

# Mechanical Upper Limb Order Form

Return via email to \_\_\_\_\_.

This form must be filled out completely to receive approval for design and manufacturing.

## Facility Information

Clinic / Customer #: \_\_\_\_\_ Shipping Address (PO Box): \_\_\_\_\_  
 Clinician Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ City, State / Province: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Zip Code / Postal Code: \_\_\_\_\_

## Patient Information

Patient Identifier (please do not include the patient's name): \_\_\_\_\_

Mark all affected fingers:  
 Left: 1 2 3 4 5 Right: 1 2 3 4 5 Sizing Date: \_\_\_\_\_  
 Insurance Type: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_

Is the patient experiencing any of the following?

Edema	Limited Joint Flexion	Other concern that might affect function (explain): _____ _____
Hypersensitivity	Limited Joint Extension	
Weakness	Volume Fluctuation	

### Patient Goals

Please list the top 5 manual tasks the device(s) will assist with (i.e., typing, cutting food, hammering, etc.).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Additional Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Interested in extending our standard (2) years warranty?

#### Extended Warranty

Please check this box to indicate you wish to extend our standard warranty by (1) year at an additional cost.

### Order Intake Checklist

Intake and Device Sizing Form

Picture a - Palmar View

Picture b - Dorsal View

ROM Videos

Ring Sizing Media - pictures c & d

For MCPDriver and ThumbDriver orders

(one or both of the following must be submitted):

Hand Scan

Positive Hand Mold

# PIPDriver®, MCPDriver® and ThumbDriver® | Media Guidelines

Photos and videos are required.

They must be at least 400kb and show unobstructed viewpoint for each impaired digit.

## Photos

Please use the intake mat for taking pictures. You can order an intake mat from Össur at no cost.

When taking pictures, ensure hand detail (i.e., palmar creases) and marks / numbers are highly visible in each photo.

The following photos are required:

- a. Orthogonal photo on intake mat – fingers extended, palmar view
- b. Orthogonal photo on intake mat – fingers extended, dorsal view
- c. Palmer view of both hands on intake mat
- d. Dorsal view of both hands on intake mat

Note: It is critical that both hands are positioned as flat as possible against a stationary surface, such as a table, and that the photos are taken directly above (perpendicular to) the hands and approximately two feet (~60cm) away to avoid any possible distortion of the photos. Failure to capture images according to Össur standards may require re-submission.

## Range of Motion (ROM) Videos

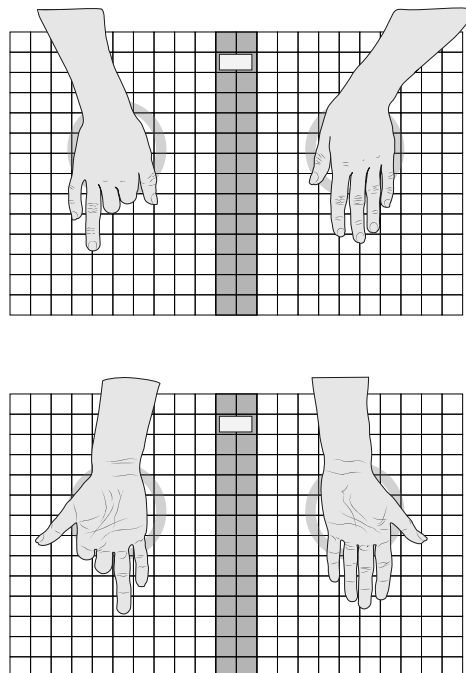
Short 5-10second video with fingers moving slowly through full range of motion:

- a. Full flexion and extension – palmar view
- b. Full flexion and extension – sagittal view

## Required Palmar & Dorsal

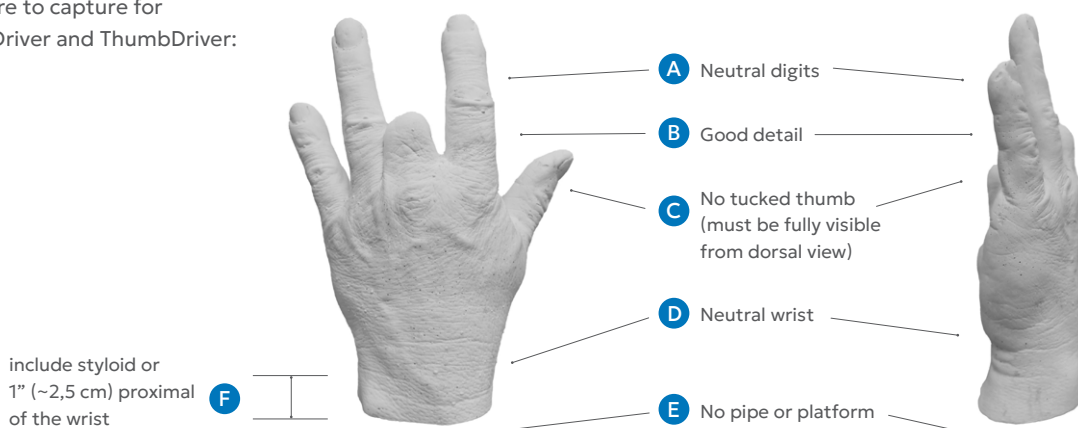
(Must Include Both Hands)

Ensure crease lines of affected finger(s) are visible in photo. If not visible, mark crease lines on the digit or image.



## Positive Hand Mold Guide (preferable in dental stone)

Be sure to capture for MCPDriver and ThumbDriver:



**Casting Instructions:**




Silicone




Alginate

**Scanning Guidelines:**



**Ring Sizing Instructions:**

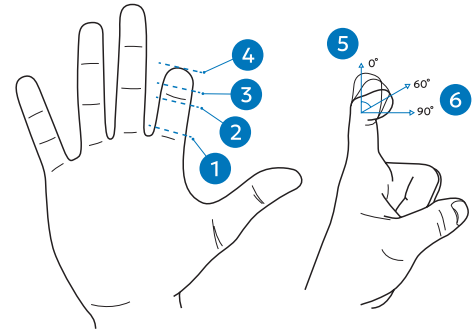


Size & ROM

Record the following six measurements by filling in each appropriate box below with the corresponding sizing ring number and ROM measurement. Please use only the Össur’s sizing kit numbers.

Use the drawing here for reference:

- ① ring size at base of finger where a ring normally rests
- ② ring size at PIP joint (knuckle)
- ③ ring size at base of the 2nd phalanx
- ④ ring size at distal 2nd phalanx
- ⑤ PIP joint extension angle (use a goniometer)
- ⑥ PIP joint flexion angle (use a goniometer)



Select an intimate fitting ring size for each measurement. Oval and round ring sizes are not interchangeable. For each measurement, **select** if you used a round or oval ring.

Left Hand

Right Hand

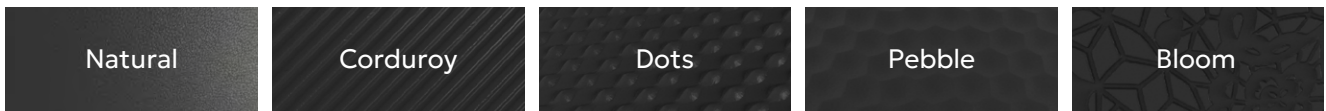
	L2index	L3middle	L4ring	L5pinky
① proximal base	oval round	oval round	oval round	oval round
② PIP joint	oval round	oval round	oval round	oval round
③ base 2nd phalanx	oval round	oval round	oval round	oval round
④ distal 2nd phalanx	oval round	oval round	oval round	oval round
⑤ PIP joint extension	_____	_____	_____	_____
⑥ PIP joint flexion	_____	_____	_____	_____
Capacitive Tip (additional charges apply)	_____	_____	_____	_____

	R2index	R3middle	R4ring	R5pinky
① proximal base	oval round	oval round	oval round	oval round
② PIP joint	oval round	oval round	oval round	oval round
③ base 2nd phalanx	oval round	oval round	oval round	oval round
④ distal 2nd phalanx	oval round	oval round	oval round	oval round
⑤ PIP joint extension	_____	_____	_____	_____
⑥ PIP joint flexion	_____	_____	_____	_____
Capacitive Tip (additional charges apply)	_____	_____	_____	_____

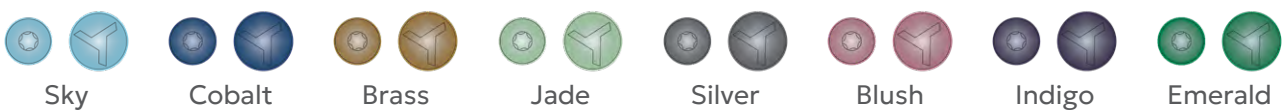
Colors



Textures



Fasteners



Customer Notes

\_\_\_\_\_

\_\_\_\_\_

Internal Only - Clinical Notes:

\_\_\_\_\_

\_\_\_\_\_

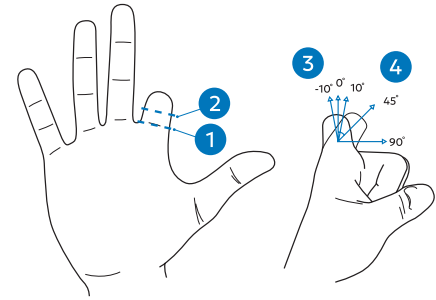
# MCPDriver® and ThumbDriver®

## Size & ROM

Record the following four measurements by filling in each appropriate box below with the corresponding sizing ring number and ROM measurement. Please use only Össur's sizing kit numbers.

Use the drawing here for reference:

- 1 ring size at base of finger where a ring normally rests
- 2 ring size 1/2-way between the base and end of finger
- 3 MCP joint extension (use a goniometer) (hyperextension is a negative value)
- 4 MCP joint flexion (use a goniometer)



Select an intimate fitting ring size for each measurement. Oval and round ring sizes are not interchangeable.

For each measurement, **select** if you used a round or oval ring.

### Left Hand

### Right Hand

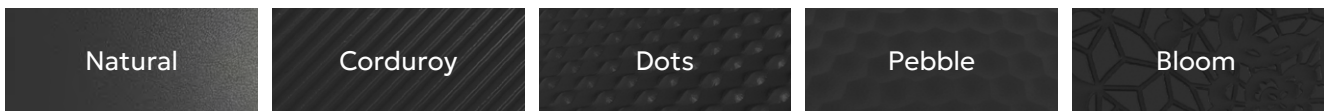
	L1thumb	L2index	L3middle	L4ring	L5pinky
1 proximal base	oval round	oval round	oval round	oval round	oval round
2 mid 1st phalanx	oval round	oval round	oval round	oval round	oval round
3 MCP joint extension	_____	_____	_____	_____	_____
4 MCP joint flexion	_____	_____	_____	_____	_____
Shim Holes	yes no	yes no	yes no	yes no	yes no
Capacitive Tip	_____	_____	_____	_____	_____

	R1thumb	R2index	R3middle	R4ring	R5pinky
1 proximal base	oval round	oval round	oval round	oval round	oval round
2 mid 1st phalanx	oval round	oval round	oval round	oval round	oval round
3 MCP joint extension	_____	_____	_____	_____	_____
4 MCP joint flexion	_____	_____	_____	_____	_____
Shim Holes	yes no	yes no	yes no	yes no	yes no
Capacitive Tip	_____	_____	_____	_____	_____

## Colors



## Textures



## Fasteners



Customer Notes

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Internal Only - Clinical Notes:

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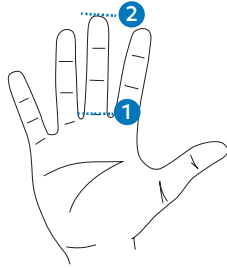
## GripLock Finger®

Included with each GripLock Finger purchase:

- GLF toolkit
  - anchor setup for alignment and final lamination
  - corresponding dummy finger
- Additional anchors can be purchased through Össur Customer Service

### Size & ROM

To estimate appropriate GripLock Finger length, measure the distance from the palmar digital crease **1** to the distal end of the fingertip **2** on each corresponding intact finger, if possible. Use the following table to record your measurements:



Intact Finger Measurement

Intact Digit	index	middle	ring	pinky
Length (mm)	_____ mm	_____ mm	_____ mm	_____ mm

### GripLock Finger Size

Use your measured lengths above to select the most appropriate GripLock Finger size for each digit. Be sure to consider any possible added length that may occur as a result of socket build up when deciding on final finger length.

Please indicate the number of each digits you would like to order in each corresponding box.

Length	Quantity	Capacitive Tip (Additional charges apply)
65 mm		
70 mm		
75 mm		
80 mm		
85 mm		
90 mm		

### Alignment Jig

Please check this box if you would like to order an additional alignment jig with this purchase. Note: your first order of a GripLock Finger will include one alignment jig.

### Fabrication (only relevant for the US)

Do you need support or a quote for fabrication?

### Colors



### General Product Information

Please note that the color of the silicone parts depends on the selected product color as follows:

- For the colors **Slate, Shamrock, Deep Sea, Dark Plum** the silicone parts will be light gray
- For the colors **Forest, Merlot, Glacier, Raven** the silicone parts will be black

Note: all capacitive tips are black silicone