

Prosthetic Sock Test

Instructions: Review the Sock Application Module. Select the best answer based on the content of the module.

1. Which of the following is NOT an accepted prosthetic sock function?
 - a. Buffer between human surfaces and non-human surfaces
 - b. Long term suspension restoration with Seal-In[®] Liners*
 - c. Increasing longevity of an interface
 - d. Increasing Comfort
 - e. Volume Replacement

2. Mrs. Jones is due for a socket replacement. Based on anecdotal sock to volume ratios, it is expected that she has lost _____ of volume
 - a. 4 to 10mm
 - b. 10 to 14mm
 - c. 14 to 20mm
 - d. 20 to 24mm*
 - e. 30 to 34mm

3. Assuming ideal circumstances and with regard to a hard socket/interface, how many ply of socks is most ideal at initial fitting?
 - a. 0 ply
 - b. 1 ply
 - c. 3 ply*
 - d. 10 ply
 - e. 12 ply

4. When should a half sock be attempted with a trans-tibial prosthesis user?
 - a. If the user is wearing a full 3ply sock and does not want to wear a 5 or 6 ply sock
 - b. If adding more full socks causes discomfort at the knee joint and original symptoms are still present*
 - c. If the client is using a Seal-In Liner[®] that is losing suction so the half sock is a diagnostic tool
 - d. It is always the first sock attempted in trans-tibial cases regardless of suspension mechanism
 - e. Anytime there is evidence suggesting that the residual limb is “sinking” into the socket

5. A patient is wearing a silicone gel liner with a pin lock mechanism. Which of the following is true?
 - a. He should be shown how to trim frayed strands from his socks*
 - b. Half socks are not an option with this suspension system
 - c. It is acceptable to wear a standard half sock socks against the skin
 - d. A and C
 - e. All the above

6. Which of the following is true regarding distal bunching of prosthetic socks?
 - a. Shorter socks tend to bunch distally
 - b. Trans-femoral users do not have this problem
 - c. Bunching can cause focal pressures
 - d. A and C only*
 - e. All the above

7. Which of the following is true regarding volume?
 - a. Volume loss is both an acute and chronic problem
 - b. Edema can become trapped due to compromised lymphatic drainage
 - c. Volume loss is more significant proximal to the fibula head in trans-tibial users
 - d. A and B only*
 - e. All the above

8. Which muscles are most at risk of disuse atrophy in a knee disarticulation amputee?
 - a. Vastus Intermedius and Vastus Medialis*
 - b. Rectus Femoris and Sartorius
 - c. Semimembranosus and Semitendinosus
 - d. Adductor Brevis and Gracillis
 - e. Long head of Biceps Femoris and Gluteus Medius

9. Which muscles are most at risk of disuse atrophy in a trans-tibial amputee?
 - a. Gastrocnemius and Plantaris
 - b. Rectus Femoris and Vastus Intermedius
 - c. Biceps Femoris
 - d. Flexor Digitorum and Posterior Tibialis*
 - e. Sartorius and Semitendinosus

10. Prosthetic socks can remedy rotational problems
 - a. True*
 - b. False

11. Your patient informs you that since a change in her diuretic medication, she has “crotch pressure” within the medial aspect of her trans-femoral interface. You should
 - a. Try a half sock
 - b. Try a full sock*
 - c. Have the patient don a sock beneath her gel liner
 - d. Call the physician and report your findings
 - e. Plan for a socket replacement

12. Your patient, who wears a Seal-In[®] System has been losing suspension this week. Home sock adjustments do not improve the situation. Two full 3 ply socks, beneath the liner satisfactorily maintains suspension in the clinic. You should
- Order 1 and 5 ply full socks as it is more likely this will be a better daily combination
 - Plan for a socket replacement with 6 ply of reduction
 - Plan to order a 6 ply Liner-Liner sock that can be worn against the skin full time
 - Order a standard 6 ply full sock to replace the pair of 3 ply socks
 - Let the patient go on the current setup; this is an acceptable procedure
13. Which of the following makes this statement untrue? Socks may be cut _____.
- For half socks
 - For pin access to lock mechanism
 - To allow for toileting
 - For Seal-In[®] Systems
 - Only by the prosthetist or sock manufacturer*
14. Which of the following is NOT an indication to fabricate a larger interface using prosthetic socks to uniformly enlarge a model? Hint: in this case a re-cast is indicated.
- Recent Weight Gain of approximately thirty pounds
 - Volume Increase of approximately three inches to the residual limb
 - Recent change in Antihypertensive medication and resultant swelling
 - Residual Femur Fracture with internal hardware (screws/plate) & edema*
 - Chronic Congestive Heart Failure with recent acute bilateral LE edema