



Des Peres: 314-775-2041
Fairview Heights: 618-212-0006
Festus: 636-232-2982

Patient Education: Transtibial Pin Suspension

HOW TO PUT ON YOUR PROSTHESIS

1. Place A&D Ointment along the incision line, kneecap, and any other areas needed, but do not cover the entire leg in ointment.
2. Turn the liner inside out and flatten the bottom of the liner as much as possible.
3. Place the liner on the end of the residual limb, making sure the pin is correctly aligned with the center of the limb.
Using the pads of your fingers and palms of your hands, pull up the liner onto your residual limb. Make sure there are no wrinkles in the liner.
4. If socks are necessary, place them between the liner and soft insert. Make sure the sock(s) are not caught on the pin. (See "Sock Management" on reverse)
5. Place the soft insert (pink/orange in color) over the liner (and socks) then pull up a white sheath over the insert. It is important that you take the soft insert out of the external frame every time you put on your prosthesis. Do not leave the soft insert in the prosthesis and step into it.
6. With your knee bent at a 45 degree angle, place your residual limb into the prosthesis. You should hear several clicking sounds, indicating your liner is connected to the external frame. If you don't hear any clicks, **your leg is not secure and you should not walk.** You may hear additional clicking sounds when you stand, this is normal.
7. If you have a knee sleeve, pull it up over the prosthesis and liner making sure at least 2" of skin is in contact with the sleeve on the thigh. Be sure to avoid any wrinkles in the sleeve.

HOW TO TAKE OFF YOUR PROSTHESIS

1. Reach down for the round silver push button near the bottom of the hard

interface. Press it in while pulling on the interface.

2. **Always** check your skin for any areas of irritation or redness lasting longer than 15 minutes every time you take off your prosthesis. If you notice anything unusual or redness lasting longer than 15 minutes, call P&O Care immediately.

LINERS & CLEANING

It is imperative you clean your liners by hand with **foaming, anti-bacterial soap** after wearing. Bar soap is NOT recommended as it can leave residue on the liner. The inside of the liner maintains in constant contact with your skin in a warm, moist environment in which bacteria can grow quickly if not cleaned daily. Do not use a washcloth, as it can be a source for new bacteria, and be sure to rinse off all soap as skin irritation can occur. Leave the liner to air dry, keeping it out of the sun. Store the liner with the fabric side facing out; you do not want to damage the inside of the liner.

You are given two liners. One should be worn every other day, alternating the use of the liners and breaking them in evenly. Be careful not to damage liners with your fingernails when donning (putting on) the liner. Even very short nails can leave marks in the liner, therefore use the pads of your fingers and palms of your hands to roll on the liner.

NEVER sleep overnight with your liner or prosthesis. Your residual limb needs adequate time to breathe and if the liner is not doffed nightly, very serious infections and rashes can occur.

SHRINKERS

We strongly encourage you to wear a shrinker any time you are not wearing your prosthesis, especially while sleeping, as your residual limb may change over night. Be sure to check for wrinkles, as over time the shrinkers begin to fall down. Notify your practitioner when the shrinker is too large.



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WALKING BASICS

It is extremely important that whenever any amount of your weight is on the prosthesis, your knee must be in a completely locked position. When your weight is not on the prosthesis, you may bend your knee freely and advance the limb forward. **Do not walk with your knee bent!** This poor gait pattern not only expends more of your energy, but it can cause instability and possible injury.

WALKING AIDS

It is strongly recommended that new amputees use a walker or cane for additional stability with a new prosthesis. If a cane is used, hold it in the hand opposite the side of the prosthesis. This provides you with a larger base of support and therefore, more stability. Typically after completing physical therapy, most patients will have enough strength to ambulate without a walking aid. (Determined by your physical therapist)

SOCK MANAGEMENT

Everyday your residual limb will change in volume. For example, you may find in the morning, your limb will be more swollen and throughout the day it will reduce in size. Sock management becomes a vital part of your daily use of a prosthesis and can change from day to day. Prosthetic socks are categorized by the thickness or "ply" of sock. You should have a supply of 1 ply, light weight (1-2ply), 3 ply and 5 ply socks to manage the daily volume fluctuation of your residual limb. You may use any combination of socks to achieve a snug fit. The soft insert should be pulled with resistance with the right amount of socks. Add

socks if you feel pressure on the bottom of your limb. Remove socks if you feel pressure on your knee cap. Be sure to avoid any wrinkles in the socks and make the socks are free from the pin before locking it into place. If you don't check, the socks may get stuck in the locking mechanism and you will have extreme difficulty doffing your prosthesis.

It is also important not to confuse a **sheath** with a **sock**. A **sheath** is less than 1 ply, it is very thin, and resembles a type of stocking. A **sock** is thicker, made of cotton and rougher to the touch. Socks can be cleaned in the washing machine, but it is not recommended to put socks in the dryer.

STAIRS & RAMPS

Navigating stairs can be a daunting task, however navigating stairs is best remembered by this catch phrase: "Up with the good, down with the bad" As you are ascending stairs, begin each step up with the good leg, followed by the prosthesis. As you descend stairs, begin with your prosthesis followed by your good leg. When a ramp is encountered, do not approach it head on. Instead, approach it in a side step manner leading with the leg that feels most comfortable.

SITTING

Avoid sitting long periods with your knee bent at 90 degrees. If you must be seated for an extended period of time, for example long car rides or when dining, be sure to position yourself so your leg can be extended comfortably. We advise you to sit in the front seat with more leg room, the end of the table or an isle seat where your leg can be extended