Prominent femoral condyles

With Your® Liner

Example 1



Example 2



Example 3



Limb



3D model



Indication

Femoral condyles are exposed right under the skin. In an anterior view distal end presents a shape which is more rectangular than halfspherical. There is a "valley" between the condyles at the distal extremity.





Off-the-shelf liner is over-stretched on condyles

Knee-Ex. residual limbs, with their usual two prominent condyles at the distal end most often exhibit an angular / square shape, with a "valley" between the condyles. Most off-the-shelf liners, with their spherical distal shape, thus offer a poor match with such limb shapes.



This can leave air pockets between skin and liner at the distal extremity, and apply excessive pressure on the sensitive condyles.

Poorly cushioned condyles

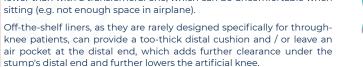
Typical issues Sharp edges, rough areas and/or the sides of the condyles are often sensitive and easily irritated areas. Off-the-shelf liners often provide insufficient thickness to optimally protect these areas.



A vacuum suspension is also often not tolerated, as the sealing lips of standard liners often sit on the condyles, causing a feeling of tightness.

Limited space for knee due to thick distal cushion

With through-knee residual limbs, the prosthetic knee is inherently lower than with a transfemoral one, which can be uncomfortable when





Key features



Anatomically tailored



Adjustable thicknesses



Adapted shape and compressions

With its custom shape and adapted compressions, Your® Liner provides a close fit and adequate compressions all over the limb, eliminating the issue of too-high or too-low compressions, and of air pockets between the liner and the stump.



Condyles cushioning

With the possibility of adjusting the local thicknesses, the femoral condyles can be specifically cushioned with extra silicone thickness, to lower the risk of pressure peak appearing on the condyles.

How can Your[®] Liner help?



Minimised distal clearance

With the possibility of adjusting the local thicknesses, Your® Liner can be made with a thin distal cushion and lowers the risk of air pockets at the distal end, saving as much height as possible.

Beyond than the space issue, a thin distal cushion can be beneficial in terms of pistoning and weight (if the patient does not have a pressuresensitive distal end, which can often be the case with kneedisarticulation patients).

