

Naked Prosthetics Device: Patient Intake Form

Please return via mail or email to customerservices@steepergroup.com

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

Centre Name:	Clinician Name:	Email:	Phone:
Centre Address:		County:	Postcode:
Patient Name:	Patient DOB:	Date of Evaluation:	Date of Surgery:(if applicable)
Patient Gender: Male Female Other	Dominant Hand: Left Right	Please circle all affected fingers: L1 L2 L3 L4 L5 R1 R2 R3 R4 R5	
Patient Occupation		Was the injury obtained in the patient's workplace? Yes No	
Patient email/contact number for outcome measures collection only (<i>optional</i>):			

Cause of finger absence:
 Trauma - please provide further detail:
 Sepsis Dysvascular Cancer Congenital Other: _____

Did the patient change or lose their job as a result of the amputation?
 Yes No

Is the patient experiencing any of the following:
 Edema Limited joint flexion Other concern that may affect function - please explain:
 Hyper-sensitivity Limited joint extension
 Weakness Volume fluctuation

Does the patient have access to hand therapy (HT) or occupational therapy (OT)?
 Yes No

Has the patient tried any other prosthetic intervention?
 Yes No If Yes, please list which:

Patient Goals
 Please list the top 5 manual tasks the device(s) will assist with (typing, cutting food, hammering etc):

1.	4.
2.	5.
3.	

Additional notes:

Application Checklist (*initial when complete*):

___ Intake Form	___ ROM Video	___ QuickDASH Outcome Measure (Score:___)
___ Picture A	___ Device Sizing Form	
___ Picture B	___ Positive Hand Mould (N/A for PIPDriver)	

The above information is true to the best of my knowledge. I understand that this data will be used to design a fully custom device. By signing the form, I am accepting responsibility for the information herein.

Clinician signature: _____ Date: _____

Patient Intake, All Devices | Videos & Photos

I. Videos & Photos

Photos and videos are required to customise the device(s) for the patient. Photos and videos must be in **high resolution***, and show an unobstructed view of each impaired digit.

*Please ensure hand detail (i.e. palmar creases) and ruler hash marks and numbers are clearly visible in all photos.

PHOTOS

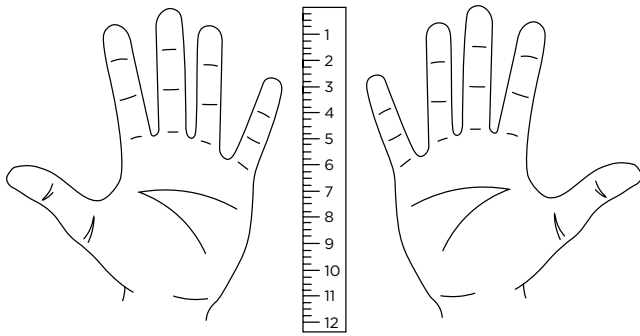
Required photos must include:

- Orthogonal photos with ruler - fingers extended, **palmar** view
- Orthogonal photos with ruler - fingers extended, **dorsal** view

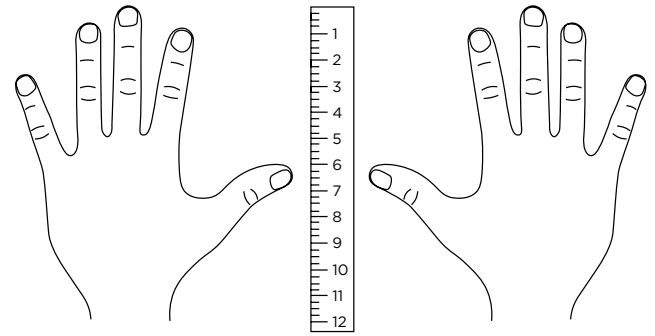
VIDEOS

Required videos must include:

- Full flexion and extension - **palmar** view
- Full flexion and extension - **sagittal** view



REQUIRED PICTURE A



REQUIRED PICTURE B

Note: It is critical that both hands are positioned **as flat as possible** against a flat surface, and that the photos are taken **directly above** (perpendicular to) the hands and approximately **60cm (2 feet) away** to avoid any possible distortion of the photos.

Suggested additional photos of impaired digit(s):

- 'Down the barrel' view:
 - No sizing rings on
 - Proximal sizing ring on in measurement position
 - PIP joint sizing ring on in measurement position (for PIPDriver only)
 - Residuum sizing ring on in correct position
- Dorsal view - all sizing rings on in measurement position

Videos, photos and completed/scanned forms can be submitted to: customerservices@steepergroup.com
If you are unable to send high resolution photos due to size limitations with email, please contact Steeper Customer Services.

PIPDriver

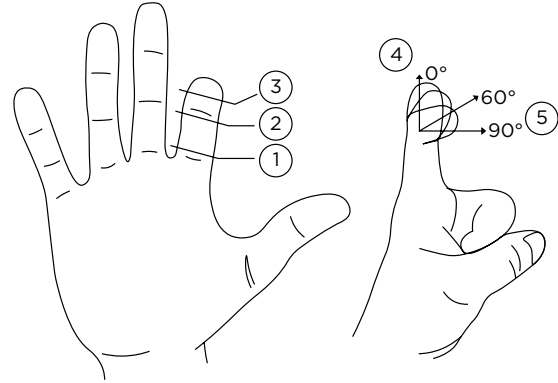
Patient: _____ Clinician: _____

II. Size & ROM

Record the following five measurements by filling in each appropriate box in the table below, with the corresponding sizing ring number. Please only use the Naked Prosthetic's sizing kit numbers.

Use the diagram on the right for reference:

1. Ring size at base of finger where a ring normally rests
2. Ring size at PIP joint (knuckle)
3. Ring size half way between the PIP joint and the amputation site
4. Extension (use a goniometer) (hyperextension is a negative value)
5. Flexion (use a goniometer)



LEFT HAND

- Select an intimate fitting ring size for each measurement below
- Oval and round rings sizes are **not** interchangeable
- For each measurement, **circle** whether you used a round or oval ring

	L2 Index	L3 Middle	L4 Ring	L5 Pinky
1. Proximal base	Oval /Round	Oval /Round	Oval /Round	Oval /Round
2. PIP knuckle	Oval /Round	Oval /Round	Oval /Round	Oval /Round
3. Mid 2 nd phalanx	Oval /Round	Oval /Round	Oval /Round	Oval /Round
4. PIP joint extension				
5. PIP joint flexion				

RIGHT HAND

- Select an intimate fitting ring size for each measurement below
- Oval and round rings sizes are **not** interchangeable
- For each measurement, **circle** whether you used a round or oval ring

	R2 Index	R3 Middle	R4 Ring	R5 Pinky
1. Proximal base	Oval /Round	Oval /Round	Oval /Round	Oval /Round
2. PIP knuckle	Oval /Round	Oval /Round	Oval /Round	Oval /Round
3. Mid 2 nd phalanx	Oval /Round	Oval /Round	Oval /Round	Oval /Round
4. PIP joint extension				
5. PIP joint flexion				

III. STYLE

Colour

(Please tick chosen colour coating)

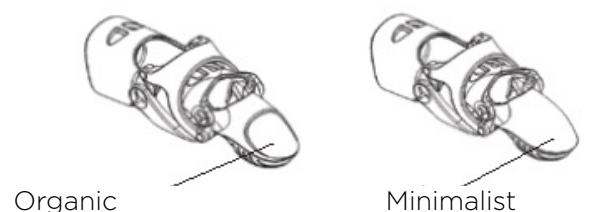
Please refer to steepergroup.com or swatch kit for visual aid.



Nail Style

(Please tick chosen nail style)

*Please note: MCPDrivers only come in minimalist style.



MCPDriver / ThumbDriver

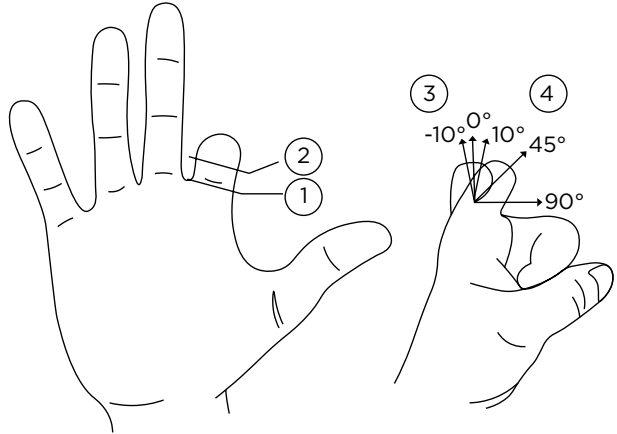
Patient: _____ Clinician: _____

II. Size & ROM

Record the following five measurements by filling in each appropriate box in the table below with the corresponding sizing ring number. Please only use the Naked Prosthetic sizing kit numbers.

Use the diagram on the right for reference:

1. Ring size at base of finger where a ring normally rests
2. Ring size half way between the base of the finger and the amputation
3. Extension (use goniometer) (hyperextension is a negative value)
4. Flexion (use a goniometer)



LEFT HAND

- Select an intimate fitting ring size for each measurement below
- Oval and round rings sizes are **not** interchangeable
- For each measurement, **circle** whether you used a round or oval ring

RIGHT HAND

- Select an intimate fitting ring size for each measurement below
- Oval and round rings sizes are **not** interchangeable
- For each measurement, **circle** whether you used a round or oval ring

	L1 Thumb	L2 Index	L3 Middle	L4 Ring	L5 Pinky		R1 Thumb	R2 Index	R3 Middle	R4 Ring	R5 Pinky
1. Proximal base	Oval/Round	Oval/Round	Oval/Round	Oval/Round	Oval/Round	1. Proximal base	Oval/Round	Oval/Round	Oval/Round	Oval/Round	Oval/Round
2. Mid 1 st phalanx	Oval/Round	Oval/Round	Oval/Round	Oval/Round	Oval/Round	2. Mid 1 st phalanx	Oval/Round	Oval/Round	Oval/Round	Oval/Round	Oval/Round
3. MCP joint extension						3. MCP joint extension					
4. MCP joint flexion						4. MCP joint flexion					

III. COLOUR

(Please tick chosen colour coating)

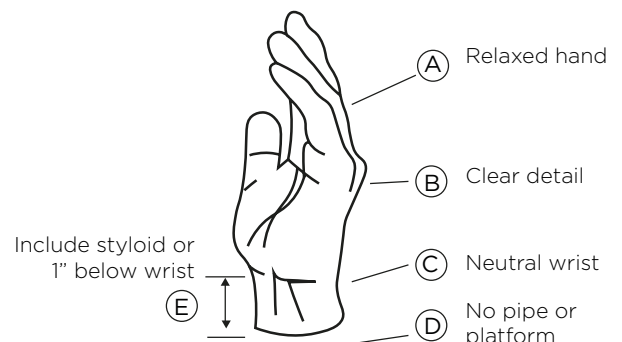
Please refer to steepergroup.com or swatch kit for visual aid.



IV. POSITIVE HAND MOULD

(Preferable in dental stone)

Please be sure to capture:

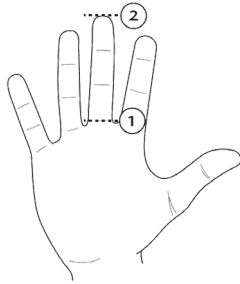


GripLock Finger

Patient: _____ Clinician: _____

II. SIZE

To determine 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. 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 on the table below. Be sure to consider any possible added length that may occur as a result of socket build-up when deciding on final finger length. For this reason, if between sizes, we recommend that you select the smaller of the two sizes.

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

LEFT HAND

Device Size	Index	Middle	Ring	Pinky
65mm				
70mm				
75mm				
80mm				
85mm				
90mm				

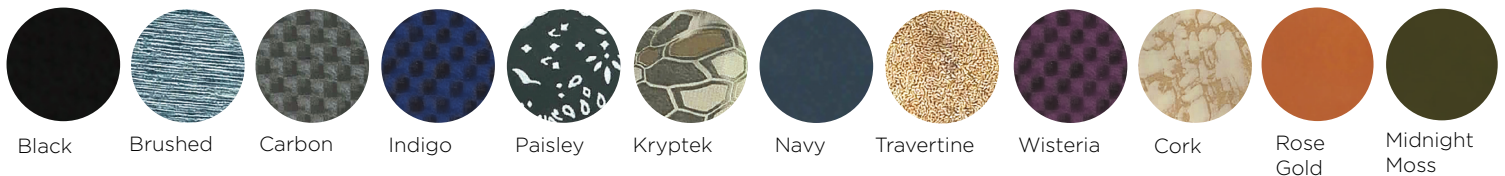
RIGHT HAND

Device Size	Index	Middle	Ring	Pinky
65mm				
70mm				
75mm				
80mm				
85mm				
90mm				

III. STYLE

Colour

(Please tick chosen colour coating) Please refer to steepergroup.com or swatch kit for visual aid.



IV. ANCHOR & ALIGNMENT JIG

Please check this box if you would like to order an additional alignment jig with this purchase.

Please Note: To manufacture a prosthesis with a GripLock finger, a GripLock Anchor and a GripLock Jig are required. The jig can be reused for subsequent manufactures. Please order using the following part numbers. GripLock Anchor - **NGLFA**, GripLock Jig - **NGLFJ**