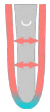
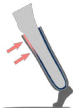
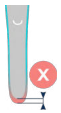
Long & thin

Example 1

Example 2

Example 3

Indication	Residual limb exhibits an elongated aspect ratio (long stump with thin circumference).	

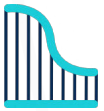
Typical issues	***No off-the-shelf liner available in adequate length / size*** For long and thin residual limbs, it is often not possible to find an off-the-shelf liner with an adequate length and narrow circumference.	
	Excessive pressure on tibial tuberosity at end of stance phase During gait, at the end of the stance phase, the limb applies a moment in the socket which can lead to pressure spikes on the tibial tuberosity. With long limbs, the long lever increases this moment, which leads to higher pressure being applied on the tibial tuberosity.	
	Limited space for fitting foot with too-thick off-the-shelf liner When the limb is particularly long and leaves limited room for the prosthetic foot, every millimetre can count. Standard transtibial liners most often come with a thick distal cushion, which may not leave enough height to fit the prosthetic foot.	

With Your® Liner

Limb

3D model

Your® Liner

Key features	 **Anatomically tailored**	 **Adjustable thicknesses**

	***Tailored shape, no limitation on minimum circumference*** There is no boundary on the minimum circumference in which a Your® Liner can be made. With the further possibility of making liners up to 65cm long, most AD residual limbs can be fitted, even the ones with extreme length to circumference ratios. *Min circumference*: No lower limit ; *Max height*: 65cm	**How can Your® Liner help ?**
	***Padding on tibial tuberosity*** With the possibility of adjusting the local thicknesses, Your® Liner can include a cushioning pad in front of the tibial tuberosity, to protect it from the loading cycles.	
	***Thin distal cushion*** With the possibility of adjusting the local thicknesses, Your® Liner can be made with a thin distal cushion, to leave as much space as possible under the residual limb to fit the prosthetic foot. Further than the space issue, a thin distal cushion can be beneficial in terms of pistoning and weight (if the patient does not have a pressure-sensitive distal end, which can often be the case with ankle disarticulation patients).	