



Step Toward Tomorrow



Silicone Prosthesis - Semi Custom Made Manual

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- Order Procedure
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Semi-Custom Made (SCM)

- What is SCM?
 - Semi Custom Made is NOT Fully Custom Made
 -  Semi Custom Made main concept is changing **measurements** of our standard size silicone products according to residual limb **measurements** so as to provide a comfort fit to the patient.
 - Semi Custom Made is based on existing sizes mold to modify the measurements ONLY.
 - we can only modify the size around 1-2 sizes up and down.
 - That means we may be able to modify size M to size ML or size L
 - we are not able to modify the sizes from XS to XL, or vice versa.
 -  **Nail shape and skin pattern CANNOT be modified.**
 - When the patient select sizes:
 1. First, choose several similar sizes
 2. Second, choose the nail shape and skin patterns closest to the sound hand among these sizes

Semi-Custom Made (SCM)

- When does the patient need SCM?



When the silicone product need to fit onto the residual limb.

- Suitable for partial finger, partial hand, partial foot, lose of partial arm muscle, and lose of partial calf muscle
- Which Models are highly recommended for SCM?
 - Finger prosthesis Model 200 series
 - Model 103 partial hand glove
 - Model 102L cosmetic glove fit to the wrist amputation patient
 - Partial footcover Model HDSF series
 - Model SL arm sleeve
 - Model BKSL below knee sleeve
- Which Models are NOT available for SCM?
 - Model 100 / 100L
 - Model CH

Order Procedure

1. Collect information
2. Trial prosthesis
3. Modification
4. Final prosthesis

Collection Information: Hand Step 1

- Fill up the hand order form
 - We have S1, S2, S3 order form, choose the appropriate order form
 - The top of the order form show the related model
 - You MUST fill in:

- Patient name or reference no.
- Gender
- Side
- Selected color, see below YouTube to learn color choosing

https://www.youtube.com/watch?v=q495hf_04B0&t=6s

- Any upgrade options
- Remark
- You can leave the size blank if you do not know how to choose size



Regal Prostheses Ltd.
Semi-Custom Made (SCM) Order Form
Model 103 Partial Hand

V2.0.2022
Pg.2/5

S1

Patient name _____ Age _____ Sex _____ Occupation _____
Patient contact number / E-mail _____
Side and Level of amputation _____

Note 1: If the residual limb still swelling, the prosthesis may not fit the residual limb after the swelling is gone.
Note 2: Avoid wearing the prosthesis while there are unhealed cuts or sores on the residual limb, and the prosthesis should only be worn after the cuts or sores are completely healed.
Note 3: If the residual limb is sensitive, please modify the cast to relieve the sensitive area.

Model 103 Partial Hand		Regal Catalogue 2015 v.3.1 page	Order Code	Enter Code
Basic Specification	Models	Partial Hand	49	103
	Gender, Size	please refer to catalogue 2015 v.3.1 page 54 - 103		
	Side	Left / Right	L / R	
	Color - Single	use color sample from Regal		
	SCM	Semi-Custom Made	7	SCM
Options: Aesthetics and Surface Enhancement	Color	Dual Coloring (e.g. D3 - P2)	14	D / P
		Custom Coloring (color sample is required)		CC
		X Series	16	X
	Nails, Hairs	- Hair Dimension (2D, 3D)		2D / 3D
		- Hair Color (Brown-Black, Brown, Black)		BB / BR / BL
	Acrylic Nails	17	ACRN	
	Smooth Coating	Smooth Coating	19	SC
Options: Structural Changes	Custom Filling	- Foam, Silicone, Foam and Silicone	21	F / S / F+S
	Fingers Construction	Wired Fingers / Hinged Fingers	23	W / HF
	Zipper	Plastic Zipper (Default) / No Zipper (NZ)	25	NZ
Any special trimming requirement? (If yes, please ensure to mark the trim line.)			<input type="checkbox"/> YES / <input type="checkbox"/> NO	
Is residual finger(s) bendable? (If yes, please specify which finger(s):)			<input type="checkbox"/> YES / <input type="checkbox"/> NO	
Is the thenar movable?			<input type="checkbox"/> YES / <input type="checkbox"/> NO	
Cut out the prosthesis finger(s) to enhance mobility. (Please write down the prosthesis finger(s) to be cut out:)			<input type="checkbox"/> YES / <input type="checkbox"/> NO	
Return the cast with Final Prosthesis? (Please be informed that we already adopted the 3D scanning technique to keep the data of plaster cast / wax cast, thus the plaster cast / wax cast from customers will be disposed during the fabrication process)			<input type="checkbox"/> YES / <input type="checkbox"/> NO	

Remark: _____

Collection Information: Hand Step 1

- Take measurements
 - You can watch our YouTube to learn how to take measurements
https://www.youtube.com/watch?v=kSDUxD_PeYg&t=18s
 - DO NOT put the measurements onto the diagram, the diagram is only for telling you what measurements we need



Regal Prosthesis Ltd.

Semi-Custom Made (SCM) Order Form
Model 103 Partial Hand

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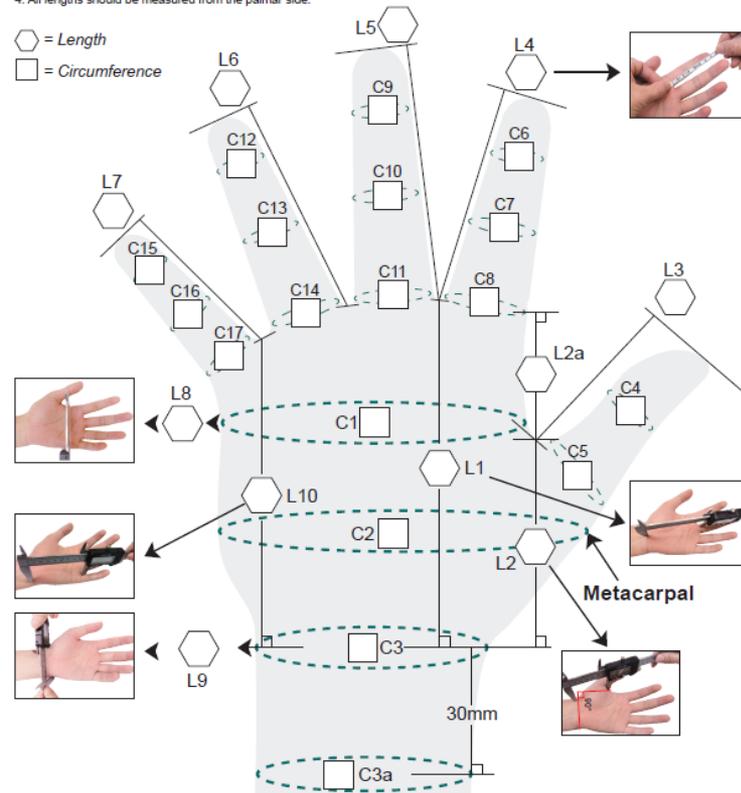
S1

Guideline for 1:1 Drawing

1. Fill in all the measurements in (mm inch) at the following pages that requested as below.
2. Mark sensitive areas with a "+"(plus sign) on the diagram.
3. The Trial Prosthesis fitting is most successful when the greatest number of measurements are recorded and may be able to make slight modifications to the order form.
4. All lengths should be measured from the palmar side.

○ = Length

□ = Circumference



This is an example, please draw the hand outline and write the measurements on the next pages.

Collection Information: Hand Step 1

- When you take measurements for model 102L (for wrist amputation patient)
 - First, take measurements on the sound hand
 - Then take measurements on the residual forearm circumference:
 - **If the patient has socket, give us the socket circumference, 30mm apart**
 - **If the patient wear the glove without socket, give us the residual forearm circumference, 30mm apart**
 - **If the patient has not yet fabricated socket, give us the sound hand forearm circumference, 30mm apart**
 - Give us residual forearm circumference at least up to 80mm-90mm above wrist



Regal Prosthesis Ltd.
Semi-Custom Made (SCM) Order Form
Model 101L,102L,102LS,101LL,102LL,102LSL,SL-29,SL-50
Wrist or Above Wrist Disarticulation & Arm Sleeve

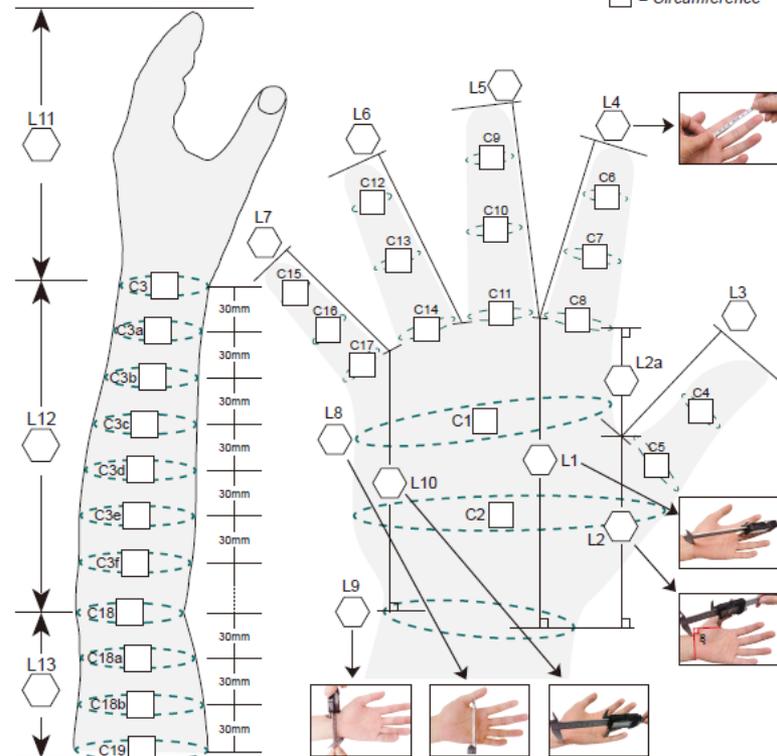
V1.1.2019.pg.4/6

S2

- Guideline for 1:1 Drawing**
1. Fill in all the measurements in (mm inch) at the following pages that requested as below.
 2. Mark sensitive areas with a "+" (plus sign) on the diagram.
 3. The Trial Prosthesis fitting is most successful when the greatest number of measurements are recorded and may be able to make slight modifications to the order form.
 4. All lengths should be measured from the palmar side.

This is an example, please draw the hand outline and write the measurements on the next pages.

= Length
 = Circumference



Collection Information: Hand **Step 2**

- The more the photos, the better we judge the patients
- At least one dorsal side, both residual and sound sides
- Put the sound and residual hand side by side



Collection Information: Hand **Step 2**

- Put residual and sound side wrist to wrist
- If you order Model 102L for wrist amputation patient, please also take photo on patient both hands at relax stage.

! For above wrist amputation, we **DO NOT** recommend direct wearing the glove. The patient should wear socket and order Model 102LS

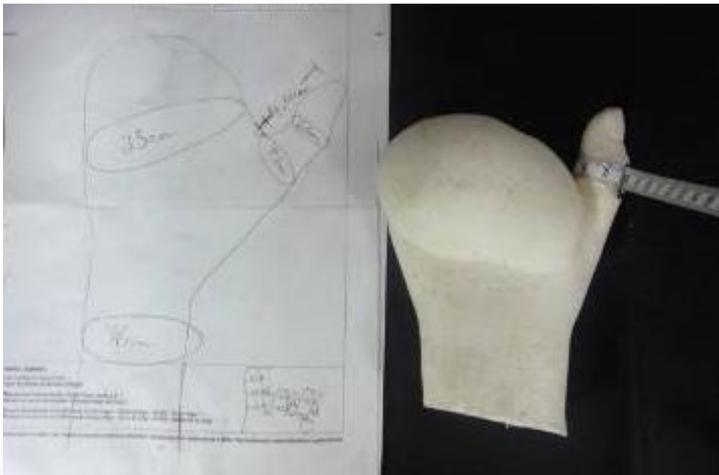


Collection Information: Hand **Step 3**

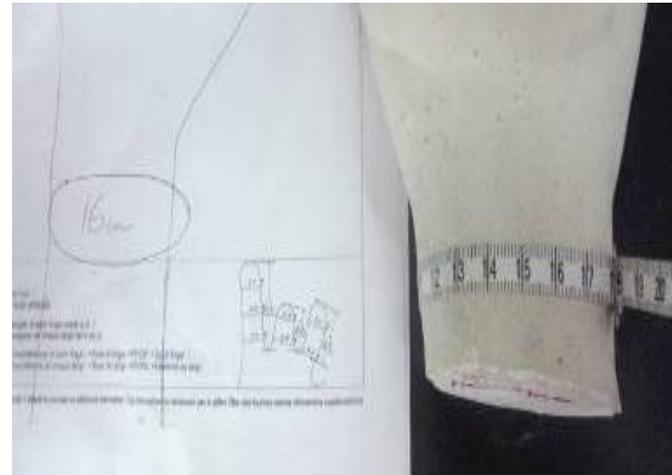
- Take cast
 - At least take cast on residual side
 - Make up the positive cast
 - Mark the wrist position, if the cast does not have obvious wrist line.
 - Mark the sensitive area
 - Cast the hand at least 80mm-90mm above wrist
 - For Model 102LS / 102LSL which are fit to the sockets, you can skip casting. We only need measurements taking.

Collection Information: Hand **Step 3**

- After cast completion, please check the cast measurements against your order form measurements.
- **Make sure both measurements do not exceed 4% difference**
- **Otherwise, modify the cast to eliminate the difference**



Remeasure plaster cast and verify with ordering form



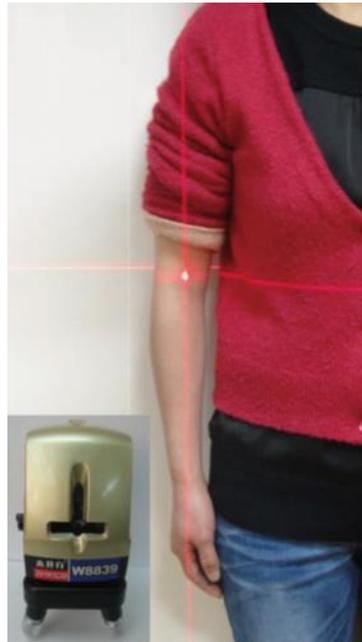
Modify cast down to size on ordering form
Picture shows a discrepancy between cast and chart

Collection Information: Hand Step 3

- When your patient is wrist amputation, but not using socket, the residual limb directly wear the Model 102L glove
- You will need to mark the alignment line on the cast, so that we will know how to position the hand arch.



Use laser to determine the alignment at the sound hand arch, put the same line in residual limb, then transfer the alignment to the cast



Collection Information: Foot Step 1

- Fill up the foot order form
 - We have S4, S5, S6 order form, choose the appropriate order form
 - The top of the order form show the related model
 - You MUST fill in:
 - Patient name or reference no.
 - Gender
 - Side
 - Selected color, see below YouTube to learn color choosing
<https://www.youtube.com/watch?v=q495hf04B0&t=6s>
 - Any upgrade options
 - Remark
 - You can leave the size blank if you do not know how to choose size



Regal Prosthesis Ltd.

Semi-Custom Made (SCM) Order Form
Model HDSF, HDSF-ER, HDSFHT, HDSFHT-ER Partial Foot

V1.0.2022
P9.25

S4

Patient name _____ Age _____ Sex _____ Weight _____
 Patient contact number / E-mail _____ Occupation _____
 Side and Level of amputation _____

Note 1: If the residual limb still swelling, the prosthesis may not fit the residual limb after the swelling is gone.
 Note 2: Avoid wearing the prosthesis while there are unhealed cuts or sores on the residual limb, and the prosthesis should only be worn after the cuts or sores are completely healed.
 Note 3: If the residual limb is sensitive, please modify the cast to relieve the sensitive area.

		Model HDSF, HDSF-ER, HDSFHT, HDSFHT-ER Partial Foot	Regal Catalogue 2015 v.3.1 page	Order Code	Enter Code
Basic Specification	Models	Standard Model	104-105	HDSF, HDSFHT	
		Footplate Model		HDSF-ER, HDSFHT-ER	
	Size	please refer to catalogue 2015 v.3.1 page 110-137			
	Side	Left / Right		L / R	
	Color - Single	use color sample from Regal			
	SCM	Semi-Custom Made	7	SCM	SCM
Options: Aesthetics and Surface Enhancement	Color	Dual Coloring (e.g. D3 - P2)	14	D / P	
		Custom Coloring (color sample is required)		CC	
	Nails, Hairs	X Series		X	
		- Hair Dimension (2D, 3D)	16	2D / 3D	
		- Hair Color (Brown-Black, Brown, Black)		BB / BR / BL	
	Acrylic Nails	17	ACRN		
	Smooth Coating	19	SC		
Options: Structural Changes	Custom Filling	- Foam, Silicone, Foam and Silicone	21	F / S / F+S	
	Zipper	Plastic Zipper (Default) / No Zipper (NZ)	25	NZ	
Fabricate the foot cover's length 10mm shorter than the sound side to help putting into the shoe easily.				<input type="checkbox"/> YES / NO <input type="checkbox"/>	
Any special trimming requirement? (If yes, please ensure to mark the trim line.)				<input type="checkbox"/> YES / NO <input type="checkbox"/>	
Cut out the prosthesis toe(s) to enhance mobility. (Please write down the prosthesis toe(s) to be cut out: _____)				<input type="checkbox"/> YES / NO <input type="checkbox"/>	
Return the cast with Final Prosthesis ? (Please be informed that we already adopted the 3D scanning technique to keep the data of plaster cast / wax cast, thus the plaster cast / wax cast from customers will be disposed during the fabrication process)				<input type="checkbox"/> YES / NO <input type="checkbox"/>	

Remark: _____

Collection Information: Foot Step 1

- Take measurements
 - You can watch our YouTube to learn how to take measurements
https://www.youtube.com/watch?v=kSDUxD_PeYg&t=18s
 - DO NOT put the measurements onto the diagram, the diagram is only for telling you what measurements we need



Regal Prosthesis Ltd.

Semi-Custom Made (SCM) Order Form
Model HDSF, HDSF-ER, HDSFHT, HDSFHT-ER Partial Foot

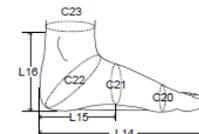
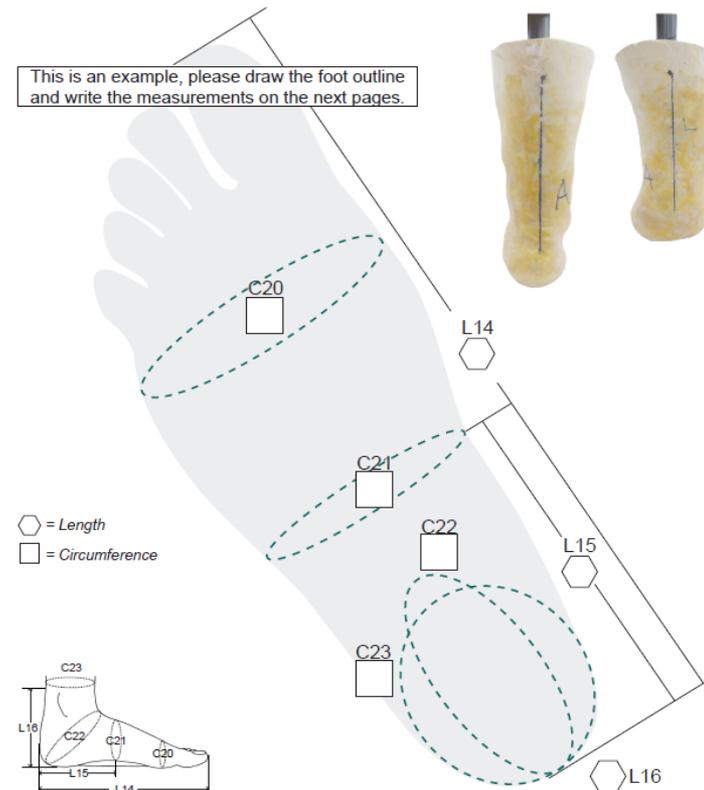
V1.0.2022
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S4

Guideline for 1:1 Drawing

1. Fill in all the measurements in (mm inch) at the following pages that requested as below.
2. Mark sensitive areas with a "+" (plus sign) on the diagram.
3. The Trial Prosthesis fitting is most successful when the greatest number of measurements are recorded and may be able to make slight modifications to the order form.

This is an example, please draw the foot outline and write the measurements on the next pages.



Tel: +852 2771 8991 Fax: +852 2384 5048

Email: info@regalprosthesis.com

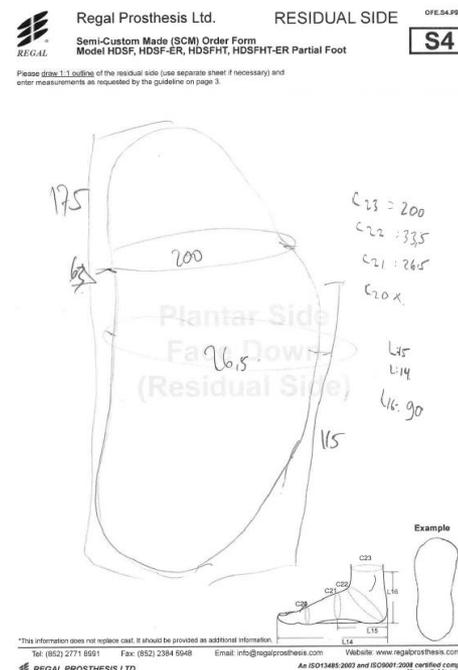
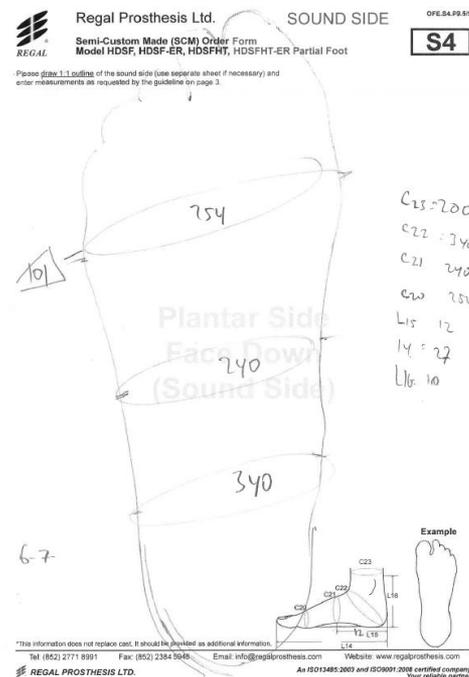
Website: www.regalprosthesis.com

REGAL PROSTHESIS LTD.

An ISO13485:2016 and ISO9001:2015 certified company
Your reliable partner

Collection Information: Foot Step 1

- First draw the sketch on the blank page, both sound and residual sides
- ⚠ **Mark the measurements onto the sketch. (Please follow the measurements requirement in the diagram, DO NOT miss any measurements)**
- Use the sketch example in lower right corner as reference



Collection Information: Foot **Step 2**

- Take photos on sound and residual sides
 - Also take the photo with patient standing up (if possible)
 - If the plantar has sensitive area, need to take photo as well.



Collection Information: Foot **Step 3**

- Take cast
 - At least take residual side
 - Make up positive cast
 - At least mark the medial, posterior alignment line, otherwise, we do know how the patient actual stand.
 - Mark the sensitive area
 - Cast the foot at least 70mm above ankle
 - If the patient need to wear insole, or silicone sock with the footcover, please cast the residual foot with the insole or silicone sock as well.

Collection Information: Foot **Step 3**

- After cast completion, please check the cast measurements against your order form measurements.
- ⚠ **Make sure both measurements do not exceed 4% difference.**
- **Otherwise, modify the cast to eliminate the difference.**

Regal Prosthesis Ltd. RESIDUAL SIDE OFE.34.P545

REGAL Semi-Custom Made (SCM) Order Form
Model HDSF, HDSF-ER, HDSFHT, HDSFHT-ER Partial Foot **S4**

Please draw 1:1 outline of the residual side (use separate sheet if necessary) and enter measurements as requested by the guideline on page 2.

Plantar Side
Face Down
(Residual Side)

$C_{22} = 314$
 $C_{33} = 205$
 $L_{16} = 120$
 $L_{15} = 100$
 $L_{16} = 155$

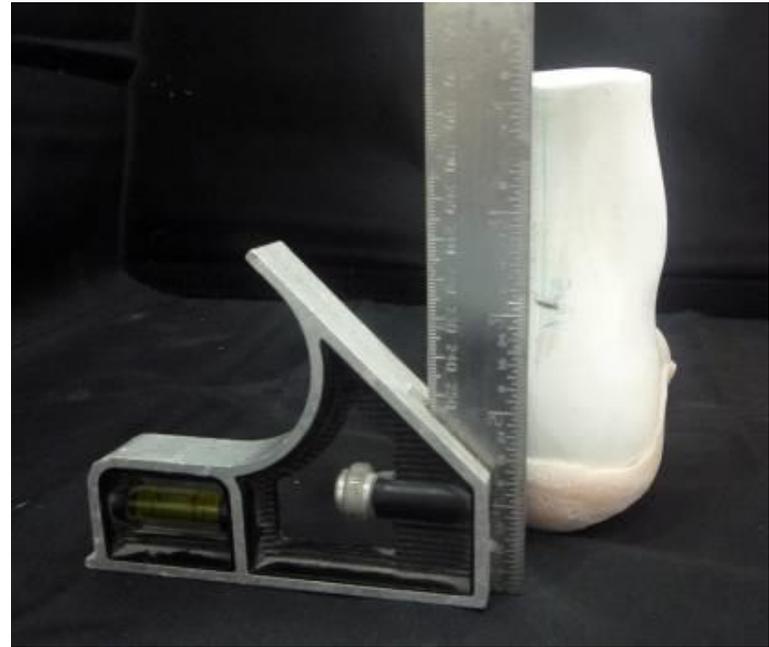
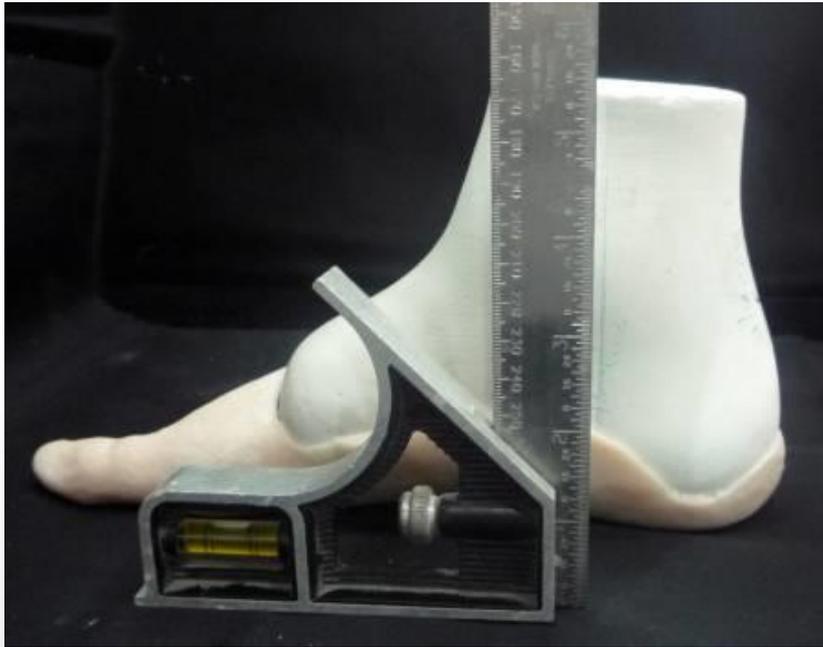
Example

*This information does not replace cast. It should be provided as additional information.
Tel: (852) 2771 8901 Fax: (852) 2384 6948 Email: info@regalprosthesis.com Website: www.regalprosthesis.com
REGAL PROSTHESIS LTD. An ISO1498:2003 and ISO9001:2008 certified company Your reliable partner



Collection Information: Foot **Step 3**

! Remember the foot cast **MUST** mark at least Medial and Posterior alignment line



iPhone Scanning on the Plaster Cast

You have an option of NOT sending us plaster cast, instead, you can scan the plaster cast by iPhone with Regal kits, then you send us the stl file to save time and courier cost.

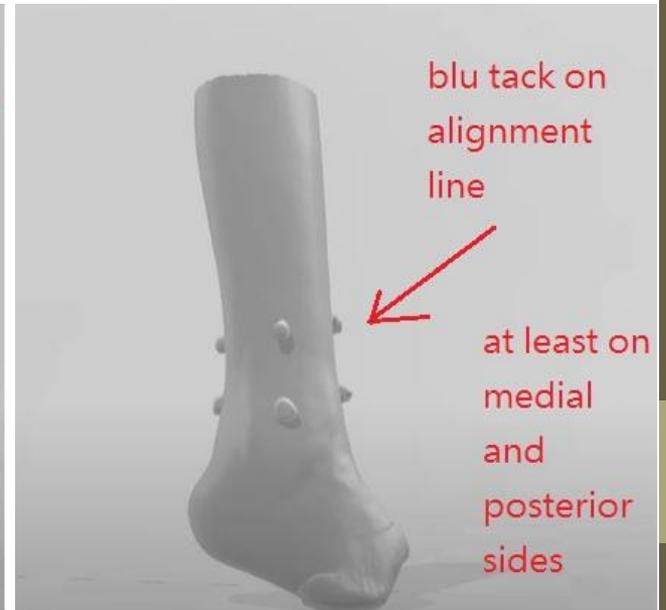


Watch this video for instruction:

<https://www.youtube.com/watch?v=Mpf5UeCq49Y>

iPhone Scanning on the Plaster Cast

- Pay attention when you scan the cast:
 - For partial hand, wrist or above wrist amputation, if the cast has no obvious palmar side or wrist, please Blu Tack the palmar side and the wrist line
 - Please blu tack on the alignment line on hand or foot cast



iPhone Scanning on the Plaster Cast

- Please blu tack on the sensitive area
- Otherwise, we cannot capture this information when you send us stl file.



Customer Confirmation Email for Trial Prosthesis

- After Regal Customer Service gather your order form, photos and cast, they will reply an email to you for order detail.



Please read the email line by line. It has a lot of important details.

- If you agree, please confirm to the customer service, otherwise, please raise your questions until you agree all the terms.
- The fabrication lead time for Trial is 21 working days.

Patient Name:		Internal ref. #:	
Your PD / Ref. #:	SCM-042	C21083001	
Order Date:	30/08/2021	E001	

Our reply:

1. We shall fabricate the T1_Trial Prosthesis (SCM-202-2035-F-R-M-A2)
YES 2 separate fingers
2. Please be reminded that due to mold design, the nail shape and handprint on the trial prosthesis cannot be changed, for the nail and handprint, please refer to page 86 of our catalogue 2015. **OK**
3. Make the residual area according to the order form measurement. **YES**
4. Make the amputated area according to the order form measurement. **YES**
5. **However, there are missing the circumference of C6 and C9 for the sound side. We need them for reference. Please provide. C9=42 mm, C6=43 mm.**
6. We shall treat the finger length as the distance between the fingertip and the finger root from the palmar side. **YES**
7. Final Prosthesis: Standard Foam Filling **YES**
8. Quantity for Final prosthesis : 1pc **YES**

Please confirm the above before we begin fabrication.

Leadtime:
Upon receiving your confirmation for this SCM order, counted from the next working day:

1. Trial prosthesis shall be ready within 21 working days. **YES**
2. Final prosthesis shall be ready within 14 working days.
3. With Express Delivery Service (EDS), SCM prosthesis shall be ready within 8 working days.

Should you have any questions, please feel free to ask.

Note:

1. Each extra trial prosthesis after T2 will be charged. Please refer to the quotation for the extra charge.
2. We already adopted the 3D scanning (STL) technique to keep the data of plaster cast/wax cast, thus if customer does not request returning the plaster cast/wax cast, the plaster cast/wax cast will be disposed during the fabrication process.

Trial Prosthesis

- Once you confirm all the terms, Regal will start fabrication of the Trial prosthesis.
- The lead time for the Trial will be 21 working days
- Please pay attention of the Trial:
 - Trial is NOT a Final product. It is only for checking purpose.
 - Trial has no color shading, it only has base color.
 - Trial has no nail color, no reddish.
 - Trial has no upgrade features
 - Trial has no carbon footplate even if you order footcover with carbon footplate
 - If you want to add upgrade features to the Trial, there will be extra cost.
 - Trial has no warranty
 - Trial need to be returned upon Regal's request

Trial Prosthesis Modification: Filling

- Next, you need to comment on the inner filling, which includes:
 - A comfortable fit
 - Good suspension
 - A right amount of suspension
- The inner filling of Trial is always foam material, even though the patient may order custom silicone or custom foam + silicone filling, the Trial is still at foam filling because we need to keep inner filling adjustable.

Trial Prosthesis Modification: Filling

- Finally, please check the inner filling, make sure the filling conform to the distal end of the stump.
- If the inner filling is too much, please use the hand-held grinder to grind the filling bit by bit, until the patient feel comfortable, then

 **you need to return the Trial with the modified inner feeling to us.**



Trial Prosthesis Modification: Filling

- If the inner filling is too less, please use the Regal silicone putty (or any local putty) to fill up the gap, ask the patient to wear the Trial again until the patient feel comfortable, **then return the Trial and  the inner filling with putty to us.**



4-02-SP-A



4-02-SP-B



Trial Prosthesis Modification: Fitting

- If you need to reduce the proximal opening, follow the below  example, mark on the Trial and send photo to us. (no need to return Trial)

- Pinch any loosening surface



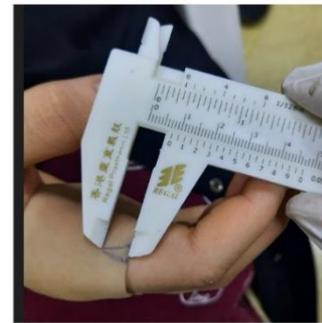
- Draw a line along the pinched surface



- You should be able to make a triangle mark

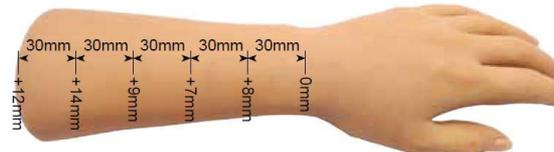
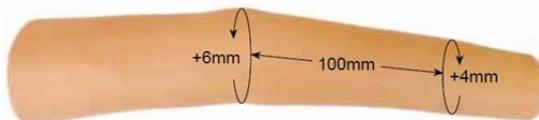
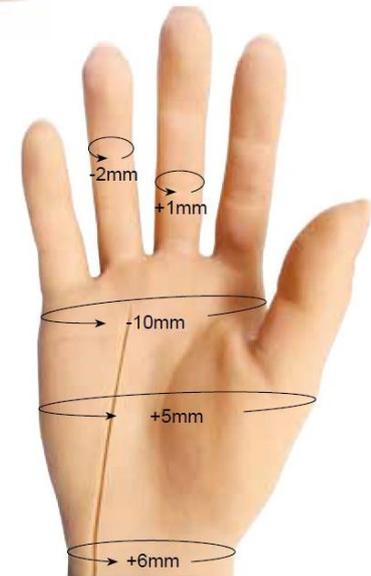
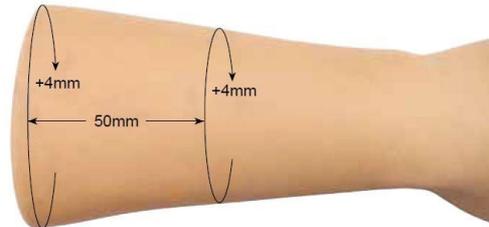
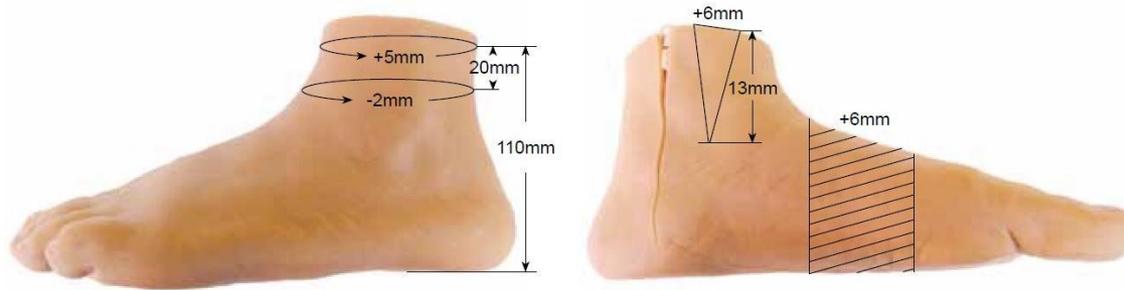


- Measure and write out the discrepancies of the width and height of the triangle, e.g. reduce wrist circumference by 25mm from the proximal end to 39mm below (see pictures on the right)



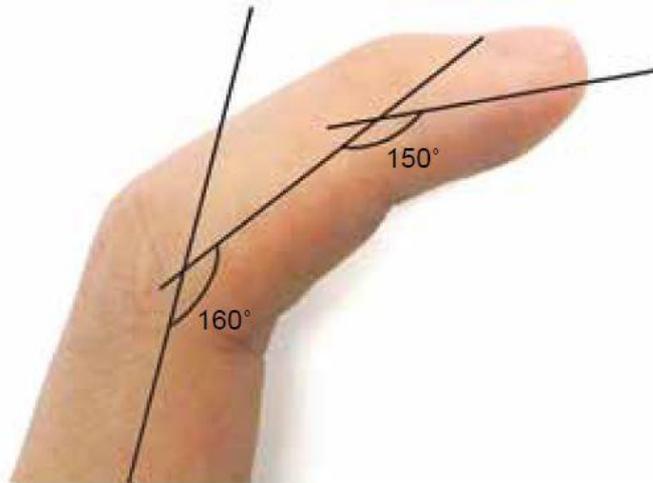
Trial Prosthesis Modification: Fitting

- You can also mark on the Trial to show us how to modify the fitting, and send us the photo (no need to send back Trial on this kind of comment)



Trial Prosthesis Modification: Fitting

- You can mark how many degree on the finger bending. (no need to return Trial)



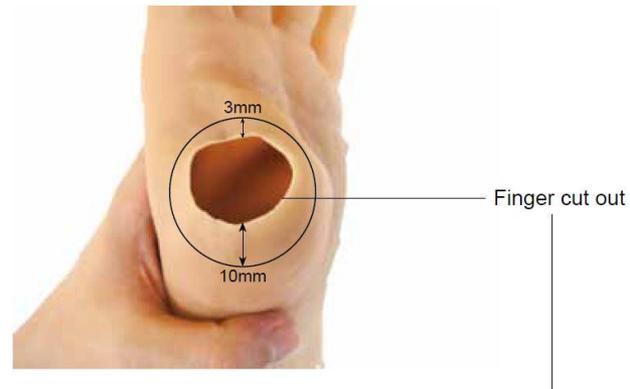
Trial Prosthesis Modification: Fitting

- If certain part of the prosthesis need to raise up to release pressure,  please mark the circle in that area. (for this kind of comment, you have to return the marked Trial to us)



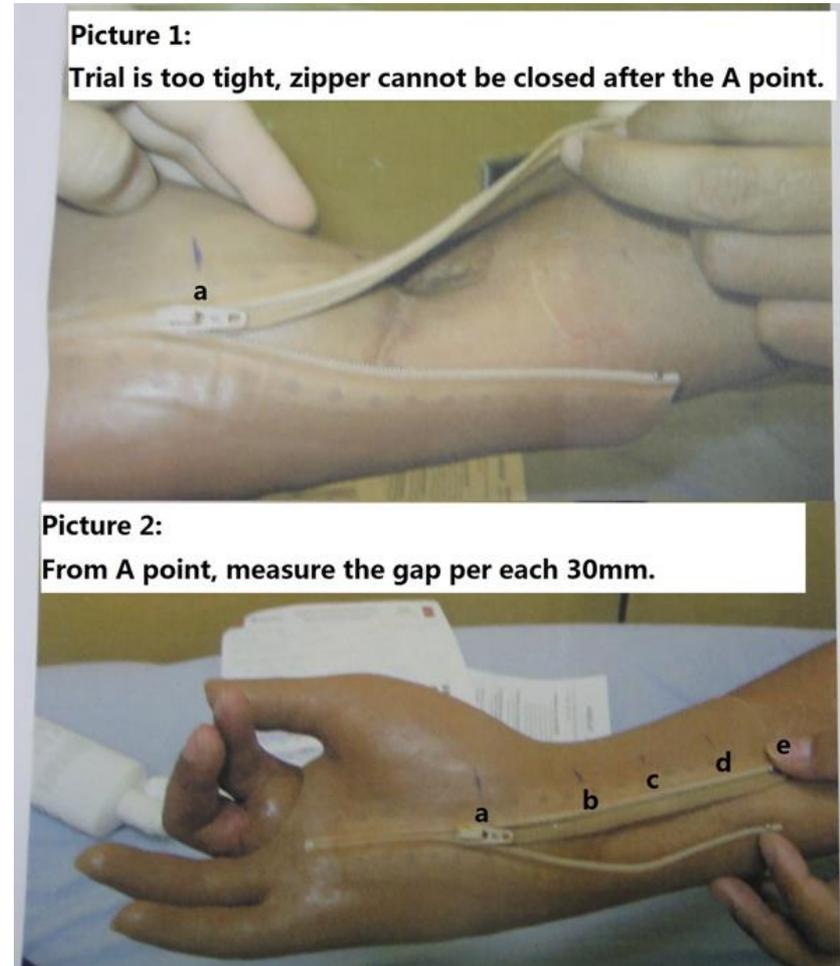
 = make a pressure relieve of 8mm radius
 = protrude 3mm from the center

If the opening is not big enough, please mark the bigger opening by indicate the increased measurements, then send us photo. (no need to return Trial)



Trial Prosthesis Modification: Fitting

- For zip glove, if the proximal opening and whole forearm circumference is too small, patient cannot close the zip, please mark on the Trial how many mm need to increase on the forearm circumference, 30mm apart
- Then send us photo. (for this  kind of comment, no need to return Trial)



Trial Prosthesis Modification

- Finally, please fill up the TMOD form, tell us what you want to change.

 On the measurement table, please tell us the +/- adjustment you want to modify with specific position. (see example in next page)

 NEVER give us new measurements! ONLY give us the adjustment based on Trial.

Customer Confirmation Email: Final Prosthesis

- After Regal Customer Service gather your TMOD form, returned Trial (if any) and photos, they will reply an email to you for Final order detail.



Please read the email line by line. It has a lot of important details.

- If you agree, please confirm to the customer service, otherwise, please raise your questions until you agree all the terms.
- The Fabrication lead time for Final will be 14 working days.

Patient Name:		Internal ref. #:	
Your PO / Ref. #:	1688833	C21012501	
Order Date:	02/03/2021	ME026	

Our reply:

1. We shall fabricate the Final Prosthesis (SCM-203-M-R-M3-D6-PA3)
2. The color, measurement and inner filling shale are same as T1.
3. Final Prosthesis: Custom Silicone Filling.
4. Others same as T1, nail color and knuckle reddish shall be added according to our standard.
5. Quantity for Final prosthesis : 1pc

Please confirm the above before we begin fabrication.

Leadtime:

Upon receiving your confirmation for this SCM order,

1. Trial prosthesis shall be ready within 21 working days.
2. Final prosthesis shall be ready within 14 working days.
3. With Express Delivery Service (EDS), SCM prosthesis shall be ready within 8 working days.

Should you have any questions, please feel free to ask.

Note:

1. Each extra trial prosthesis after T2 will be charged. Please refer to the quotation for the extra charge.
2. We already adopted the 3D scanning (STL) technique to keep the data of plaster cast/wax cast, thus if customer does not request returning the plaster cast/wax cast, the plaster cast/wax cast will be disposed during the fabrication process.

Final Prosthesis

- ⚠ Always be very serious in Trial fitting and give us comprehensive comment during Trial stage. Once we complete the Final according to the Trial comment, NO MORE change is allow in the Final product.
- ⚠ If the patient need further change on the Final, we will treat this as a new order with new charge.
- ⚠ When you hand over the Final to the patient, please explain the warranty and maintenance details to the patient.
 - You can download our limited warranty conditions from our web site. <https://regalprosthesis.com/web/download>
 - For maintenance information, please read the “Instruction for Use” booklet that come with the Final product.

Good Maintenance

 Our silicone prosthesis is **ONLY** for cosmetic purpose, never use the product for any functional activity. Otherwise, the warranty will be void.

- Please see the YouTube video for good maintenance practice <https://www.youtube.com/watch?v=-L9li02EoT0>

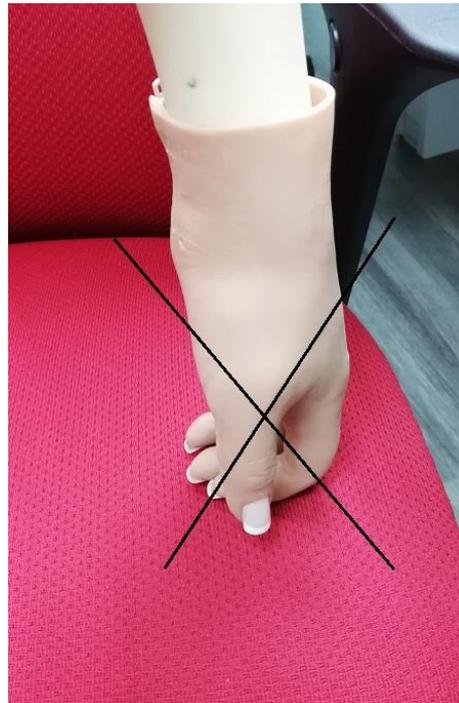
Good Maintenance

- Finger Prosthesis
 - Be aware of the vacuum effect when wearing the finger prosthesis, never force to pull the finger prosthesis out from the residual limb.
 - Do not ignore small split when it happens in the opening.
 - Please send back to Regal or local workshop, cut out the split and grind the edge. Otherwise, the split will grow and break the whole prosthesis.
 - If patient use it in functional activities, warranty will be void (eg. Typing keyboard)
 - If the patient want the finger prosthesis to be long lasting, please consider to order silicone filling when the patient place order. (standard is foam filling)



Good Maintenance

- Wired Finger and Hinged Finger
 - Never hard press on the fingers
 - Never use fingers to carry object
 - Never use the fingers to hold any object



Good Maintenance

- Silicone glove with zip
 - Zip is fully integrated with the silicone, not replaceable.
-  **If the zip is broken and cannot be repaired, the patient need to place order for a new prosthesis**
- Always unzip all the way when donning and doffing
- Otherwise, the split will be easily happen along the opening.
- If the split happens, DO NOT ignore the split.
- Please send back to Regal or local workshop, cut out the split and grind the edge. Otherwise, the split will grow and break the whole prosthesis.
- Use toothbrush to clean up and remove the dirt everyday during washing the glove.



Good Maintenance

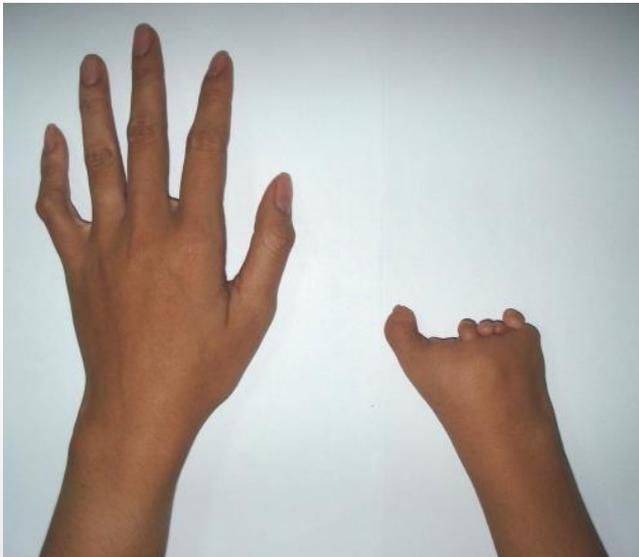
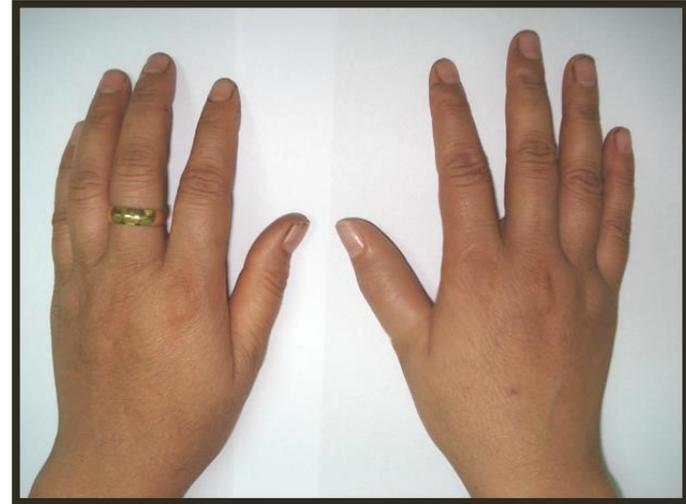
- HDSF footcover
 - Zip is fully integrated with the silicone, not replaceable.
- **! If the zip is broken and cannot be repaired, the patient need to place order for a new prosthesis**
- Always unzip all the way when donning and doffing
- Otherwise, the split will be easily happen along the opening.
- If the split happens, DO NOT ignore the split.
- Please send back to Regal or local workshop, cut out the split and grind the edge. Otherwise, the split will grow and break the whole prosthesis.
- Use toothbrush to clean up and remove the dirt everyday during washing the glove.



Before and After



Before and After



Before and After



Before and After



Before and After

