

# ARTech Laboratory

Amputee Restoration Technologies  
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## Work Order - Hand & Finger

### Patient Profile

Prosthetic Company \_\_\_\_\_

Proth. Phone \_\_\_\_\_

Practitioner \_\_\_\_\_

Notes and Special Requirements \_\_\_\_\_

Patient Name \_\_\_\_\_

***\*Mark sensitive areas on model & diagram***

Description of amputation \_\_\_\_\_

***\*Mark location of trim line on diagram***

Description of prosthesis(ae myo) \_\_\_\_\_

***\*Please note if any of the residual is mobile & how much movement remains***

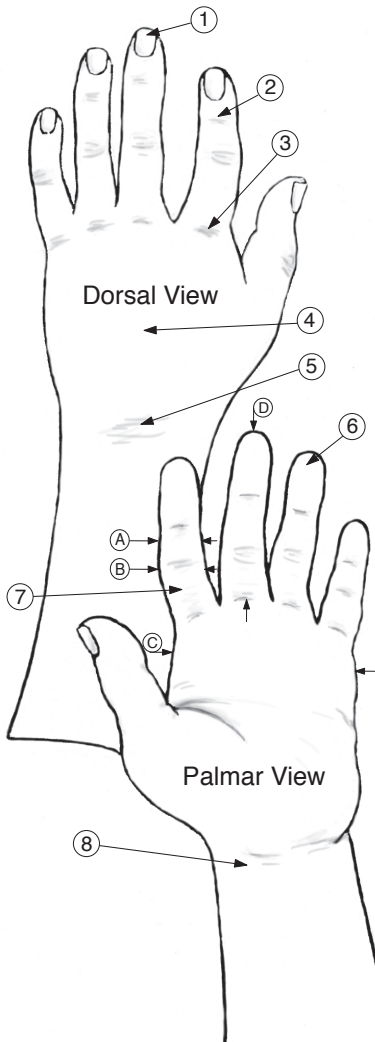
P.O. # \_\_\_\_\_

Practitioner' Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete all applicable profile/ diagram specifications and send this work order along with required models, photos, special instructions, etc.

### Sound Hand

### Affected Hand



#### Hand Colors

1. \_\_\_\_\_  
Fingernail (darkest area)
2. \_\_\_\_\_  
Between PIP & DIP  
(lightest area)
3. \_\_\_\_\_  
MCP Joint (darkest area)
4. \_\_\_\_\_  
Dorsal (average)
5. \_\_\_\_\_  
Above Wrist (average)
6. \_\_\_\_\_  
Fingertip
7. \_\_\_\_\_  
Between PIP & MCP
8. \_\_\_\_\_  
Above Wrist(darkest area)

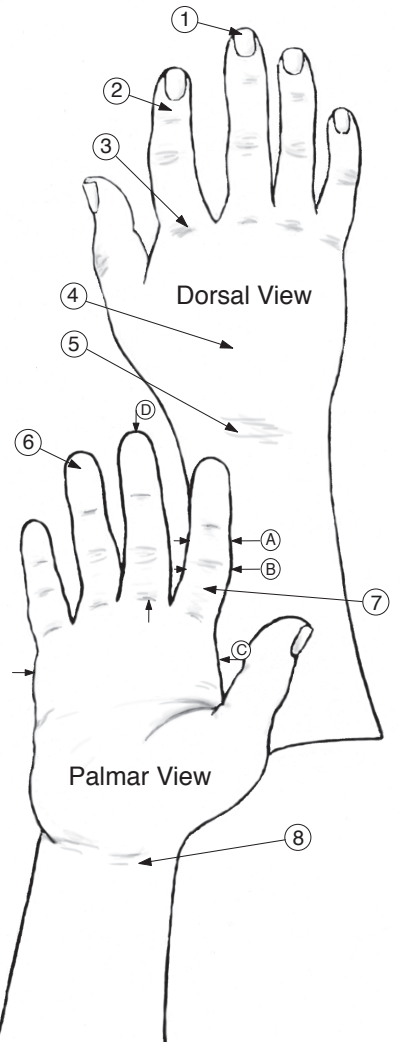
#### Measurements

- diameter in mm
- A. \_\_\_\_\_  
Between PIP & DIP index
  - B. \_\_\_\_\_  
Across PIP index
  - C. \_\_\_\_\_  
Across MCP
  - D. \_\_\_\_\_

- #### Hand Colors
1. \_\_\_\_\_  
Fingernail (darkest area)
  2. \_\_\_\_\_  
Between PIP & DIP  
(lightest area)
  3. \_\_\_\_\_  
MCP Joint (darkest area)
  4. \_\_\_\_\_  
Dorsal (average)
  5. \_\_\_\_\_  
Above Wrist (average)
  6. \_\_\_\_\_  
Fingertip
  7. \_\_\_\_\_  
Between PIP & MCP
  8. \_\_\_\_\_  
Above Wrist(darkest area)

#### Measurements

- diameter in mm
- A. \_\_\_\_\_  
Between PIP & DIP index
  - B. \_\_\_\_\_  
Across PIP index
  - C. \_\_\_\_\_  
Across MCP
  - D. \_\_\_\_\_





## ARTech Laboratory, Inc. Checklist

### Partial and Total Hands

\_\_\_\_\_ Dental stone model of “affected” side. Model should be made 3 to 4 inches beyond the styloid. **Make sure the wrist is straight and not angled. If thumb is missing, please have patient hold the residual hand in the alginate in the “opposition” position, if possible.** Model should be made 3 or 4 inches past the styloid, or past the desired length for fixation in the mold.

\_\_\_\_\_ **Lab plaster (not plaster bandage)** model of “sound” side, **with fingers in the position that the patient wants the finished prosthesis to be in** (example: relaxed as hanging at side or flexed for a particular function – typing/writing/playing an instrument, etc.). Model should be made 3 or 4 inches past the styloid, or past the desired length of the prosthesis for fixation in the mold. **If thumb is missing, please have patient hold their hand in the alginate in the “opposition” position.**

\_\_\_\_\_ Measurements filled out on Work Order

\_\_\_\_\_ Color choices filled out on Work Order (with patient input).

\_\_\_\_\_ “Trim Line” and “Flex” noted on Work Order

\_\_\_\_\_ Color-true photos taken on ARTech color background. We need a good dorsal and palmer view and a close-up of the fingernails **without polish**. A photo of both hands, palms together with elbows together on a flat surface will help us with questions of finger length. **We need new photos even for 2<sup>nd</sup> models.**

\_\_\_\_\_ **We need to know if any residual digits have restricted movement or if there is some range of motion left. We also need to know if there are sensitive areas that need special consideration (please note on Work Order).**

\_\_\_\_\_ If the patient has had a prosthesis previously (not made by ARTech Lab) they may want the new one to look similar. It would be helpful to have the actual prosthesis through the sculpting process. If that isn't possible photos of it would be helpful.

### Fingers

\_\_\_\_\_ Dental stone model of “affected” side at least through mid-palm. **Fingers should be in the position that the patient wants the finished prosthesis to be in** (example: relaxed as hanging at side or flexed for a particular function – typing/writing/playing an instrument, etc.).

\_\_\_\_\_ **If missing digit is a thumb, please have patient hold the total hand in the alginate in the “opposition” position. Model needs to be 3-4 inches beyond styloid. Fitting a thumb is a difficult process and may require a partial hand, band around the palm or glue flap and adhesive.**

\_\_\_\_\_ **Lab plaster (not plaster bandage)** model of “sound” side at least through mid-palm. **Fingers should be in the position that the patient wants the finished prosthesis to be in** (example: relaxed as hanging at side or flexed for a particular function). **If missing digit is a thumb, please have patient hold the hand in the alginate in the “opposition” position. Model should be 3-4 inches beyond styloid.**

\_\_\_\_\_ Measurements filled out on Work Order

\_\_\_\_\_ Draw a line on the Work Order where the patient wants the “trim line” to be.

\_\_\_\_\_ “Trim Line” and “Flex” noted on Work Order

\_\_\_\_\_ Color choices, with patient input, filled out on Work Order

\_\_\_\_\_ Color-true photos taken on ARTech color background. We need a good dorsal and palmer view and a close-up of the nails **without polish**. A photo of both hands, palms together with elbows together on a flat surface will help us with questions of finger length. **We need new photos even for 2<sup>nd</sup> models.**

*It is not necessary to send the color chart back unless you print one off of our web site. Then, please send it along with the models. See "Photo & Model Policy" on web site for more details. Please allow models to dry fully, then wrap in bubble wrap for shipping.*