



My Prosthetic Suspension Sleeve

The Suspension sleeve is a device that offers comfort, support and suspension of your prosthesis. The sleeve functions by cushioning your residual limb and due to the intimate fit, 'grips' the flesh on your limb offering a more intimate fit between the socket and your leg.

Why do I need it?

Depending on the design of your prosthesis, it can be used for

cushioning alone or include a pin or lanyard for suspension of your prosthesis.

Various styles of Suspension sleeves

There are a wide variety of suspension sleeves. They come in various thicknesses and designs. If you have sleeves from different prostheses, there are also different types, lengths and styles of pin style of suspension. Prior to using them, check with your prosthetist before wearing them. They are normally **NOT** interchangeable

How long should I wear my Suspension sleeve?

Sleeves are designed to be worn no more than 1 (one) day without cleaning. The environment of the interior of the sleeve is a prime area for bacterial growth. Therefore, do not wear more than one time without cleaning and allowing it to thoroughly dry before wearing it again.

Precautions

- Remember to '*Ask Questions*' if you are not sure of anything regarding your device
- Do not leave the sleeve rolled up after removing your prosthesis as it can stretch and deform
- Always let the sleeve dry thoroughly prior to wearing it
- Use drying hook or stand provided to allow the interior of the sleeve to dry
- NEVER lay flat

Check the device for

- Any cuts, tears, cracks, worn areas
- Check the pin (if provided) for tightness and worn areas
- Clean the sleeve with hypoallergenic NON-PERFUMED soap and water. Do not immerse
- Air Dry the sleeve as directed

Check your skin for

- Abnormal redness
- Blisters or sores



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Follow up Appointments:

You have a follow up appointment at our office at: _____

On: _____ With: _____

Should you need to reschedule, contact us at: _____

Specific Instructions:

My Sleeve mfg. is: _____

Size: _____ Thickness: _____ Pin length: _____

I understand the instructions given to me today and those provided on this sheet.

Signed: _____

Patient (or Caregiver)

Date: _____

Witness: _____

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