**Prosthetic Device Wearing Schedule**

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| **Days** | **Number of Hours** | **Number of Times Per Day** |
| **1** | **1 Hour** | **3** |
| **2** | **1 ¼ hours** | **3** |
| **3** | **1 ½ hours** | **3** |
| **4** | **1/ ¾ hours** | **3** |
| **5** | **2 hours** | **3** |
| **6** | **2 ¼ hours** | **3** |
| **7** | **2 ½ hours** | **3** |
| **8** | **2 ¾ hours** | **3** |
| **9** | **3 hours** | **2-3** |
| **10** | **3 ¼ hours** | **2-3** |
| **11** | **3 ½ hours** | **2-3** |
| **12** | **3 ¾ hours** | **2-3** |
| **13** | **4 hours** | **2-3** |

**Guidelines**

* When first receiving your first prosthesis, a slow and gradual increase of wear time is required until you are able to tolerate wearing the prosthesis most of the day or as long as you wish.
* Follow this schedule as your limb adjusts to being confined inside the prosthesis, giving your limb and skin to adapt.
* Taking your prosthesis off and checking your skin frequently is required in order to examine your limb for any increased redness, blisters or other irritations, in which your prosthetist should be informed of immediately.
* Use the prosthetic socks provided to accommodate any changes in volume (size of your limb throughout the day. The amount of socks you put on in the morning may not be what you need in the afternoon.

If at any time you have questions or concerns, please contact your prosthetist.