ottobock.

Measurement and plaster

techniques for fabricating a silicone
partial foot prosthesis

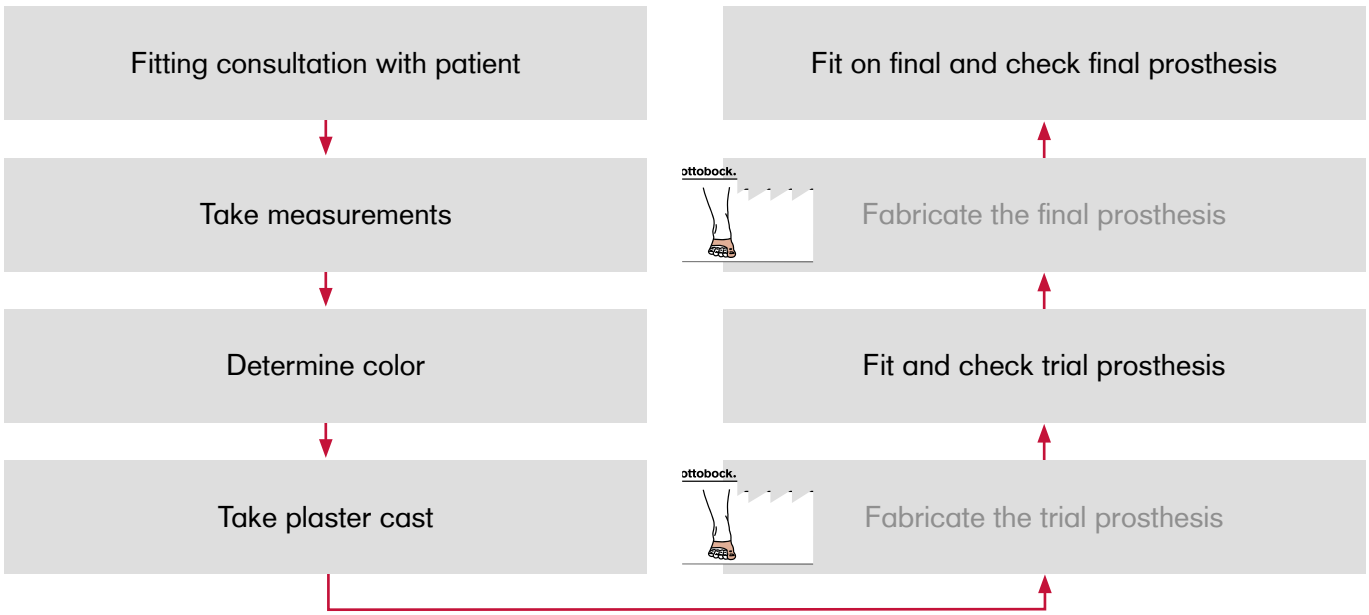
Technical information 1.1.1

Table of contents

1 Introduction

This document provides technical information to help orthopedic technicians produce a plaster negative for a silicone partial foot prosthesis in Service Fabrication. All the steps you must perform during the procedure are described in detail and illustrated with images.

1.1 Procedure



1.2 Benefits and range of application

Silicone products offer excellent functionality, optimum fit and custom color design for lower extremities.
The partial foot prostheses from Ottobock are functional and attractive. The primary aim is to achieve a balanced distribution of pressure and to improve the gait pattern. Optimal fixation on the residual limb prevents skin irritation. The cosmetic appearance completes the fitting. The user can walk barefoot or wear normal shoes with different heel heights.

Silicone partial foot prostheses are used in patients with the following indicated amputation levels:
- Big toe or multiple toes
- Transmetatarsal amputation (Sharp long/short)
- Amputation of one or more metatarsal bone
- Lisfranc, Bona Jäger, or Chopard

Please note the following contraindications:
- Unhealed residual limb conditions such as open wounds
- Unstable residual limb volume with variations of more than 5%
- Ankle joint and residual limb ends that are unable to bear weight

Technical and medical advantages and functions include:
- Custom socket design and residual limb compression with even pressure distribution
- High surface adhesion and full contact with good fixation to the residual limb
- Thin-walled socket and form-fit brim on the residual limb
- Closures unnecessary
- Outstanding mobility of the upper ankle joint and talo-calcaneonavicular joint
- Enhanced muscle activity
- Improvement of venous backflow
- Scar tissue becomes soft and smooth

1.3 Different types of final silicone prostheses

We offer your patients two standard versions of our silicone prostheses: Basic and Classic. We also offer the custom Natural version for patients who strive for a more natural appearance

Basic and classic versions

Basic
The Basic version meets all the criteria of the Classic version, but comes in only one color and features a predefined toe shape.

Classic
The Classic version is designed to match the user's anatomical shape and comes in 2 to 3 colors.
A standard nail color is used for the toe nails.

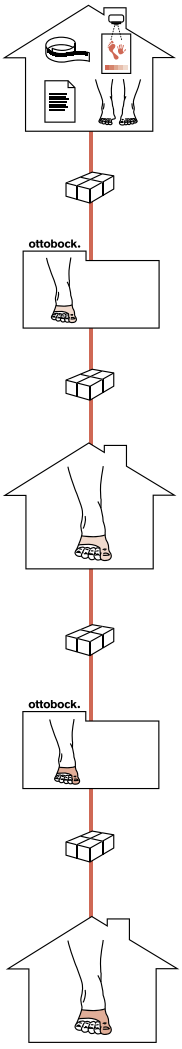
Natural version

The Ottobock Competence Center also offers your patients the Natural version of the silicone partial foot prosthesis. This silicone prosthesis focuses on functionality as well as restoration of aesthetic and flexibility factors.

Ottobock's goal is to make the prosthesis look as natural as possible. Color and form are based on the user's personal appearance and are recreated in meticulous detail. Customized toe nails are used as a special detail. Acrylic toe nails have an advantage over silicone because they can be polished. The overall appearance is enhanced with recreated veins and arteries.

The patient must visit Ottobock to be fitted with the Natural version of the silicone partial foot prosthesis.

1.4 Taking measurements and creating the trial silicone partial foot prosthesis



The prosthetist takes the patient's measurements. For the Classic version, the prosthetist then takes two photographs of both feet from different angles using the Color Determination Sheet 647F285=D. For the Basic version, the technician chooses the color uses the Color Pattern Set 646M3 or the Color Ring 89D4.

He or she also creates the necessary molds of the residual limb and foot.

This data is used by Service Fabrication to create the trial prosthesis. The patient can wear the trial prosthesis during everyday activities for a period of 4 to 6 weeks. If necessary, the technician can make corrections to the trial prosthesis during this time (shape or compression).

After the test period, Service Fabrication produces the final silicone prosthesis and presents it to the patient.

2 Materials and tools

Tools	Quantity
Felt-tip pen	1 piece
743Y8 Heel Blocks	1 set
719G3 Surgical Scissors	1 piece
662R5 Measuring Tape	1 piece
743S1=40 Body Caliper	1 piece
646F285=D Color Determination Sheet (for Classic version) Or 89D4 Color Ring (for Classic and Basic version) Or 646M3 Color Pattern Set (for Basic version)	1 piece

Material	Quantity
ThermoLyn® Sheet Material for example 616T22 = 950 x 6 for footplate (approx. 15 × 30 cm) Or PE plate (min. 6 mm thick)	1 piece
Self-adhesive Hook Strip 623Z8=W25	20 cm
699G3=15 Cellona Plaster Bandages (15 cm width)	2 piece

Material	Quantity
699G3=15 Cellona Plaster Bandages (20 cm width)	1 piece
617S7=25 Plastazote (25 mm, approx. 20 × 15 cm)	1 piece
617S3=H8 Pedilin (20 x 30 cm)	1 piece
84V1 Vaseline	1 piece
633S2 ProComfort Gel	1 piece
Heel block	1 piece

89D4 Color Ring

646F285=D Color Determination Sheet

3 Taking measurements

As mentioned in the introduction and demonstrated below, the prosthetist measures the affected residual limb (a Liscfranc residual limb in our example). This data is used by Service Fabrication Silicone to produce the silicone partial foot prosthesis and must therefore be provided on the measurement form (see Appendix 2).

Take measurements (in mm) with the patient **seated**.
The patient's lower leg must be vertical.
The first circumference measurement is taken around the ankle.
This is the lowest point of the socket brim.

The second circumference measurement is the "H" measurement (heel measurement).

The third circumference measurement is taken horizontally along the widest section.

The 743S1=40 Body Caliper is used to measure the width below the lateral and medial malleolus.

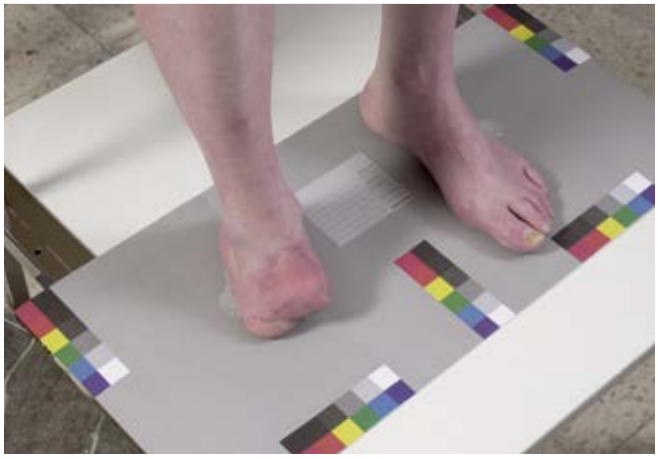
4 Color determination

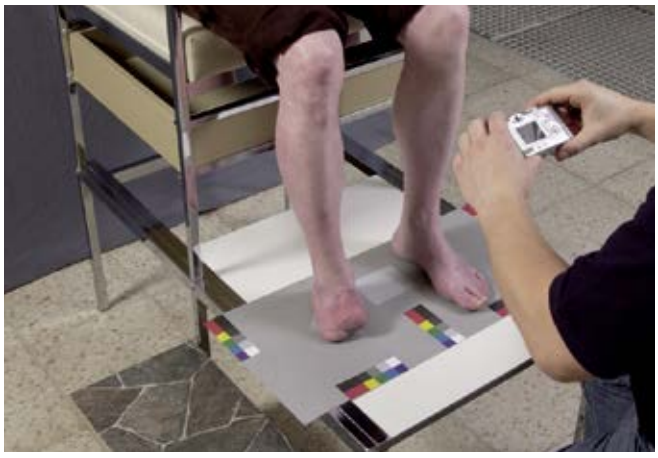
Colors for the Basic version can be selected using Color Pattern Set 646M3 or Color Ring 89D4. In this case, use the color determination form in Appendix 3.

If you do not wish to select a color for the Basic version, the prosthesis will be fabricated in a standard color. This color corresponds to color code 3 of the Color Pattern Set or color S12 of the Color Ring.
To match the color of the Classic version of the silicone partial foot prosthesis to the patient's skin color, we recommend sending us a photograph for color determination. Use Color Determination Sheet 646F285=GB as a background for the photograph. The following illustrations show how the sheet is used. You can also determine the color yourself using the Color Pattern Set or the Color Ring. In this case, please use the color determination form in Appendix 3.

Enter the patient data in capital letters in the fields provided.

The residual limb and foot are positioned on the Color Determination Sheet (see photo).
The Color Determination Sheet contains full explanations on how to prepare, take and send the photograph.





Complete instructions for preparing, taking and sending the digital photographs are provided on the Color Determination Sheet.

Note!
When taking digital photographs of the foot and residual limb, make sure these steps have been taken:
Use a digital camera to take birds-eye photographs of the foot and residual limb that are as large as possible:
- At least 2 mega pixels
- Select "Auto" mode
- Switch the flash off
- Set macro

Reference colors must be clearly visible in the photograph. For each picture, ensure that at least one color scale remains visible and free of shadow along its whole length.
Also ensure that the surroundings are well lit, which means:
- Normal daylight
- No direct sunlight.

5 Fabricating the plaster negative

When fabricating the plaster negative, it is necessary to ensure that the cast is made under load.
Before creating the plaster cast, make a footplate and a socket. The custom-shaped socket holds the residual limb in the correct position. The footplate, which is created based on the non-amputated side and fitted into the shoe, documents the length, width and shape of the prosthesis in addition to the outward rotation of the foot.

5.1 Fabricating the footplate

The ThermoLyn® plate is placed under the healthy foot. The outline of the foot is then drawn on the plate.

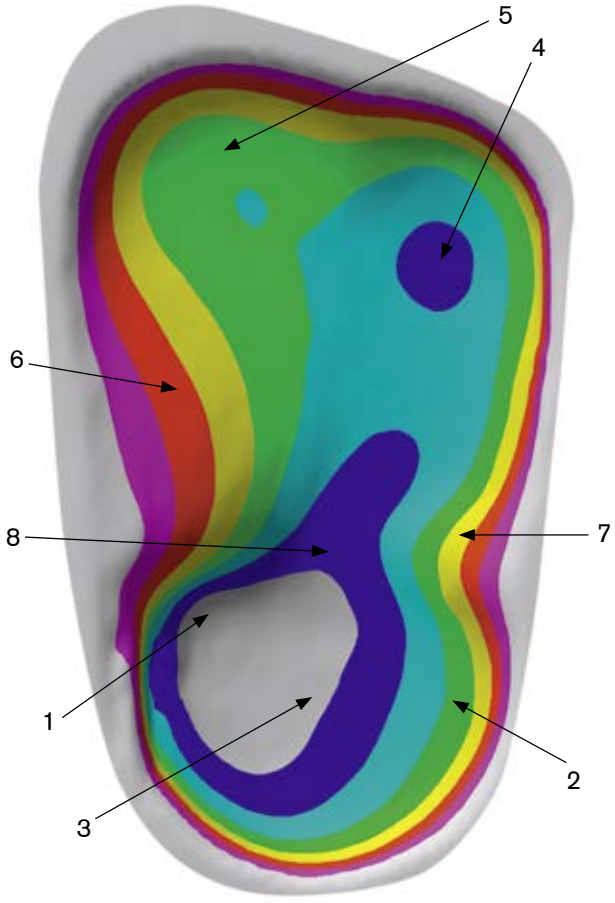
The PE sole is cut out using a band saw.
Turning the footplate upside down creates a mirror image of the foot shape as a pattern for the prosthesis. This shape must be adapted to the length and width of the shoe sole.

The entire sole plate must rest on the insole of the shoe in order to achieve maximum force transmission and stability.
The ball area of the PE sole should normally be about 8-10 mm narrower than the ball area of the healthy foot. This ensures optimum shoe fit.

A hot air gun is used to heat the footplate and adjust it to the relief of the shoe. The plate defines the size, sole shape and heel height of the prosthesis.

5.2. Fabricating the socket

The outline of the residual limb is drawn on the Plastazote plate. The patient remains seated and puts little weight on the residual limb. Sensitive points for the patient and areas capable of bearing weight are also marked. This is shown in the following photograph.



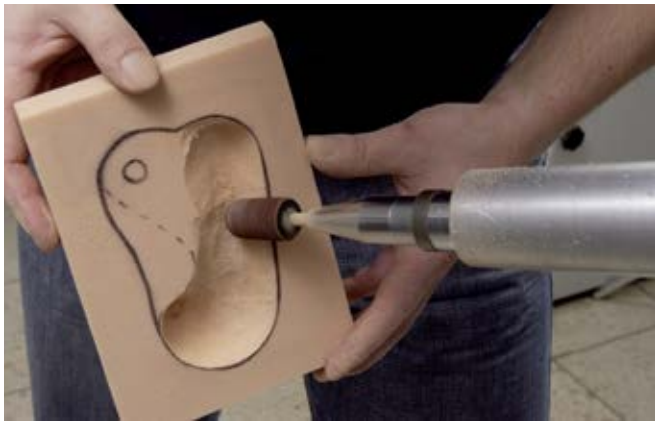
This 3D image serves as an example and shows the areas to be sanded as well as their possible sequence:

1. Lowest point on medial heel
2. Pronation ridge
3. Heel cavity
4. Lateral end of residual limb
5. Medial end of residual limb
6. Supination ridge
7. Support for cuboid bone/lateral longitudinal arch
8. Space for plantar fascia

This is what the Plastazote pad may look like with markings for size and position of the residual limb.
During the grinding procedures below, always process the Plastazote pad carefully and do not grind too deeply. A wall of at least 2 mm of material must be left intact.

The deepest point around the medial heel (see item 1 in 3D illustration) is ground out first.
Make sure to carve out a cavity for the heel region (see item 3 in 3D illustration).

The pronation ridge (see item 2 in 3D illustration) is then shaped.
Ensure that there is sufficient room for pronation because most foot-level amputation residual limbs have a tendency toward increased supination.



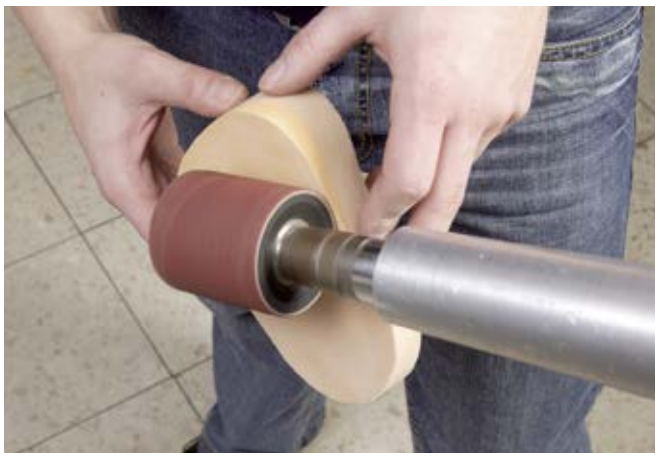
The lateral residual limb end is carved out (see item 4 of 3D illustration).
This end is deeper than the medial end (see item 5 of 3D illustration).

A supination ridge (see item 6 of 3D illustration) is carved out to ensure good counter-support for the pronation ridge (see item 7 of 3D illustration).
If the longitudinal arch is high, the supination ridge may require reinforcement with additional layers of Plastazote.

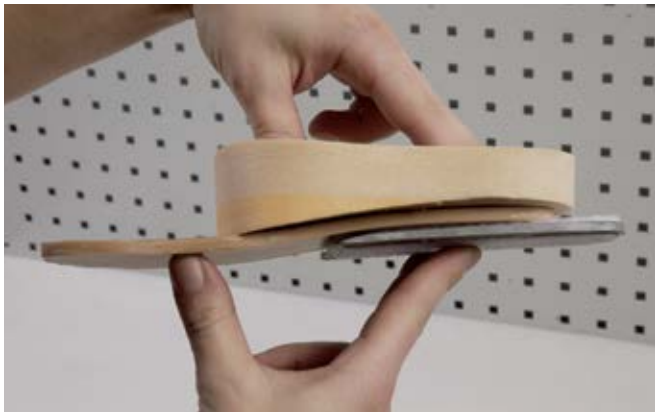
Finally, space is made for the plantar fascia (see item 8 of 3D illustration).

Cut away the Plastazote, leaving 1.5 cm around the socket.

Additional layers of Pedilin can be added for correct positioning.
The thickness of the layers depends on the relief of the PE sole and the position of the residual limb.



The socket is adjusted to the prepared PE sole. The entire socket must be able to rest on the PE sole.



This is a side view of the socket, PE sole and heel block.
Heel and toe relief are clearly visible as well as the alignment of the Plastazote socket with PE sole.
This ensures the neutral position of the upper ankle and is important for an active roll-over phase.

The adjusted position of the residual limb, sole and heel block are checked with the patient standing. The patient must be able to stand comfortably and without pain.
Ensure that the proximal joints are in a natural position.
Dorsal extension of the residual limb by 5-10° should be possible without hyperextension of the knee.
This position is used without modifications for the trial prosthesis.

5.3 Taking a plaster cast

Once you have produced the footplate and socket, an impression is taken for fabricating the plaster negative in two stages. However, careful preparations must be made first.

5.3.1 Preparing the plaster cast

Measure the first longuette for attachment of the Plastazote pad.
The longuette is 20 cm wide, 8-10 cm longer than the Plastazote pad, and 4-ply.

Measure the second longuette for the residual limb mold (15 cm wide and 3-ply).
It extends from the plantar heel edge to above the ventral bend in the foot.

Measure the third longuette for the lateral residual limb mold. This longuette is 15 cm wide and 3-ply. It extends from the Achilles tendon to above the back of the foot.
Leave 4 cm of length to stabilize the heel seam.

Measure the forth longuette for the medial residual limb mold (same as medial longuette). This longuette is also 15 cm wide and 3-ply.
Leave 4 cm of length to stabilize the heel seam.

Insulate the residual limb with Vaseline.
Do not use stockinettes or cling film.

5.3.2 First stage of plaster cast process

In the first stage of the plaster cast process, the socket is fixed to the PE sole.

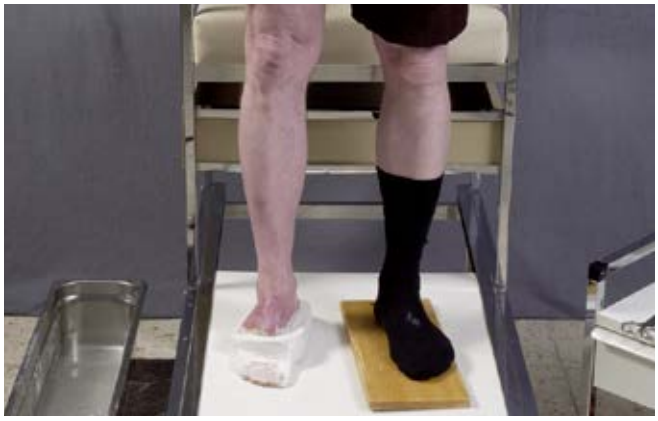
First longuette:
Lightly mold the first longuette so that it fits in the Plastazote socket.
Push down the outer edges of the plaster bandages.

Position the residual limb in the socket and have the patient stand up. Ensure that the limb does not slip. The patient should stand in a relaxed way and place an even load on the socket.

Note!
If the patient slips out of the Plastazote socket, remove the plaster bandage and correct the position of the Plastazote socket.

Align the forefoot with the socket. Ensure even outer rotation of both feet.

Begin molding the ends of the longuette to the PE sole in order to fix the position of the Plastazote socket.



Let this longuette layer harden while applying weight.

Have the patient sit down and lift the residual limb from the hardened socket.

5.3.2 Second stage of plaster cast process

The socket mold is fabricated during the second stage of the plaster cast process.

Second longuette:
Rub Vaseline onto the residual limb again.
Apply the second longuette around the plantar heel edge, under the sole, the back of the foot and over the ventral bend in the foot.

Mold the second longuette to the residual limb, ensuring there are no bubbles.

Position the residual limb in the hardened socket.
The patient must stand up and remain standing during the entire plaster cast process.

Mold the second longuette on the back of the foot.

Third longuette:
To stabilize the heel seam, fold over the extra 4 cm on the third longuette.

Apply the third longuette, starting with the Achilles tendon.

Mold the lateral longuette. Press out any air bubbles between the plaster and the skin.

Mold an edge on the Achilles tendon to allow the negative to be opened later.
Apply Vaseline to the edge to insulate it for later opening.

Fourth longuette:
To stabilize the heel seam, fold over the extra 4 cm and apply the fourth longuette starting from the Achilles tendon.

Mold the medial longuette. Press out any air bubbles between the plaster and the skin.

Press the medial and later longuette together on the Achilles tendon.

Let the plaster bandages harden.
The patient should place equal weight on both feet and stand in a relaxed way.

5.3.4 Taking the negative

Before opening the cast, the patient should be seated. Carefully open the seam on the Achilles tendon.

Have the patient remove the residual limb from the plaster negative.

Close the finished plaster negative at the heel seem using a plaster bandage.
To have a trial prosthesis fabricated, send the plaster negative along with the measurement and color determination forms in a secure package to Ottobock Service Fabrication Silicone.

The plaster cast for the residual limb can be made with conventional plaster bandages. To obtain the necessary detailed information for designing the prosthesis, a cast of the contralateral side must also be made. Information on measuring and shaping techniques can be found in Technical Information document 646T7=1.2 GB (Page 13).

6 Fitting on the trial prosthesis, checking for fit and function

The patient should test the trial prosthesis during everyday activities. It is important to show your patient how to put on and take of the silicone partial foot prosthesis. You can use this opportunity to check the patient's gait in order to make modifications or adjustments (shape or compression) to the trial prosthesis.

Apply a bit of 633S2 ProComfort Gel to the inner edge of the trial prosthesis.
The prosthesis is worn directly on the residual limb.

Insert the residual limb as far as possible into the trial prosthesis and pull the socket up over the heel.

Squeeze out any air between the prosthesis and residual limb.
Tip: The patient should wait for a short time to let the skin absorb the ProComfort Gel.

Have the patient take a few steps without shoes. This makes it easier for you to check the fit and gait pattern.

Evaluate the patient's gait with shoes on.
The troubleshooting tips on pages 22/23 can help you during this process. To ensure the functional quality of the final silicone partial foot prosthesis, the trial prosthesis must be well tested for proper fit and functionality.

The patient should wear the trial prosthesis for longer and longer periods each day in order to get used to the new prosthesis. Start with 30 minutes and check the residual limb regularly. Have the patient test the trial prosthesis for four to six weeks.
After this period, send the trial prosthesis back to Ottobock.

Following the trial period, we will produce the final silicone partial foot prosthesis, which you can then hand over to your patient after providing instructions.

7 Troubleshooting

Problem	Cause	Solution
The trial prosthesis feels very heavy	• Test material is very dense	• Final prosthesis is about 25% lighter
The patient is unable to put on the prosthesis	• The surface adhesion of the silicone is too great	• Apply one drop (hazelnut-size) of ProComfort Gel 633S2 to the inner edge of the prosthesis
Heel buckles inward, meaning the relationship between supination and pronation support is incorrect	• Supination ridge is not pronounced enough	• Use Plastasil to increase support under the heel bone shelf
Heel buckles outward, meaning the relationship between supination and pronation support is incorrect	• Too little heel pronation	• Use Pastasil to increase support under the lateral heel
Big toe used for roll-over	• Incorrect relationship between supination and pronation	• Increase inner edge using Pastasil
Little toe used for roll-over	• Incorrect relationship between supination and pronation	• Enlarge outer brim using Pastasil
Pressure on ankle	• Socket edge too high	• Use sharp scissors to cut deeper ankle shape
Socket brim does not fit tightly	• Socket is too wide • There is too much tension in the area between the Achilles' tendon and lateral or medial malleolus	• New socket • Cut a deeper ankle shape
Socket sticks out at the rear of shoe	• Heel height of shoe does not match heel pitch on mold	• Correct heel height • Change residual limb position • Remove and re-glue the forefoot in the correct position, fill transition points with Pastasil and sand to shape
Socket sticks out at the front of shoe	• Heel height of shoe does not match heel pitch on mold	• Correct heel height • Change residual limb position • Remove and re-glue the forefoot and in the correct position, fill transition points with Pastasil and sand to shape

Problem	Cause	Solution
Pressure point on back of foot	• Prosthesis buckles at transition point between socket and solid forefoot (bend) • Socket too narrow	• Even out or reinforce transition points with Pastasil • New socket
Pressure point on end of residual limb – PLANTAR	• Prosthesis buckles at plantar end of residual limb • Sole may be too thin	• Too little dorsal extension, correct residual limb position • Remove and re-glue the forefoot and in the correct position, fill transition points with Pastasil and sand to shape
Pressure point on end of residual limb – FRONTAL	• AP dimension is incorrect • Too much roll-over resistance • Prominent areas on residual limb end	• Mark the residual limb with a permanent marker and transfer to prosthesis, send to Ottobock Service Fabrication for modification • Increase roll-over crest with Pastasil or move to posterior • Take digital photos and send to Ottobock Service Fabrication for modification
Pressure points on base of Achilles tendon	• Socket pulls too much on base of Achilles tendon	• Fabricate new socket with new measurements • Mark the residual limb with a permanent marker and transfer to prosthesis, send to Ottobock Service Fabrication for modification
Prosthesis makes noise while walking	• Socket has shrunk	• Fabricate new socket with new measurements
Trial prosthesis does not fit shoe	• Trial prosthesis is too big or shoes are too small	• Remove insoles from shoes • Sand down outer shape of prosthesis (100 grit) • If the residual limb end is too large and the prosthesis cannot be made smaller, new shoes must be selected

Silicone Forefoot Prosthesis

Order form

Contact		Customer number		Date	

Customer			Shipping address (if different from customer address)		
Company			Company		
Street			Street		
Postal code/city			Postal code/city		
Patient name			Phone		

Age: .....

Gender: ☐ Female ☐ Male

Height: ..... Weight: .....

Affected side: ☐ Left ☐ Right

Diabetic: ☐ Yes ☐ No

Activity level: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Configuration

- ☐ **88A31=2** Trial prosthesis
- ☐ **88A31=1** Definitive prosthesis “Basic” – colour code per D 89D4
- ☐ **88A32=1** Definitive prosthesis “Classic”
- ☐ **88A32=3** Definitive prosthesis “Natural”

- ☐ Colour determination as per colour determination sheet
- ☐ Silicone Nails (uni-coloured)
- ☐ **88A32=S** Silicone Nails (multi-coloured)
- ☐ **88A32=A** Acrylic Nails

For the “Classic” and “Natural” versions, the following are also required:

- ☐ Colour determination sheet
- ☐ Photos with photo background
- ☐ Cast of contralateral side

Diagnosis

- ☐ Accident
- ☐ Diabetes
- ☐ Dysmelia
- ☐ Miscellaneous
- ☐ Leg length discrepancy
- ☐ Accompanying diseases

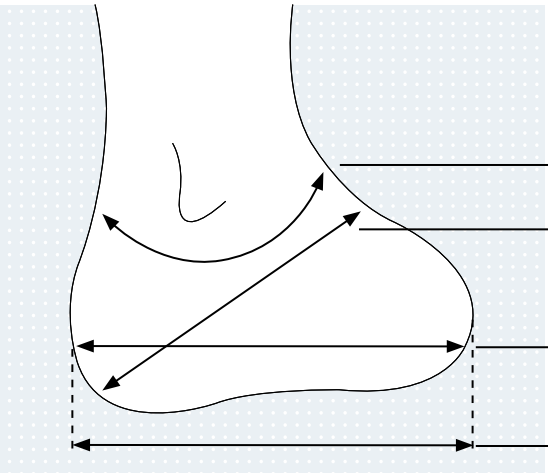
Comments: .....

Ottobock HealthCare GmbH · Max-Näder-Straße 15 · 37115 Duderstadt
T +49 5527 848 3030 · F +49 5527 848 1585 · servicefertigung@ottobock.de · www.ottobock.com

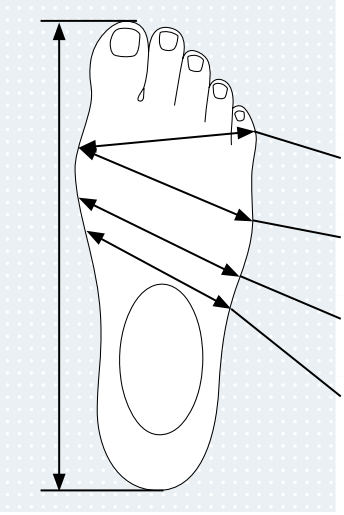
Silicone Forefoot Prosthesis

Measurement form

Contact		Customer number		Date	



Measurements (in mm)	Residual limb	Plaster	Model
	Prosthetist	Ottobock	
Bow-shaped circumference (below medial and lateral ankle tip)	mm		
Circumference heel/back of foot (h-measurement)	mm		
Horizontal residual limb circumference (at the widest point)	mm		
m–l width measurement below the lateral ankle	mm		
Overall residual limb length	mm		



Circumference (mm)	Residual limb	Plaster	Model
	To be filled out by prosthetist	To be filled out by Ottobock	
Little toe – Ball of big toe			
Ball of little toe – Ball of big toe			
Circumference in front of instep			
Instep circumference			

Overall foot length in mm: .....

Comments: .....

.....

.....

.....

.....

Ottobock HealthCare GmbH · Max-Näder-Straße 15 · 37115 Duderstadt
T +49 5527 848 3030 · F +49 5527 848 1585 · servicefertigung@ottobock.de · www.ottobock.com

Silicone Forefoot Prosthesis

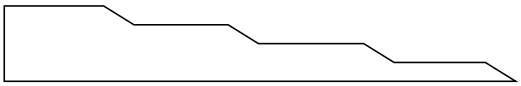
Colour determination sheet

Contact		Customer number		Date	

Colour determination for “Classic” version

Use pen to mark skin colours on the sketch

Colour sample – colour strength



IV	III*	II	I
Pen	Colour sample		Colour strength
1			
2			
3			
4			
5			
6			
7			
8			

Model blood vessels: ☐ Yes ☐ No

* Thickness III is recommended for the primer.

Nails

☐ Acrylic

☐ Silicone

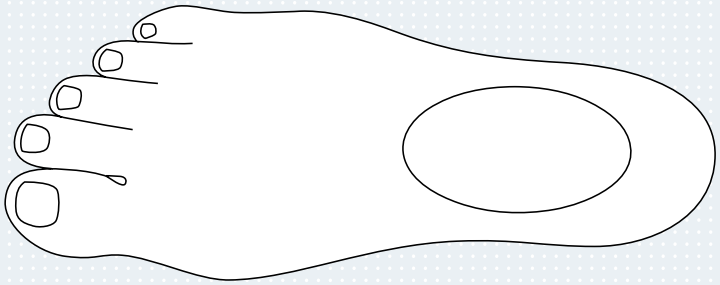
Nail length

☐ Like photo

☐ mm longer

Colour

Nail tip	
Distal edge	
Central	
Proximal edge	
Moon	



Kundenservice/Customer Service

Europe

Otto Bock HealthCare Deutschland GmbH
Max-Näder-Str. 15 · 37115 Duderstadt · Germany
T +49 5527 848-3433 · F +49 5527 848-1460
healthcare@ottobock.de · www.ottobock.de

Otto Bock Healthcare Products GmbH
Kaiserstraße 39 · 1070 Wien · Austria
T +43 1 5269548 · F +43 1 5267985
vertrieb.austria@ottobock.com · www.ottobock.at

Otto Bock Adria Sarajevo D.O.O.
Omladinskih radnih brigada 5
71000 Sarajevo · Bosnia-Herzegovina
T +387 33 766200 · F +387 33 766201
obadria@bih.net.ba · www.ottobockadria.com.ba

Otto Bock Bulgaria Ltd.
41 Tzar Boris III‘ Blvd. · 1612 Sofia · Bulgaria
T +359 2 80 57 980 · F +359 2 80 57 982
info@ottobock.bg · www.ottobock.bg

Otto Bock Suisse AG
Pilatusstrasse 2 · CH-6036 Dierikon
T +41 41 455 61 71 · F +41 41 455 61 70
suisse@ottobock.com · www.ottobock.ch

Otto Bock ČR s.r.o.
Protetická 460 · 33008 Zruč-Senec · Czech Republic
T +420 377825044 · F +420 377825036
email@ottobock.cz · www.ottobock.cz

Otto Bock Iberica S.A.
C/Majada, 1 · 28760 Tres Cantos (Madrid) · Spain
T +34 91 8063000 · F +34 91 8060415
info@ottobock.es · www.ottobock.es

Otto Bock France SNC
4 rue de la Réunion - CS 90011
91978 Courtaboeuf Cedex · France
T +33 1 69188830 · F +33 1 69071802
information@ottobock.fr · www.ottobock.fr

Otto Bock Healthcare plc
32, Parsonage Road · Englefield Green
Egham, Surrey TW20 0LD · United Kingdom
T +44 1784 744900 · F +44 1784 744901
bockuk@ottobock.com · www.ottobock.co.uk

Otto Bock Hungária Kft.
Tatai út 74. · 1135 Budapest · Hungary
T +36 1 4511020 · F +36 1 4511021
info@ottobock.hu · www.ottobock.hu

Otto Bock Adria d.o.o.
Dr. Franje Tuđmana 14 ·10431 Sveta Nedelja · Croatia
T +385 1 3361 544 · F +385 1 3365 986
ottobockadria@ottobock.hr · www.ottobock.hr

Otto Bock Italia Srl Us
Via Filippo Turati 5/7 · 40054 Budrio (BO) · Italy
T +39 051 692-4711 · F +39 051 692-4720
info.italia@ottobock.com · www.ottobock.it

Otto Bock Benelux B.V.
Ekkersrijt 1412 · 5692 AK
Son en Breugel · The Netherlands
T +31 499 474585 · F +31 499 476250
info.benelux@ottobock.com · www.ottobock.nl

Industria Ortopédica Otto Bock Unip. Lda.
Av. Miguel Bombarda, 21 - 2º Esq.
1050-161 Lisboa · Portugal
T +351 21 3535587 · F +351 21 3535590
ottobockportugal@mail.telepac.pt

Otto Bock Polska Sp. z o. o.
Ulica Koralowa 3 · 61-029 Poznań · Poland
T +48 61 6538250 · F +48 61 6538031
ottobock@ottobock.pl · www.ottobock.pl

Otto Bock Romania srl
Şos de Centura Chitila - Mogoşoia Nr. 3
077405 Chitila, Jud. Ilfov · Romania
T +40 21 4363110 · F +40 21 4363023
info@ottobock.ro · www.ottobock.ro

OOO Otto Bock Service
p/o Pultikovo, Business Park „Greenwood“,
Building 7, 69 km MKAD
143441 Moscow Region/Krasnogorskiy Rayon
Russian Federation
T +7 495 564 8360 · F +7 495 564 8363
info@ottobock.ru · www.ottobock.ru

Otto Bock Scandinavia AB
Koppargatan 3 · Box 623 · 60114 Norrköping · Sweden
T +46 11 280600 · F +46 11 312005
info@ottobock.se · www.ottobock.se

Otto Bock Slovakia s.r.o.
Röntgenova 26 · 851 01 Bratislava 5 · Slovak Republic
T +421 2 32 78 20 70 · F +421 2 32 78 20 89
info@ottobock.sk · www.ottobock.sk

Otto Bock Sava d.o.o.
Industrijska bb · 34000 Kragujevac · Republika Srbija
T +381 34 351 671 · F +381 34 351 671
info@ottobock.rs · www.ottobock.rs

Otto Bock Ortopedi ve
Rehabilitasyon Tekniği Ltd. Şti.
Ali Dursun Bey Caddesi · Lati Lokum Sokak
Meriç Sitesi B Block No: 6/1
34387 Mecidiyeköy-İstanbul · Turkey
T +90 212 3565040 · F +90 212 3566688
info@ottobock.com.tr · www.ottobock.com.tr

Africa

Otto Bock Algérie E.U.R.L.
32, rue Ahcène Outaleb - Coopérative les Mimosas
Mackle-Ben Aknoun · Alger · DZ Algérie
T +213 21 913863 · F +213 21 913863
information@ottobock.fr · www.ottobock.fr

Otto Bock Egypt S.A.E.
28 Soliman Abaza St. Mohandessein - Giza · Egypt
T +202 330 24 390 · F +202 330 24 380
info@ottobock.com.eg · www.ottobock.com.eg

Otto Bock South Africa (Pty) Ltd
Building 3 Thornhill Office Park · 94 Bekker Road
Midrand · Johannesburg · South Africa
T +27 11 312 1255
info-southafrica@ottobock.co.za
www.ottobock.co.za

Americas

Otto Bock Argentina S.A.
Av. Belgrano 1477 · CP 1093
Ciudad Autônoma de Buenos Aires · Argentina
T +54 11 5032-8201 / 5032-8202
atencionclientes@ottobock.com.ar
www.ottobock.com.ar

Otto Bock do Brasil Tecnica Ortopédica Ltda.
Alameda Maria Tereza, 4036, Bairro Dois Córregos
CEP: 13.278-181, Valinhos-São Paulo · Brasil
T +55 19 3729 3500 · F +55 19 3269 6061
ottobock@ottobock.com.br · www.ottobock.com.br

Otto Bock HealthCare Canada
5470 Harvester Road
Burlington, Ontario, L7L 5N5, Canada
T +1 289 288-4848 · F +1 289 288-4837
infocanada@ottobock.com · www.ottobock.ca

Otto Bock HealthCare Andina Ltda.
Calle 138 No 53-38 · Bogotá · Colombia
T +57 1 8619988 · F +57 1 8619977
info@ottobock.com.co · www.ottobock.com.co

Otto Bock de Mexico S.A. de C.V.
Prolongación Calle 18 No. 178-A
Col. San Pedro de los Pinos
C.P. 01180 México, D.F. · Mexico
T +52 55 5575 0290 · F +52 55 5575 0234
info@ottobock.com.mx · www.ottobock.com.mx

Otto Bock HealthCare
Two Carlson Parkway North, Suite 100
Minneapolis, MN 55447 · USA
T +1 763 553 9464 · F +1 763 519 6153
usa.customerservice@ottobockus.com
www.ottobockus.com

Asia/Pacific

Otto Bock Australia Pty. Ltd.
Suite 1.01, Century Corporate Centre
62 Norwest Boulevarde
Baulkham Hills NSW 2153 · Australia
T +61 2 8818 2800 · F +61 2 8814 4500
healthcare@ottobock.com.au · www.ottobock.com

Beijing Otto Bock Orthopaedic Industries Co., Ltd
B12E, Universal Business Park
10 Jiuxianqiao Road, Chao Yang District
Beijing, 100015, P.R. China
T +8610 8598 6880 · F +8610 8598 0040
news-service@ottobock.com.cn
www.ottobock.com.cn

Otto Bock Asia Pacific Ltd.
Unit 1004, 10/F, Greenfield Tower, Concordia Pla
1 Science Museum Road, Tsim Sha Tsui
Kowloon, Hong Kong · China
T +852 2598 9772 · F +852 2598 7886
info@ottobock.com.hk · www.ottobock.com

Otto Bock HealthCare India Pvt. Ltd.
20th Floor, Express Towers
Nariman Point, Mumbai 400 021 · India
T +91 22 2274 5500 / 5501 / 5502
information@indiaottobock.com · www.ottobock.in

Otto Bock Japan K. K.
Yokogawa Building 8F, 4-4-44 Shibaura
Minato-ku, Tokyo, 108-0023 · Japan
T +81 3 3798-2111 · F +81 3 3798-2112
ottobock@ottobock.co.jp · www.ottobock.co.jp

Otto Bock Korea HealthCare Inc.
4F Agaworld Building · 1357-74, Seocho-dong
Seocho-ku, 137-070 Seoul · Korea
T +82 2 577-3831 · F +82 2 577-3828
info@ottobockkorea.com · www.ottobockkorea.co

Otto Bock South East Asia Co., Ltd.
1741 Phaholyothin Road
Kwaeng Chatuchark · Khet Chatuchark
Bangkok 10900 · Thailand
T +66 2 930 3030 · F +66 2 930 3311
obsea@otttobock.co.th · www.ottobock.co.th

Other countries

Otto Bock HealthCare GmbH
Max-Näder-Straße 15 · 37115 Duderstadt · Germa
T +49 5527 848-1590 · F +49 5527 848-1676
reha-export@ottobock.de · www.ottobock.com

Ottobock HealthCare GmbH
Max-Näder-Straße 15 · 37115 Duderstadt / Germany
T +49 5527 848 3030 · F +49 5527 848 1585
servicefertigung@ottobock.de · www.ottobock.com

Ottobock has a certified Quality Management System in accordance with ISO 13485.

646T1=1.1_GB-03-1503