

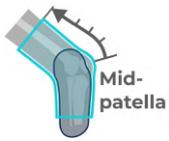
⚠ This sheet is NOT an order form. Use it only as a checklist during the patient meeting. The data must be reported on our sleeve ordering platform: motiontech.ch/yoursleeveorderingplatform

PATIENT INFORMATION

Patient ID: _____ Amputation side: L R
 Started using prostheses in: _____ Weight: _____ kg Birth year: _____

SLEEVE LENGTH & ANGLE

Mid-patella to proximal end of sleeve



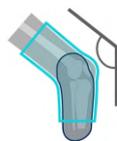
_____ cm

Mid-patella to distal end of sleeve



_____ cm

Desired knee flexion angle



_____ °

OPTIONAL: ONLY FOR SLEEVE FROM SCAN

ZONES FOR THICKNESS CONTROL - SLEEVE FROM SCAN

ZONE N°	Tissue type	Thickness control <i>Either "Add cushion pad", or "Fill this area"</i>	Why / Comments / Details
1			
2			
3			
4			
5			

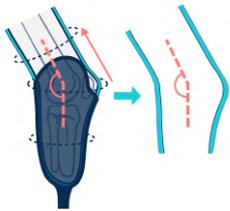
EXTRA CHECKLIST - SLEEVE FROM SCAN

Before letting your patient go, make sure you have:

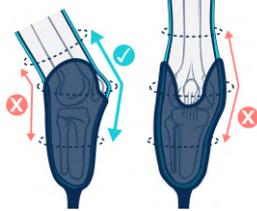
- Drawn measurements heights on the limb (before taking videos & scan)
- Drawn zones for thickness control on the limb / socket
- Taken videos of the limb** (palpating / showing soft tissues)
- Taken a good scan of the limb

Measurements instructions

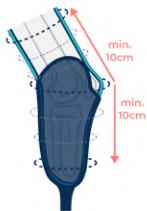
Measure the heights with the knee bent at the angle you requested for the sleeve



Measure heights on the anterior face



The sleeve must be min. 10cm long from mid-patella in both directions



Take at least 3 circumferences. Up to 7 accepted.



CHECKLIST

Before letting your patient go, make sure you have:

- Taken measurements
- Decided which silicone type you will go for: _____
- Decided which aesthetic style you will go for: _____

MEASUREMENTS



Height from Mid Patella [cm]	Perimeter Loose [cm]	Perimeter Tight [cm]
MP	0	

EXTRA NOTES