



QUALITY FOR LIFE

**2009 Harmony® Qualification Course Registration  
Fact Sheet/Timeline/Registration  
21 CEU's Awarded**

Thank you for your interest in the Harmony Qualification Course. This course contains three steps which must be successfully completed to become Harmony qualified. They include:

- 1) Complete the online Harmony Course and pass the online course exam.
- 2) Attend a 3 day hands on training session at an Otto Bock Education Center with a patient.
- 3) Schedule two additional Harmony patients to be fit in your office 2-3 weeks after completion of the 3 day course with an Otto Bock Harmony Instructor present.

### **PRE-REQUISITES**

To participate in the Harmony Qualification Course process, the following pre-requisites must be met:

- You must be a certified and/or licensed prosthetist.
- You must have three Harmony candidates lined up to be fit with this system. One must accompany you to the 3 day course and the other two must be available to be fit in your office 2-3 weeks after the course. (Note: If more than one practitioner attends from the same facility, they must meet the above requirement as well. No more than a 1:1 practitioner-patient ratio will be accepted.)

### **COSTS**

- Course registration fee = \$300. Registration fee includes online course and exam, 3 day course content and materials and room+tax for 3 day course for both practitioner and patient.
- Travel expenses and arrangements for the 3 day course for you and your patient are your responsibility.
- Product for all patient fittings, including:
  - Vacuum casting pump & Set of casting balloons
  - 1 Harmony pump per patient (3 total)
  - 1 Custom or off-the-shelf urethane liner per patient (3 total)
  - 3 Proflex Suspension Sleeves per patient (9 total)
  - 1 Check Socket
  - Miscellaneous parts to complete prosthesis
  - Foot, if needed.

### **TIMELINE**

Please allow 6-8 weeks to complete the entire Harmony Qualification Course process. Refer to the timeline on the following page for a breakdown of the 6-8 weeks.

### **REGISTRATION**

Please complete the attached registration form if you meet the above listed pre-requisites and would like to pursue Harmony Qualification. If you have questions about registration, please contact Julie Sohn, Education Coordinator at 1-800-328-4058 ext. 5165.



**WEEK 1**

Register.  
Take Online Course: Follow instructions: cast patient 1 for a custom liner and send the cast to SLC.  
Allow up to 12 business days to receive Custom Liner.

**WEEK 2**

Cast additional 2 patients and send casts to SLC for custom liner.

**WEEK 3**

Receive patient 1 custom liner and follow online course to cast patient for check socket.  
Modify cast, pull socket and fit socket as directed in online course.  
Complete online course exam.

**WEEK 4**

Attend the 3-day Harmony course with patient 1.

**WEEK 5**

Cast and modify patients 2 & 3 for check sockets

**WEEK 6**

Harmony Instructor visit at your office. Fit patients 2 & 3.



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Location: \_\_\_\_\_ Date: \_\_\_\_\_

Duration: Day 1: 8:00 am – 5:00 pm, Day 2: 8:00 am – 5:00 pm, Day 3: 8:00 am-5:00 pm

Requirements:

- Practitioner must be certified and/or licensed in order to attend the Harmony course.
Practitioner must bring a patient to the course.
In order to guarantee you space, course materials, and meals at the time of course, this registration form MUST BE received at least 4 weeks prior to course date.

Practitioner name and title (as you have it appear on certificate) \_\_\_\_\_

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

City and State and Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Customer account number: \_\_\_\_\_ Purchase order number: \_\_\_\_\_

Patient name: \_\_\_\_\_

(Note: A Patient Information Form will be sent to you after we receive this registration form.)

I give Otto Bock permission to email or fax information to me at the address/number listed above:

Signature: \_\_\_\_\_

Form with two columns: Left column contains text about tuition fee and signature line; Right column contains food preferences checkboxes. Bottom section contains accessibility questions with checkboxes.

Please fax your completed registration form to Julie Sohn at 763-519-6152 no later than 4 weeks prior to the course date.





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**\*PLEASE COMPLETE A COPY FOR ALL 3 HARMONY PATIENTS\***

**PATIENT INFORMATION FORM**

Facility name: \_\_\_\_\_ Prosthetist name: \_\_\_\_\_

Patient name: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age \_\_\_\_ Ht \_\_\_\_ Wt \_\_\_\_

**Current Residual Limb Status**

Date of Amputation \_\_\_\_\_ Rt \_\_\_\_ Lt \_\_\_\_

Type: \_\_\_\_ Below Knee \_\_\_\_ Above Knee \_\_\_\_ Knee Disarticulation \_\_\_\_ Other

Limb Measurements: MPT Circ. \_\_\_\_\_ MPT length to Distal \_\_\_\_\_ MPT to Floor \_\_\_\_\_  
Circ 4cm up from Distal \_\_\_\_\_ Knee Center Circ. \_\_\_\_\_

**Current Prosthetic Setup**

**Type of socket:**

TSB Specific Weight Bearing Joints & Thigh Section SCSP PTB Supracondylar

**Type of Foot/Ankle:**

I will be bringing the following foot.  I would like to order the following foot.

Name: \_\_\_\_\_ Size: \_\_\_\_\_

Activity Level: K 1 2 3 4 (please circle)

**NOTES:**

Please fax this completed form to Julie Sohn at 763-519-6152 at least four weeks prior to course date.

