐ Distal End	☐ Reposition Electrode	☐ Re-align TD
☐ Anterior Forearm	☐ Posterior Forearm		
RANGE OF MOTION CHECK		VENDOR / COMPONENT ORDER NOTES	
Elbow Flexion/Extension:	☐ Full ☐ Limited		
Forearm Pronation/Supination:	☐ Full ☐ Limited		
Wrist Flexion/Extension:	☐ Full ☐ Limited		
Shoulder Flex/Abduction:	☐ Full ☐ Limited		
PATIENT FEEDBACK & READINESS FOR FINAL FAB			
☐ Patient Approves Fit — Proceed to Final Fab		☐ Additional Check Socket Required	

LIMB MEASUREMENTS (mm) — Verify against check socket	
	
TRIM LINE & ALIGNMENT NOTES	NEXT APPOINTMENT / FINAL FAB PREP
	Next Appointment Date:
	Estimated Final Fab Date:
	☐ Order Final Fab Components Now
CAST / SCAN MODIFICATIONS	PHOTOS / DOCUMENTATION
☐ Build up Proximal	☐ Photos Taken — Anterior/Posterior
☐ Build up Distal	☐ Photos Taken — Lateral
☐ Flare Epicondyles	☐ Video of Functional Testing Recorded
☐ Reduce Proximal	
☐ Reduce Distal	
☐ Relieve Styloid	