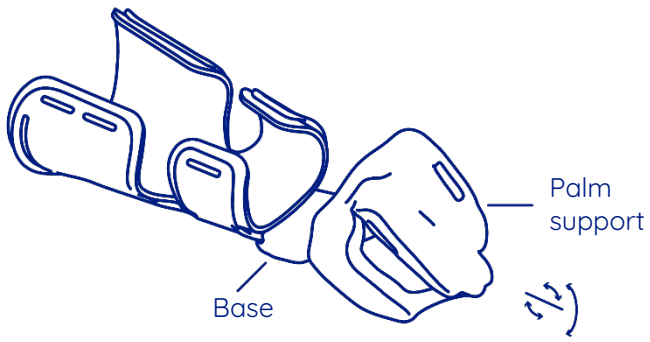
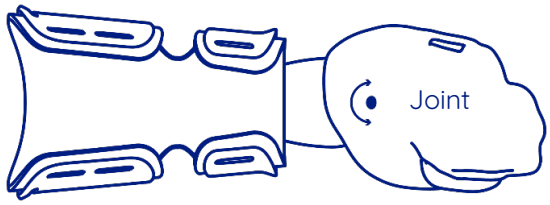
macu4™ | Rest Module

Design Requirements for the hand rest design

This form is used to collect the customer's design requirements for the customization of the hand rest. The customized part is used together with the Rest Module Base which is coupled to a Lynk Cuff. Please fill out the form with reference to the current patient case and add any comments.

Design Overview	
	

Input Data | Scan of the Hand	
Scan formats that can be processed	STL OBJ Captevia
Unit of measurement	The standard unit we process is millimeters (mm) for object size and volume. **Note**: If you use a different unit of measurement, you need to inform us in writing so that we are able to extract the data input correctly.
Scaling	The standard scaling we process refers to calibration and the translation of scanned coordinates to actual dimensions (mm). **Note**: If you use a different scaling, you need to inform us in writing so that we are able to extract the data input correctly.

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Input Data | Scan of a Hand or a Cast	
Scan of a Hand	Mark the skin with the required details before scanning. Use different colours to indicate edges/border lines of the hand support, cushioning areas, and attachments.
Scan of a Cast	Mark the cast with the required details before scanning. Use different colours to indicate edges/border lines of the hand support, cushioning areas, and attachments.
Note: The input data shall show the hand (including the fingers) already positioned as desired. The design post-processing does not allow any repositioning. The Rest Module is equipped with a Ball Joint. The Joint provides a movement limit of approximately 40° dorsiflexion to 0° palmarflexion, and 20° pronation to 20° supination. Adaptations beyond these limits are not possible due to the general design principle of the Rest Base, which is coupled to the Lynk Cuff.	

Input Data | Additional Information	
Screenshots	Add screenshots if you have added layers or lines in your scan viewer.

Patient Profile			
Affected arm side	☐ Left	☐ Right	☐ Both sides
Are the following factors present?	☐ Spastic Paralysis ☐ Flaccid Paralysis ☐ Restricted sensory function	Comments:	
If a spastic paralysis is present, how would you rate the severity	☐ Mild to medium spasticity (no reinforcement needed) ☐ Significant spasticity (reinforcement needed)	Comments:	

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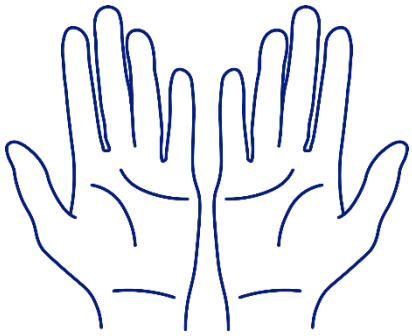
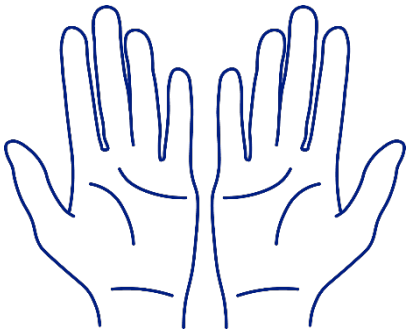
Design Requirements | General Hand Area
Use the table to specify for each finger (at the level of the finger joint) which part of the hand does require the Palm Support (hand rest): • If you don't require for a specific finger a support at all, mark "No support" • If you require a support at the level of the Distal Interphalangeal Joint, mark "DIP" • If you require a support at the level of the Proximal Interphalangeal Joint, mark "PIP" • If you require a support at the level of the Metacarpophalangeal Joint, mark "MCP" **Note:** If you already marked the border lines/edges in the scan or on the cast, you can skip this step.

	Thumb	**Index Finger**	**Middle Finger**	**Ring Finger**	**Little Finger**
DIP required?	NA	☐ Yes	☐ Yes	☐ Yes	☐ Yes
PIP required?	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
MCP required?	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Not required at all?	☐ No support	☐ No support	☐ No support	☐ No support	☐ No support
Comments:					

Design Requirements | Finger Area	
To help keep the fingers in position and prevent slipping, side supports may be added to some fingers to prevent lateral movement (e.g. in cases of significant spasticity). Please describe in your words if some of the fingers need to be embedded separately or need some special attention.	
Should the fingers be individually enclosed?	☐ Yes ☐ No
If the thumb is included in the base design. Is it required that the thumb support surface can be detached if required because it is only required on demand?	☐ Yes ☐ No
Comments:	

Design Requirements | Attachment Slot for Velcro Straps		
The default customization does not include attachment slots for Velcro straps. If Velcro straps are needed, please provide specifications. Note that the Velcro straps remain to be placed by you.		
	Palm area	**Finger area**
Attachment slot required?	☐ Yes ☐ No	☐ Yes ☐ No
Indicate in the illustration where you require the strap(s)		
Provide here any comments		

Design Requirements | Other	
Do you need an additional hard shell (e.g. claw hand)?	☐ Yes ☐ No
If you indicated “Yes”, please indicate the desired region using comments, drawings, or markings.	

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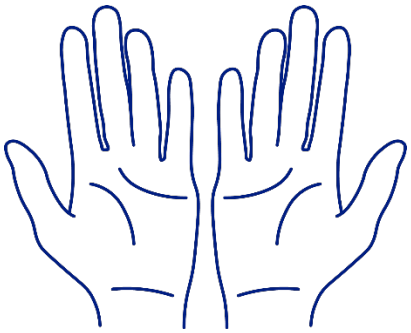
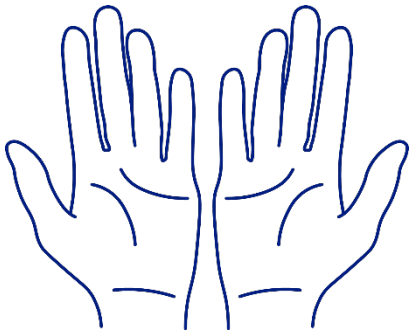
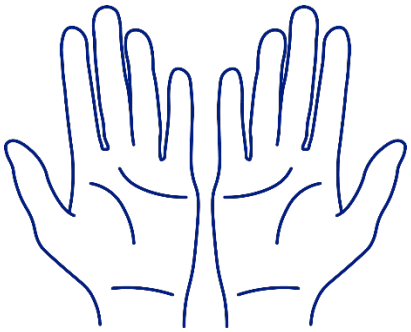
Assembly Requirements | Usage of Cushioning		
The default customization does not include space for cushioning. If cushioning is needed, please provide the specifications. Note that the cushioning remains to be placed by you.		
	Entire surface	**Specific surfaces only**
Cushioning required?	☐ Yes ☐ No	☐ Yes ☐ No
Indicate in the illustration where you require the cushioning(s)	-	
Which cushioning thickness do you need?	___ mm	___ mm
If you plan to vary the cushioning thicknesses, please indicate it on the drawing		

Other Requirements | Perforation		
The default customization includes equally distributed round holes on the palm area (not the finger surfaces). If no perforation or additional perforation is needed, please indicate it here.		
	Palm area	**Finger areas**
Perforation required?	☐ Yes ☐ No	☐ Yes ☐ No
Provide any comments here		

Additional comments/observations: