

Casting & Modification Form

Patient Name: _____ CP/CPO: _____ Date: _____

Limb: ☐ R ☐ L Liner Size: _____ Össur Foot: _____ Foot Size: _____ Weight: _____ Impact: _____

Notes:

Recommendations

Össur Casting

- Neutral hand cast with no initial shaping or pressure during casting
- Cast with elastic plaster bandage then rigid plaster bandage
- Wrap proximal to distal with a 3-5° knee flexion **OR** Use CAD digital system with a 3-5° knee flexion

Össur Modification

- Shave off the seal to be flush with the positive mold
- Reduce 3% globally
- Reduce 1/4" off the distal end

Reduction Chart

Meas. (cm)	3% Reduction	Meas. (cm)	3% Reduction
16	15.5	28.5	27.7
16.5	16	29	28.1
17	16.5	29.5	28.6
17.5	17	30	29.1
18	17.5	30.5	29.6
18.5	18	31	30.1
19	18.4	31.5	30.6
19.5	18.9	32	31
20	19.4	32.5	31.5
20.5	19.9	33	32
21	20.4	33.5	32.5
21.5	20.9	34	33
22	21.3	34.5	33.5
22.5	21.8	35	34
23	22.3	35.5	34.4
23.5	22.8	36	34.9
24	23.3	36.5	35.4
24.5	23.8	37	35.9
25	24.3	37.5	36.4
25.5	24.7	38	36.9
26	25.2	38.5	37.4
26.5	25.7	39	37.8
27	26.2	39.5	38.3
27.5	26.7	40	38.8
28	27.2		

Iceross Seal-In V

Limb Length _____

3% Reduction

Meas. (cm)

MPT →

2 cm →

4 cm →

6 cm →

8 cm →

Top Seal →

Lower Seal →

2 cm →

4 cm →

Iceross Seal-In V HP

Limb Length _____

Meas. (cm)

3% Reduction

← MPT

← 2 cm

← 4 cm

← 6 cm

← Top Seal

← Lower Seal

← 2 cm

← 4 cm

← 6 cm

Minimum Limb Length

Size	Seal-In V	Seal-In V HP
18-20	10 cm	13 cm
21-25	11 cm	14 cm
26-30	12 cm	15 cm
31-36	13 cm	16 cm

Ordering Information

Part #	I-4713XX Seal-In V I-4723XX Seal-In V HP
Sizes (XX)	18, 20, 22, 23.5, 25, 26.5, 28, 30, 32, 34, 36
Profile	Wave 3 mm