

Northwestern University Prosthetics-Orthotics Center
680 North Lake Shore Drive, Suite 1100
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**2016 REGISTRATION FORM: PROSTHETIST & PATIENT MODEL
2016 NU-FlexSIV Socket Course**

*****Each participating Certified Prosthetist must register him/herself and his/her Patient Model.
Register your Patient Model on page 2*****

Select Course Date (Course content is identical)

- Session 1: NU-FlexSIV Socket Course, June 8 & 9, 2016
 Session 2: NU-FlexSIV Socket Course, July 22 & 23, 2016

PROSTHETIST INFORMATION

Name: _____
Company / Facility: _____
Company Address: _____
State / Province: _____
Zip / Postal Code: _____ Email: _____
Country: _____ TEL: _____
Prosthetist's ABC or BOC Number for Continuing Education Credit: _____

Credentials (check all relevant):

- CP
 CPO
 BOCP
 BOCP/BOCO
Other Professional Credentials: _____

Date, Place, and Degrees, Diplomas, Other Certifications:

Emergency Contact Information, Special Needs, Notes or Requests:

Signature of Prosthetist Applicant: _____

Date: _____

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**REGISTRATION FORM: PATIENT MODEL
 2016 NU-FlexSIV Socket Course**

Criteria for Acceptable Patient Models

- ✓ K2-K4 Activity Level
- ✓ Age 18-75
- ✓ Unilateral Transfemoral Amputation
- ✓ Residual limb length of more than 6-inches
- ✓ Residual limbs free from abrasions or skin breakdown

PROSTHETIST'S NAME: _____

PATIENT MODEL INFORMATION

Name: _____

Date: _____

Age (years): _____ Weight (kg): _____

Sex: M F Activity K-Level: _____

Amputation Side: Left Right

PATIENT MEASUREMENTS:

Numbers correspond to image at right:

1. Medial Anterior-Posterior (cm): _____

2. Proximal Medial-Lateral (cm): _____

3. Ischial Tuberosity to Distal End (cm): _____

4. Ischial Tuberosity to Distal Femur (cm): _____

5. Knee Center to Floor (cm): _____

Socket Flexion (degrees): _____

Socket Adduction (degrees): _____

Circumference 4cm above Distal End (cm): _____

General Musculature: Soft Firm

CURRENT PROSTHETIC COMPONENTS:

Liner Type / Size: _____

Current Knee: _____

Current Foot Type/Size: _____

Other In-line Componentry: _____

