THE STUDY OF SURFACE ROUGHNESS ON LAMINATED TRANSFEMORAL SOCKET

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DISSERTATION SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ENGINEERING SCIENCE NIK ABDUL MUIZ BIN NIK ZAINUDDIN
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ABSTRACT

Prosthesis is an artificial limb used by a patient with amputation to replace the original limb. Common material used in Malaysia in fabricating a transfemoral sockets is the polypropylene plastics instead of laminated composite. Polypropylene is known to be weaker and less durable compared to laminated composite. However, discussion of other mechanical characteristics such as surface profile which can contribute to patient's comfort is still very limited. Thus, this research aims to study the surface analysis in laminated transfemoral socket fabricated using different reinforcement materials, type of resin and resin to hardener ratio. In this study, 15 transfemoral sockets were fabricated with different reinforcement materials and different types of resin and ratio. The lateral part of the socket was then cut as a sample for surface testing. A total of 20 trials were done on each surface sample using the Mitutoyo Surftest SJ-210 and the data was recorded in Microsoft Excel. An analysis was done to evaluate the internal surface of the sockets after the samples were tested using the Mitutoyo SurfTest SJ-210 series. Transfemoral socket interface directly to the patient skin without any usage of liner which could lead to skin impairment and inflammation. Fibreglass was shown to be the smoothest surface as the average surface roughness is the lowest at 2.318 μ m, followed by Polyester at 2.380 µm, Perlon at 2.682 µm, Elastic Stockinette at 2.722 µm and Dacron felt at 3.750 µm. As for the different types of resin and hardener, the smoothest internal surface was produced by the 3:2 epoxy resin to hardener ratio, followed by 3:1, 2:1 and lastly with value higher than 1, 2:3. The socket made with 1:3 resin to hardener ratio was excluded in surface testing as the composite did not cure and ended up in a liquid state. As for the acrylic resin, the smoothest surface was produced by the ratio of 100:1 resin to hardener, with Ra value of 1.0086 µm. The 100:1 resin to hardener ratio took the longest time to cure at 167 minutes, thus it is expected to produce the smoothest surface. Meanwhile, the cure time for 100:2 resin to hardener ratio was connect B sun Very maneu. Thus, and recentral and to stary the started at
laminated transfermoral socket fabricated using different reinforcement matter
of resin and resin to hardener ratio. In this study, 15 transfermora

reduced significantly to just 43 minutes, and this also doubled the Ra value to 2.3622 µm as compare to 100:1 ratio. This result suggested that laminated socket using epoxy resin reinforced with fibreglass produces the smoothest socket compare to acrylic and other reinforcement materials.

Keyword: Laminated Prosthesis, Transfemoral Socket, Resin Composite

ABSTRAK

Prostesis ialah anggota badan palsu yang digunakan oleh pesakit yang diamputasi untuk menggantikan anggota badan asal. Bahan yang biasa digunakan di Malaysia dalam membuat soket transfemoral ialah plastik polipropilena dan bukannya komposit berlamina. Polipropilena diketahui lebih lemah dan kurang tahan lama berbanding komposit berlamina. Walau bagaimanapun, dari segi ciri mekanikal lain seperti profil permukaan, sumber rujukan adalah sangat terhad. Oleh itu, penyelidikan ini bertujuan untuk mengkaji analisis permukaan dalam soket transfemoral berlamina yang difabrikasi menggunakan bahan peneguh yang berbeza, jenis resin dan nisbah resin kepada pengeras. Dalam kajian ini, 15 soket transfemoral telah direka dengan bahan peneguh yang berbeza dan dan jenis resin dan nisbah yang berbeza. Bahagian sisi soket kemudiannya dipotong sebagai sampel untuk ujian permukaan. Sebanyak 20 percubaan telah dilakukan pada setiap sampel permukaan menggunakan Mitutoyo Surftest SJ-210 dan data telah direkodkan dalam Microsoft Excel. Analisis dilakukan untuk menilai permukaan dalam soket selepas diuji dengan siri Mitutoyo SurfTest SJ-210. Permukaan soket transfemoral bersentuh terus ke kulit pesakit tanpa sebarang penggunaan pelapik dan ini boleh membawa kepada kerosakan dan keradangan kulit. Keputusan menunjukkan Gentian kaca merupakan permukaan paling licin dengan purata kekasaran permukaan paling rendah iaitu 2.318 µm diikuti oleh Poliester dengan 2.380 µm, Perlon dengan 2.682 µm, Elastic Stockinette dengan 2.722 µm dan Dacron felt dengan 3.750 µm. Sementara itu, bagi jenis resin dan pengeras yang berbeza, permukaan dalam yang paling licin dihasilkan oleh nisbah resin epoksi kepada pengeras 3:2 diikuti dengan 3:1, 2:1 dan terakhir dengan nilai lebih tinggi daripada 1, 2:3. Soket prostetik yang dibuat dengan nisbah resin 1:3 kepada pengeras dikecualikan daripada ujian permukaan kerana komposit tidak terawet dan ia berakhir dalam keadaan cair. Bagi resin akrilik, permukaan paling licin dihasilkan oleh nisbah 100:1 resin kepada pengeras, dengan nilai permukaan, sumber rujukan adalah sangat terhad. Oleh itu, penyelidikan ini untuk mengkaji analisis permukaan dalam soket transfemoral berlami difabrikasi menggunakan bahan peneguh yang berbeza, jenis resin dan nisl
kepada

Ra 1.0086 µm. Seperti yang dibincangkan, nisbah 100:1 mengambil masa paling lama untuk terawet iaitu 167 minit, justeru ia dijangka menghasilkan permukaan yang paling licin. Nisbah resin kepada pengeras 100:2 mengurangkan masa pengawetan dengan ketara kepada hanya 43 minit dan juga menggandakan nilai Ra kepada 2.3622 µm berbanding nisbah 100:1. Keputusan ini mencadangkan soket berlamina menggunakan resin epoksi yang diperkuat dengan gentian kaca menghasilkan soket paling licin berbanding dengan bahan akrilik dan tetulang lain.

Kata kunci: Prostesis Berlamina, Soket Transfemoral, Komposit Damar Kata kunci: Prostesis Berlamina, Soket Transfernoral, Komposit Damar

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- PP : Polypropylene
- POP : Plaster of Paris
- PVA : Polyvinylalcohol
- DW : Diabetic Wound
- PE : Polyethylene
- SPSS : Statistical Package for the Social Sciences
- BPEC : Banana Pseudo Epoxy Composite
- Ra : Average Surface Roughness
- Rq : Root Mean Square Roughness
- Rz : Ten points Surface Roughness
- CP : Copolymers Socket
- CF : Carbon Fibre
- ISO : International Organization for Standardization PE : Polyethylene

SPSS : Statistical Package for the Social Sciences

BPEC : Banana Pseudo Epoxy Composite

Ra : Average Surface Roughness

Ra : Root Mean Square Roughness

Rz : Ten points Surface Roughness

CP : Copolyme
	- PETG : Polyethylene terephthalate glycol
	- ECH : Epichlorohydrin
	- SEM : Standard Error Mean

CHAPTER 1: INTRODUCTION

This chapter covers the knowledge of prosthetics and orthotics generally to provide a better understanding of the research. This includes the types of prosthesis available, an overview of what a transfemoral prosthesis is, and the difference between a laminated socket and a polypropylene socket. This chapter also states the problems that have led to this study, the scope of work, objectives, and the organization of this thesis.

1.1 Background

Prosthetics is a field that studies the replacement of missing body parts with artificial parts or known as prosthetic devices (Wurdeman et al., 2018). Most parts of the human body currently have prosthetics substitute such as the eyes, tooth and limbs (Murray, 2005; Pibarot & Dumesnil, 2006; Weiland & Humayun, 2008). However, the concerns of prosthetists—practitioner in making of artificial limbs, involve the human limbs (Mackenzie et al., 2018; Mackenzie et al., 2020). Human limbs consist of bone and muscle structure that are unable to regenerate once lost as illustrated in Figure 1.1. 1.1 Background

Prosthetics is a field that studies the replacement of missing body parts with

parts or known as prosthetic devices (Wurdeman et al., 2018). Most parts of the

body currently have prosthetics substitute su

Figure 1.1: Example of residual limb structure

(Retrieved form: https://www.researchgate.net/figure/X-ray-image-of-the-leftresidual-limb-A-Anterior-posterior-image-with-no-soft-tissue_fig2_281171253)

Thus, artificial limb is made in order to replace the function of the missing limbs or for cosmetics purposes. Known causes of limb loss are trauma, congenital, and diseases such as diabetes, necrotizing fasciitis and many more (Karim et al., 2020). Prosthesis the artificial limbs, is classified into two main groups which are the upper limbs prosthesis and lower limbs prosthesis. Lower limbs prosthesis cases are more common compared to upper limbs prosthesis especially in Malaysia due to diabetes cases (Karim et al., 2020). Upper limb prosthesis cases are normally caused by trauma or congenital (Cordella et al., 2016). In fabricating a prosthesis, the first step is to take the shape of the patient's residual limb; this is called casting. The practitioner will cover the residual limb with wetted Plaster of Paris (POP) bandage and wait until it hardens. Once removed, the practitioner will get a negative cast which is the hardened POP bandage with all the information of the residual limb—shape, size and sensitive area marks. Then a POP slurry will be poured into the negative cast to make a positive cast which is a hard so it can be modified and used as a sample in fabricating a socket. prosthesis and lower limbs prosthesis. Lower limbs prosthesis cases are more
compared to upper limbs prosthesis especially in Malaysia due to diabetes case
et al., 2020). Upper limb prosthesis cases are normally caused by

1.2 Types of Prosthesis

Prosthesis comes in many types and characteristics according to patients' needs (Laing et al., 2011). Prosthetic devices are custom made to compensate for patients' limbs and for best functionality. The main classifications are the upper and lower limbs, then it is further classified based on the positions of the residual limb (Cordella et al., 2016; Karim et al., 2020). There are two kinds of nomenclature mainly used in describing the type of prosthesis which are based on the joints and another one is based on the bone's name. For example, upper limbs prosthesis as illustrated in [Figure 1.2](#page-17-0) types include below elbow or transradial prosthesis, upper elbow or transhumeral

prosthesis, shoulder prosthesis or transcapular prosthesis, and lastly the partial hand prosthesis or transmetacarpal or transcarpal prosthesis.

Figure 1.2: Example of Upper Limb Prostheses

(Retrieved from: Upper Limb Prosthetics - Roger Wolfson and Associates upper limb prosth (rwaa.co.za))

For the lower limb, there are hip prosthesis, above knee prosthesis or transfemoral prosthesis, below knee prosthesis or transtibial prosthesis, and partial foot prosthesis or transmetatarsal prosthesis. Example for lower limb prosthesis is shown in Figure 1.3.

Figure 1.3: Example of Lower Limb Prosthesis

(Retrieved from: https://prostheticsolutions.com.au/lower-limb/)

Each of the types also differ in length based on patients' residual limb length, fabrication technique, type of materials used and the components used in assembling the devices. The two most common fabrication techniques used in making a prosthetic device are thermoforming and lamination. Thermoforming softens a plastic sheet and transfer it to a positive cast. It is then vacuum-suctioned to make sure the plastic takes up the positive cast shape perfectly. The main types of plastic used nowadays are polypropylene (PP) and polyethylene (PE). Lamination technique uses resin and hardener mixture incorporated into reinforcement materials sandwiched between Polyvynilalcohol (PVA) bag on a positive cast. Figure 1.3: Example of Lower Limb Prosthesis
(Retrieved from: https://prostheticsolutions.com.au/lower-limb/)
Each of the types also differ in length based on patients' residual lim
fabrication technique, type of materials

1.3 Transfemoral Prosthesis components

Transfemoral prosthesis or the above knee prosthesis is an artificial limb used by patients with amputated or missing lower limb between the hip and the knee. This device consists of four main components which are the socket, a knee joint, pylon and foot part.

Figure 1.4: Transfemoral Prosthesis Component

(Retrieved from: https://www.pinterest.com/pin/114067803046019175/)

The socket part as labelled in Figure 1.4 is the interface between the patient and the device. It also provides suspension for the devices. The most common type of suspension for a transfemoral prosthesis is the vacuum suction; where a vacuum condition exists between the prosthetic socket and the patient skin. This will hold the prosthesis in place very firmly. If the residual limb is short, some practitioner will opt for pin and lock suspension system. Lack of surface area from the short residual limb will create less vacuum thus pin and lock is the optimum choice for better suspension and patients' confidence. Suspension belts are sometimes added especially for new users to provide extra security and to build their trust in using the prosthesis. Once the patient is fully confident and fully trusts his new artificial limb, the belt will be removed. The socket is very important in transfemoral prosthesis as slight deviation in EVENTE JOINT

FOOT

FIGURE 1.4: Transferroral Prosthesis Component

(Retrieved from: https://www.pinterest.com/pin/11406780304601917

The socket part as labelled in Figure 1.4 is the interface between the patient

device.

size and fit will disrupt the vacuum and it will be impossible to hold the prosthesis. Transfemoral prosthesis socket also interface directly to the patient's skin; to avoid any skin impairment from donning and utilizing the devices, the surface of the socket must be smooth. The next component is the knee joint. The knee joint comes right after the socket and is attached to the socket. Knee joint mimics the mechanic and function of a real knee to allow a prosthetic user to walk and sit normally. A basic knee joint operates mechanically; it uses the force exerted by the user and normal force from the ground to flex (bend) and extend (straighten). An advanced knee joint, on the other hand, has complex electronic system which incorporates microcontroller and sensors in controlling the knee joint. Detection of motion mimics a knee movement better and lets the user walk as close as possible to a biological leg. Some high-end advanced knee joint is also used in controlling the ankle movement of a transfemoral prosthesis. A pylon attaches the knee joint to the foot part. The pylon is also used to adjust the length of lower limb prosthesis devices. The foot part is used in transfemoral prosthesis to provide stability and normal force from the ground. methanically, a dasa the correct deal of the deal dark and nothing the channical flat (bend) and extend (straighten). An advanced knee joint, on the other h
controlling the knee joint. Detection of motion mimics a knee mov

1.4 Polypropylene Socket vs Laminated Socket

Polypropylene is the main type of plastic used in thermoforming technique in fabricating a prosthesis especially in lower limbs (Abbas, 2018; Me et al., 2012; Neama et al., 2007) Not only is it hard and sturdy enough to support human weight, polypropylene is also easier to work with as compared to lamination materials in fabricating a prosthesis socket (Neama et al., 2007). In terms of cost, the PP socket value is less than laminated socket, which can be as low as a third of the price for laminated socket. This takes into consideration the materials used in fabricating the PP socket and the expertise needed to in fabricating both sockets. The procedure in fabricating a PP socket is simpler compared to the procedure of lamination. Both sockets need the same positive cast. For PP socket as illustrated in [Figure 1.5,](#page-21-0) the

practitioner has to soften a sheet of polypropylene in an oven before transferring the plastic onto the positive cast that is placed on a vacuum platform so that the plastic will stay perfectly in shape according to the positive cast.

Figure 1.5: Polypropylene Transfemoral Prosthesis Socket

(Retrieved from: https://www.researchgate.net/figure/Transtibial-TT-Transfemoral-

TF-Test-socket_fig1_325754330)

The laminated socket as illustrated in Figure 1.6 , on the other hand, comes with more steps after the positive cast is obtained. The positive cast is placed on a two-holed vacuum pole before it is covered with a layer of PVA bag. Then, layers of reinforcement materials are laid onto the PVA bag and lastly a second layer of PVA bag is used to cover the reinforcement materials. The point is to sandwich the reinforcement materials in between the PVA bags according to the shape of the positive cast. Then, resin mixture will be poured into the PVA to bind the reinforcement materials, creating a composite. Vacuum suction is switched on to avoid air bubbles formation and to make sure that the composite socket follows the positive cast perfectly.

Figure 1.6: Laminated Transfemoral Prosthesis Socket

(Retrieved from: It RESIN-ates - Standing With Hope)

1.5 Problem Statement

Most high-end prosthesis use laminated socket as their stump-patient interface. This is due to the strength of laminated prosthetic socket is about three times higher as compare to polypropylene socket (Chiad & Hasan, 2009). Many researchers are keen in finding new fibre especially from natural waste or local abundance materials (Campbell et al., 2012; Odusote et al., 2016) for a laminated socket. These studies analyse the physical properties of laminated sockets, but none of the studies touched on the surface properties of laminated prosthetic sockets. Physical properties that are usually examined are flexural strength and tensile strength of the socket when fabricated with different materials. **Example 1.6: Laminated Transfernoral Prosthesis Socket**

(Retrieved from: <u>It RESIN-ates - Standing With Hope)</u>
 1.5 Problem Statement

Most high-end prosthesis use laminated socket as their stump-patient inter

is due

With the transfemoral socket directly touching the patient skin, it is important to analyse the internal surface of the socket to prevent any skin impairment and discomfort to the prosthetic user. There are differences in surface roughness between epoxy and acrylic resin. Thus, the author is keen to investigate the surface roughness of both types of resin to identify the best fabrication option for a prosthetic socket.

With the progression prosthetic and orthotic technologies, laminated socket will be frequently provided to amputees as their main socket. This thesis serves as guideline and can provide useful information for prosthetist and orthotist in fabricating a laminated socket with regards for surface roughness produced and time taken for different combination of resin and hardener.

1.6 Aim and Objectives of the Study

The purposes of this project are:

- 1. To determine the best ratio for epoxy and acrylic resin for fabricating a smooth laminated prosthesis socket.
- 2. To determine the best reinforcement materials between Perlon stockinette, polyester stockinette, elastic stockinette, Dacron felt and glass fibre for fabricating a smooth laminated prosthesis socket. different combination of resin and hardener.

1.6 **Aim and Objectives of the Study**

1. To determine the best ratio for epoxy and acrylic resin for fabricating a

5 smooth laminated prosthesis socket.

2. To determine the
	- 3. To measure the surface roughness of different combination of laminated prosthetic socket fabricated from different reinforcement materials and type of resin.

1.7 Scope of Study

This research is conducted to study the internal surface roughness of laminated transfemoral socket fabricated using different materials and different types of resin. A total of 15 laminated transfemoral sockets were fabricated using five different materials and five different ratios from two types of resins.

Surface roughness from all different transfemoral sockets were taken using Mitsumoto Surface Tester and values obtained were analysed using SPSS data analysis.

1.8 Organization of Thesis

This thesis consists of five chapters. In the first chapter, the introduction and the basic knowledge about prosthesis are discussed. This includes the types of prosthesis available and most commonly used by patients nowadays. Chapter 2 focuses on the previous studies by past published articles related to the study. This includes the differences in strength between PP and laminated sockets, the materials utilised in laminated prosthesis fabrication, and the skin's reaction to prosthesis use. Next, Chapter 3 discusses the experiment's design and how the data is processed, while Chapter 4 presents the experiment's results. Finally, in Chapter 5, the conclusion of the results provided is included, as well as discussion of the limitations and obstacles, and possible improvements. 3 discusses the experiment's results. Finally, in Chapter 5, the conclusion of the provided is included, as well as discussion of the limitations and obstacles, and improvements.

Figure 1.7: Thesis Flowchart

CHAPTER 2: LITERATURE REVIEW

In this chapter the variability of laminated socket as well as the strength of laminated socket that were reported in previous study will be discussed. It also contains discussions on the materials used in fabricating laminated socket which are the reinforcement materials and the resin types. The characteristics of the materials and resin will also be described. Lastly, the impact of roughness of a socket to the patients' skin is mentioned.

2.1 Variability of Transfemoral socket

The fabrication of a laminated prosthetic socket has been found to be more consistent. As comparison to the check socket and copolymer socket, the laminated socket has the least variation in average strength, with just 25% relative standard deviation, compared to 49% for check sockets and 61% for copolymer sockets from various facilities. It also comes second when the sockets come from the same facilities which is only 21% just behind the check socket with 15% while the copolymer socket has 42% relative standard deviation (Gerschutz et al., 2012). During tensile testing, the average standard deviation for all samples was 13% for Epoxyacryl (Foresee), 9% for Lamination Resin 80-20 (IPOS), and 12% for Laminhartz 80-20 (Otto Bock) (Phillips & Craelius, 2005). resin will also be described. Lastly, the impact of roughness of a socket to the
skin is mentioned.
2.1 **Variability of Transfemoral socket**
The fabrication of a laminated prosthetic socket has been found to
consistent. A

2.2 Materials Used in Lamination of Prosthetic Socket

The most common materials used in making laminated prosthetic socket are carbon fibre, fibreglass, Perlon stockinette and Nyglass, where 8 studies out of 16 had used carbon fibre, 6 studies had used fibreglass, 5 studies had used Perlon and 3 studies had used Nyglass.

(Retrieved from: (A) [Perlon Stockinette \(spsco.com\),](https://www.spsco.com/rx-textiles-perlon.html) (B) [Polyester Fibre Stockinette -](https://www.sangyug.com/product/polyester-fibre-stockinette/) [Sangyug Online,](https://www.sangyug.com/product/polyester-fibre-stockinette/) (C) [Polyester Elastic Stockinette | North Coast Medical](https://www.ncmedical.com/item_1107.html) [\(ncmedical.com\),](https://www.ncmedical.com/item_1107.html) (D) [27" WIDE DACRON POLYESTER FIBRE BATTING /](https://www.thefoamshop.co.uk/product/663-126/DACRON-POLYESTER-FIBRE-BATTING--WADDING) [WADDING Priced per metre -](https://www.thefoamshop.co.uk/product/663-126/DACRON-POLYESTER-FIBRE-BATTING--WADDING) The Foam Shop, (E) [CROMAR GRP FIBREGLASS](https://www.manninghamconcrete.co.uk/roofing/flat-roofing/pro-grp-glassfibre-roofing-system/cromar-grp-fibreglass-matting-csm450gm-approx-16-5kg/) [MATTING CSM450GM \(APPROX 16.5KG\) -](https://www.manninghamconcrete.co.uk/roofing/flat-roofing/pro-grp-glassfibre-roofing-system/cromar-grp-fibreglass-matting-csm450gm-approx-16-5kg/) GRP Glassfibre Roofing - Flat & Pitched - [Roofing | Manningham Concrete\)](https://www.manninghamconcrete.co.uk/roofing/flat-roofing/pro-grp-glassfibre-roofing-system/cromar-grp-fibreglass-matting-csm450gm-approx-16-5kg/)

The strength of these materials were compared in the studies and they are used as a standard when studying new materials. Based on the Ottobock materials catalogue,

Perlon is a knitted fabric, is finely meshed, can be stretched based on circumference, has good shaping properties and produce smooth surface after laminating; hence it suitable for surface. Carbon fibre is used for axial reinforcement (bending forces) of thin-walled, high-strength laminates. It is especially designed for use with acrylic resins; the elastic weft thread allows the carbon threads to maintain their 0° orientation, regardless of the diameter, where no elaborate cutting or forming work is required with formed model. The elastic weft thread facilitates forming the stockinette to the model and saves valuable working time. Fibreglass can produce thin-walled laminates, have good braiding and high torsional strength in laminates but the torsion can be influenced by different circumferences (ideal angle is 45°). It also has good draping characteristics. Nyglass has a blend of polyamide (35%) and fibreglass (65%), also knitted fabric, finely meshed, provide high strength but has low resin absorption combined with high stability (Ottobock, 2007). A study by Abbas (Abbas, 2018) showed that sockets that use carbon fibre give the highest ultimate tensile strength followed by fibreglass and lastly Perlon. The eight-layer socket with two carbon fibre in the middle produces the ultimate tensile strength of 175MPa, while the same lay-up replaced by two fibreglass in the middle produces only 50.4MPa,eight-layer socket with only Perlon only produce 44.4MPa and Nyglass produce 43.4MPa of tensile strength. This proves that carbon fibre provides the highest strength-to-weight ratio followed by fibreglass, Perlon and Nyglass. In the effort of producing a biological composite as a new material in laminating, it shows great performance as records show that the new materials are able to perform as well as the existing materials commonly used in the industry. Campbell et al. (Campbell et al., 2012) stated that a ramie composite can withstand 6.5% higher load compare to the standard socket (Nyglass). The banana pseudo epoxy composite (BPEC) used by Odusote et al. (Odusote et al., 2016) shows promise with the results of BPEC shown to be higher than that of fibreglass composite. The elastic weft thread facilitates forming the stockinette to the model a
valuable working time. Fibreglass can produce thin-walled laminates, ha
braiding and high torsional strength in laminates but the torsion can be in

2.3 Tensile Strength of Laminated Sockets

Tensile strength is the maximum pressure an object can withstand before breaking. The experiment performed by Gerschutz et al. (Gerschutz et al., 2012) demonstrated great performance strength for industrial laminated prosthetic socket with the highest compression force shown to be 5,713 N while the lowest was at 2,791 N. Relative to the common copolymer prosthetic socket, the average strength of laminated socket is calculated to be about 3.6 times higher than the average of copolymer socket. The highest recorded tensile strength is 422 MPa which was fabricated using three layers of carbon fibre by Aisyah et al. (Aisyah et al., 2018) followed by 175 MPa that was fabricated with 3 Perlon + 2 carbon fibre + 3 Perlon lay-up by Abbas (Abbas, 2018) and the third highest tensile strength recorded is 152.5 MPa fabricated using 10 layers of Perlon and two layers of carbon fibre performed by Jweeg et al. (Jweeg et al., 2018). The banana pseudo epoxy composite experimented by Odusote et al. (Odusote et al., 2016) have the highest tensile strength of 70.05 MPa when the fibre ration is 50% exceeding the 30% glass fibre composite. The tensile strength value is approximately constant at 42 MPa for samples containing between 5 and 12.5 Wt%-graphite. The inclusion of 15% and 30% graphite leads to a further drop in tensile strength, reaching a minimum of 26 MPa for RG 30%. Aisyah et al. (Aisyah et al., 2018) showed that it is among the top socket fabricated as the tensile strength achieved by this socket are above 100MPa with 6x6Kenaf/CF plain (127 MPa), 6x6Kenaf/CF satin (106 MPa), 5x5 kenaf/CF plain (117 MPa), and 5x5 kenaf/CF satin (104 MPa). Jweeg et al. (Jweeg et al., 2018) showed that with the growth of fibreglass layers, the mechanical properties are obviously improved for continuous Perlon layers. Using two layers of fibreglass instead of zero layer with six layers of Perlon leads to an increase in ultimate strength by 30.4%. This indicates that by increasing the number of the same type of fabric or fibre layer, the strength of the composite increases. Campbell et al. (Campbell et al., calculated to be about 3.6 times higher than the average of copolymer soc
highest recorded tensile strength is 422 MPa which was fabricated using three
carbon fibre by Aisyah et al. (Aisyah et al., 2018) followed by 175 M

2012) discovered that the ramie composite socket failed at 6,180 N and the standard layup socket of Nyglass stockinette fail at 5,800 N at a loading of roughly 6.5% higher than the typical lay-up, where the resin and ramie socket failed. The carbon fibre composite samples have the greatest Young's modulus (8.8 GPa) and ultimate tensile strength of all the samples (127.5 MPa). The acrylic resin and ramie socket failed at 4,650 N. While this is around 20% less than the normal lay-up, it is still more than the 4,025 N that an ISO 10328 socket must bear. (Gerschutz et al., 2011) demonstrated that different resin types also have significance as their study showed that the pigmented resin and nonpigmented resin resulted in different tolerance which are 100.6 MPa and 58.6 MPa respectively. This proves that it is not only fabric or fibre materials that effect the socket fabrication but also the type of resin used.

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	58.6 MPa respectively. This proves that it is not only fabric or fibre materials that effect		
	the socket fabrication but also the type of resin used.		
	Table 2.1: Properties of Materials Commonly Used in Fabricating Prosthesis		
Materials	Ultimate Strength (MPa)	Stiffness E (GPa)	Strain to failure %
Carbon Fibre	2070-2750	10-380	$1.6 - 2$
Fibreglass	1700	68	$5 - 5.5$
Nylon	55-83	$1.2 - 2.4$	>5
Polyethylene	$7 - 41$	$0.13 - 1.3$	>5

Table 2.1: Properties of Materials Commonly Used in Fabricating Prosthesis

(Retrieved from: Effects of Lamination Layers on the Mechanical Properties for

Above Knee Prosthetic Socket)

2.4 Flexural Strength of Laminated Socket

Flexural strength indicates the flexibility of the prosthetic socket. The tensile strength and the flexural strength may be inversely proportional as shown by Gerschutz et al. (Gerschutz et al., 2011) where the carbon lamination with nonpigmented resin tensile strength at yield is 51.7 ± 29.0 MPa which is higher than the pigmented lamination resin at 43.8 ± 14.0 MPa. However, the tensile strength of nonpigmented lamination resin at break is 58.6 \pm 24.0 MPa which is lower than the pigmented lamination resin at 100.6 \pm 11.0 MPa. This is also supported by J. Chiad and Hasan (Chiad & Hasan, 2009) that examined below knee prosthetic sockets which consist of a lay-up of 3 Perlon + 1 carbon fibre $+3$ Perlon layers. The ranges of the absorbed energy recorded for this lamination were between 74.8%-89.40% for all levels of impact mass and height. The second lamination which consists of 3 Perlon layer $+2$ carbon fibre $+3$ Perlon layers have the range of absorbed energy of 67.9%-80%. Finally, the third lamination which consists of a lay-up of 4 Perlon $+ 2$ carbon fibre $+ 4$ Perlon layers recorded a range of absorbed energy of 60.9%-68.3% while the tensile strengths are 47, 52.4 and 54.7 MPa respectively.

Nurhanisah et al. stated that composite B which consist of (Helanca stockinette, Kenaf woven, Glass Silk Stokinette, and Helanca Stockinette) has a slightly greater flexural modulus (234.6 MPa) than composite A which consist of (Helanca Stockinette, Kenaf woven, Kenaf Woven, Glass Slik Stockinette, Helanca Stockinette) (229.6 MPa) (Nurhanisah et al., 2018). It indicates that by adding one layer of kenaf fibre to composite B, the flexural modulus improved by 2%, and the flexural strength of composite B (7.11 MPa) is 13.64%t greater than composite type A (6.14 MPa). The flexural strength at 0, 20, 30, 40, and 50% were 29.21 ± 1.14 , 44.21 \pm 0.21, 55.77 \pm 0.21, 72.31 ± 0.03 and 77.02 ± 0.11 MPa, respectively as mentioned by Odusote et al. (Odusote et al., 2016) Both of the studies mentioned show that the composites exhibit better flexural strength with increased number of lay-up materials. lamination were between 74.8%-89.40% for all levels of impact mass and he
second lamination which consists of 3 Perlon layer + 2 carbon fibre + 3 Perl
have the range of absorbed energy of 67.9%-80%. Finally, the third lam

2.5 Resin

As a final material, a resin or plastic composite can be repeatedly softened and hardened by heating and cooling. Thermoplastic materials include acrylic, cellulosic, chlorinated polyether, fluorocarbons, polyamides (nylons), polycarbonate, polyethylene, polypropylene, polystyrene, polyurethanes and vinyl resins. These polymers are made up of long linear chains or long chains with branching. In its end state, a resin or plastic composite is largely infusible and insoluble. At some point during their production or processing, thermosetting resins are liquids that are cured using heat, catalysis or other chemical methods.

Figure 2.1: Polymers crosslink of different plastics

(Retrieved from: http://semesters.in/what-is-elastomer-and-properties-of-elastomer-

notes-pdf-ppt/polymer-structures/)

They create a three-dimensional network that is crosslinked. Thermosets cannot be melted when being reheated once they have been properly cured. Crosslinking procedures can be used to convert thermoplastics to thermosets. Alkyd, allyl, amino, epoxy, furane, phenolic, polyacrylic ester, polyester, and silicone resins are examples of thermosetting polymers. The main distinction is in the molecular architecture (Ehrenstein, 2012).

2.5.1 Epoxy Resin

2.5.2 Bisphenol A diglycidyl ether (E-44 and E-51) is the most widely used epoxy resin (>85%). It is manufactured from bisphenol A (DPP) and epichlorohydrin (ECH). The hydroxyl groups in its molecular structure and the epoxy groups at polymer-chain ends offer reactivity, while the DPP skeleton provides strength, toughness and heat resistance to the cured product **(Jin et al., 2015).**

Figure 2.2: Epoxy resin comes with Type A and Type B Parts

(Retrieved from: Epoxy Resin water clear casting Full Kit 7.5kg - Chem Distro)

A hydrogenated bisphenol A epoxy resin (AL-3040) is produced by reacting hydrogenated DPP with ECH. During the hydrogenation reaction, the unsaturated double bonds on the benzene rings become more stable, increasing the epoxy resin's endurance. Its viscosity and hydrolyzed chlorine concentration are lower than E-44 and E-51, making it more in line with the performance requirements of pavement binders. Hydrogenated bisphenol A epoxy resins with superior weatherability can extend the service life of a product while lowering life-cycle costs. And, unlike traditional bisphenol A epoxy resin which is easily broken, its toughness allows it to meet the mechanical needs of the pavement structure, notably the thermal cracking requirements of the pavement surface. Second, the reduced viscosity of the mixture can increase its workability, particularly in the low-temperature construction process. Due to the high cost of typical bisphenol A epoxy resins, AL-3040 costs roughly 2.44 times as much as regular bisphenol A epoxy resin.

2.5.2.1 Curing agent

T31, a phenolic-modified amine curing agent, has low viscosity and can cure epoxy resins at room temperature, but it produces brittle results. Even if toughening chemicals are used, the cured product's hardness cannot be significantly increased. Because roomtemperature curing was required, we used polyamide 650, a modified amine curing agent. Polyamide 650 is made from tung oleic acid dimer and diethylenetriamine with a molecular weight of 600–1100. A lengthy fatty acid carbon chain, amino acids, and a rotatable ether bond make up its chemical composition, resulting in a cured product with excellent elasticity, adhesive force, water resistance, and toughness. Polyamide 650 has a moderate viscosity and mechanical qualities at room temperature, and it can react with epoxy resin. Furthermore, this low-molecular-weight polyamide system has low volatility, is non-toxic, and does not irritate the skin. **2.5.2.1 Curing agent**
T31, a phenolic-modified amine curing agent, has low viscosity and can cu
resins at room temperature, but it produces brittle results. Even if toughening c
are used, the cured product's hardness can

2.5.3 Acrylic Resin

Acrylics are polymerized by free radical polymerisation, which results in three distinct reactions: (i) Radical peroxides (initiators or catalysts) are commonly used to initiate reactions because they contain unpaired electrons that open double bonds (unsaturation) in the monomers, resulting in the formation of reactive radical sites on the monomers; (ii) unreacted monomer molecules are successively 'caught', and additional unpaired electrons become accessible at increasing chain ends, resulting in

the chain propagation process; and (iii) after that, development can be stopped by recombination, usually in the presence of another radical, or by using a termination agent. Variables in the process such as initiator concentration, temperature, and pressure have been demonstrated to have a significant impact on the kinetics of radical polymerisation processes and, subsequently, the molecular weight and molecular weight distribution that occur (Ehrenstein, 2012; McCrum et al., 1997). It's critical to understand how they affect the resulting acrylic polymer system in order to establish a firm foundation of knowledge about the ideal processing conditions. Below is a summary of published research on the polymerization behaviour of acrylics as a function of processing factors. understand how they affect the resulting acrylic polymer system in order to es
firm foundation of knowledge about the ideal processing conditions. Be
summary of published research on the polymerization behaviour of acryl
f

Figure 2.3: Ottobock Acrylic Resin

(Retrieved from: [617H21 Orthocryl sealing resin -](https://pe.ottobock.com/en/ot/products/617h21_orthocryl-sealing-resin.html) Ottobock)

2.5.3.1 Influence of initiator content

It was discovered that the concentration of the initiator effects the reaction phases of free radical polymerisation using the E 150 grade of liquid acrylic resin and a commercial organic peroxide. Slower initiation and termination reaction rates are
promoted by both high (1.6%) and low (0.8%) initiator concentrations than an intermediate concentration (1.2%). The authors concluded that these findings were linked to the availability of the radical species provided by the initiator, based on higher onset temperatures (75 \degree C) for the high and low concentrations and lower temperatures (58 °C) for the intermediate concentration. It was hypothesised that at a lower radical concentration (0.8 percent), fewer acrylic monomer molecules were launched, resulting in the formation of a few lengthy chains and the observed behaviour. Higher concentrations (1.6%), on the other hand, stimulated the formation of many short chains at the same time. These effects are thus concluded to be combinatory effects of competitive chain expansion and final termination reactions in all situations. Surprisingly, up to the terminal cycle temperature, the lowest initiator content caused an instantaneous, exponential increase in viscosity (rheological study). At all phases of the polymerisation procedure, increasing the initiator content was found to lower viscosity. in the formation of a few lengthy chains and the observed behaviour
concentrations (1.6%), on the other hand, stimulated the formation of many she
at the same time. These effects are thus concluded to be combinatory c
comp

Figure 2.4: Ottobock Hardening Powder

(Retrieved from: [Orthocryl Sealing Resin | Lamination Resins | Lamination](https://shop.ottobock.us/Prosthetics/Materials-&-Equipment/Lamination-Technology/Lamination-Resins/Orthocryl-Sealing-Resin/p/617H21~54~8600~9E) [Technology | Materials & Equipment | Prosthetics | Ottobock US Shop\)](https://shop.ottobock.us/Prosthetics/Materials-&-Equipment/Lamination-Technology/Lamination-Resins/Orthocryl-Sealing-Resin/p/617H21~54~8600~9E)

2.6 Diabetic Wounds Complication

Diabetic wounds (DW) are a major concern, with leg ulcers and diabetic ulcers being the most common. Diabetes slows wound healing by impairing each step of wound healing, including haemostasis, inflammation, proliferation, and remodelling, resulting in a long-term deleterious impact on quality of life, morbidity, and death. A delayed acute wound or chronic wound with impaired healing due to a postponed, incomplete, or disorganised healing process characterises DWs. A protracted inflammatory phase is seen in DWs, which is accompanied by a delay in the production of mature granulation tissue and a decrease in wound tensile strength. This could be due to ischemia-induced vascular injury (Alavi et al., 2014; Galkowska et al., 2006). Each wound is a medical emergency that requires immediate attention. Wounds are classified into two groups based on their origin: exterior and internal. Cuts, injuries, burns, and bruises are examples of external origin wounds. Because of peripheral neuropathy, these exterior sores may go undiagnosed by diabetic patients. Internal wounds, such as skin ulcers and calluses, destroy the skin and adjacent tissues, increasing the risk of bacterial infection (Patel et al., 2019). or disorganised healing process characterises DWs. A protracted inflammatory
seen in DWs, which is accompanied by a delay in the production of mature gr
tissue and a decrease in wound tensile strength. This could be due to

2.7 The Effect of Prosthetic Socket Roughness on Patient

Prosthetic socket surface affects the user in positive and negative ways. Surface roughness help the patient by controlling the unnecessary rotation of a socket (Mak et al., 2001). Study by Quinlan in 2020 reveals that using recently created testing procedures, that various texture patterns greatly enhanced torque in the transverse plane as compared to smooth sockets, particularly for passive suction. (Quinlan et al., 2020).

However, the roughness of the socket also affecting the skin as the pressure on the skin interface is high. The highest-pressure values are clearly associated with devices that transfer a considerable percentage of body weight through the body interface, such as prosthetic sockets with a wide range of peak pressures (34–417 kPa) and the interface beneath the foot (50–250 kPa). New tri-axial pressure and shear sensors based on capacitance design principles revealed substantial shear forces at the socket-skin interface in amputees in a recent study (Laszczak et al., 2015). Internal stresses/strains will be created in the immediate stump tissues as a result of the pressure and shear, increasing their risk of injury (Linder-Ganz & Gefen, 2007; Portnoy et al., 2008).

Interfacial rubbing between scar skin and other external surfaces, such as interfacial rubbing between the scar skin of an amputee residual limb and prosthetic materials, is a common problem in everyday life. The epidermis, subcutaneous tissue, blood vessels, and blood flow of the residual limb are all affected by the pressure and friction created by the movement. Reciprocal sliding friction on the skin surface would tend to degrade the stratum corneum barrier function's efficiency and cause skin damage (Lee et al., 2004; Wei Li et al., 2011). The coefficient of friction and energy dissipation between the prosthetic socket and liner materials are both affected by surface roughness (Schön, 2004; Xie et al., 2021). For a transfemoral patient with suction suspension, the socket interfaces directly on the patient's skin thus impacting the skin condition. Interfacial rubbing between scar skin and other external surfaces, such as in
rubbing between the scar skin of an amputee residual limb and prosthetic mate
common problem in everyday life. The epidermis, subcutaneous tissu

Figure 2.5: Morphologies of residual limb skin measured by laser scanning microscope.

(Retrieved form: Effect of prosthetic socks on the frictional properties of residual

limb skin)

Reciprocal sliding friction on the skin surface would tend to break down the stratum corneum barrier function's efficiency and cause skin trauma, especially if the friction behaviours are caused by cyclic mechanical loads with high contact pressures and shear forces that last for long periods of time (Li et al., 2008). The SC layer is avulsed first during the friction course of the prosthetic socket material–rabbit skin interface. The epidermal layer is increasingly ruffled as a result, and tissue fluid and blood begin to extravasate. The lubricant is provided by the avulsed SC layer, exudation, and blood, which lead in the friction coefficient decreasing with time. Various degrees of erythema emerge on the skin surface after 1800 reciprocating cycles. Unlike traditional engineering materials, living organisms have the unique ability to self-repair harm. When living skin is injured, it undergoes a series of complicated changes in shape, biology, physics, and other factors that are split into two phases, namely the inflammation-removal phase and the tissue-rehabilitation phase. Figure 2.5: Morphologies of residual limb skin measured by laser scan
incroscope.
(Retrieved form: Effect of prosthetic socks on the frictional properties of r
limb skin)
Reciprocal sliding friction on the skin surface wou

2.8 Summary of Literature Review

By reviewing the performance of laminated composites that were studied by previous researchers, many information were gathered that are very useful in analysing the performance of laminated composites especially techniques that are used to make a prosthetic socket. A brief overview of the socket variabilities, materials used, tensile strength, Young's modulus and flexural strength are reported in this thesis. The author believe that this thesis will give basic knowledge of the work that have been done by previous researchers regarding laminated composite materials and technologies for prosthetic socket. Future work should be focusing on the development and promotion of new materials that are cheaper yet able to deliver the weight-to-strength ratio as the commercially-used carbon fibre. Mechanical properties are widely explored in this laminated prosthetics socket research due to its importance in maintaining and achieving better socket durability and strength. However, patients' comfort is also an important consideration in achieving full rehabilitation goals, thus other aspects such as surface profile, internal pressure and better cosmetic value also need to be considered. believe that this thesis will give basic knowledge of the work that have been
previous researchers regarding laminated composite materials and technol
prosthetic socket. Future work should be focusing on the development an

CHAPTER 3: METHODOLOGY

The methodology including the selection of materials, fabrication procedure, surface testing, and data analysis are described in this chapter. All steps are explained thoroughly with specific parameters and measurements used in the experiment. The socket types are also tabulated for better visualization and understanding.

3.1 Overview of Transfemoral Prosthesis Fabrication

A transfemoral prosthesis fabrication starts with the assessment of a patient's stump. This is done by a certified prosthetist and orthotist to evaluate muscles strength, pressure tolerance area, stump shape, ambulation category, and skin impairment. This will help a prosthetist to prescribe the components that will benefit the patient best. The next step is casting where the prosthetist will measure the stump and take a cast using a POP bandage. The bandages are wetted then wrapped around the stump and pressure points are pressed until the bandage is hard enough to maintain shape before it is pulled from the stump and a negative cast is obtained. The negative cast is then filled with POP slurry; a mixture of POP powder and water. When the POP slurry is hard, the negative cast is removed and this will give a positive cast; model of the stump. The positive cast is then modified accordingly and then is draped or laminated to fabricate a socket. The socket is then cut according its trimline and assembled with a knee joint, pylon and foot part. During fitting, assessment of the socket is taken to identify any possible adjustment to prevent pain and minimize gait deviations.3.1 Overview of Transfermoral Prosthesis Fabrication
A transfermoral prosthesis fabrication starts with the assessment of a patient
This is done by a certified prosthetist and orthotist to evaluate muscles
pressure toleran

3.2 Socket Modification

The positive cast was obtained by copying a polypropylene transfemoral socket provided from Centre for Prosthetic and Orthotic Engineering (CPOE) into a negative cast as shown in [Figure 3.1.](#page-67-0)

Figure 3.1: Transfemoral Socket Negative Cast

The negative cast was then filled with Plaster of Paris (POP) slurry made by mixing POP powder and water. As the POP slurry hardened, the negative cast was removed and the positive cast was modified . The modifications of the socket are as follows:

Figure 3.2: Quadrilateral Transfemoral Socket Modification

(Retrieved from: PPT - MEASUREMENTS, CASTING & RECTIFICATION FOR TRANS-FEMORAL (TF) QUADRILATERAL SOCKET PowerPoint Presentation - ID:5969895 (slideserve.com))

After all the steps were done, the positive cast was smoothened as shown in Figure 3.3.

Figure 3.3: Transfemoral Socket Positive cast

3.3 Socket Fabrication

Lamination technique began by preparing two polyvinylalcohol (PVA) bag according to the size of the positive cast as shown in Figure 3.4. The bag was then sealed using sealing iron with the seam set at 2 cm wide as shown in Figure 3.5. A total of two PVA were made for each laminated socket. Eigure 3.3: Transfermoral Socket Positive cast

Tigure 3.3: Transfermoral Socket Positive cast

3.3 Socket Fabrication

Lamination technique began by preparing two polyvinylalcohol (PY

according to the size of the positiv

Figure 3.4: PVA Sheet cut according to the size of positive cast

Figure 3.5: Sealing Process in PVA Bag Making

The positive cast was the covered by the PVA bag. Lay-up of eight layers of reinforcement material which was elastic stockinette were put in between the PVA bags.

Figure 3.6: Lamination process

Figure 3.6 shows the sequence of lamination process where the positive cast was covered with PVA bag as in the first picture. Then the PVA bag was top with reinforcement materials which is the elastic stockinette as in the second picture and third sequence, then the second PVA bag where the resin was poured in and vacuum action took place in fabricating the laminated socket as shown in last picture.

A mixture of resin and hardener ranging from 600 g to 610 g was made in a cup with different combination ratio as shown in [Table 3.1.](#page-72-0)
Transfem	1	$\overline{2}$	3	4	5
oral socket					
Epoxy	2:1	3:2	2:3	3:1	3:1
Resin (Resin					
: hardener)					
Acrylic	100:1	100:2	100:3	100:4	100:5
Resin (Resin					
: hardener)					

Table 3.1: Resin to Hardener ratio

The solution was then poured into the PVA bag-reinforcement materials sandwich. Each socket was made using acrylic resin and epoxy resin under vacuum suction of less than 20% non-inductive until it is hot, indicating it has cured. The cure time of different combinations of resin was recorded using stopwatch. The laminated composite was then left overnight before finishing the socket by smoothening the edge of the socket trimline. Resin (Resin

: hardener)

The solution was then poured into the PVA bag-reinforcement materials s

Each socket was made using acrylic resin and epoxy resin under vacuum suction

than 20% non-inductive until it is hot, in

Figure 3.7: Samples from Transfemoral Laminated Socket

The next socket fabrication step was to repeat the same process but using eight layup of reinforcement materials which are listed in the [Table 3.2](#page-73-0) using Acrylic resin with fix ratio of 100:3.

Prosthetic		$\overline{2}$	3		5		
Socket							
Materials	4 Perlon $+4$	4 fibreglass $+$	4 Dacron felt	8 elastic	4 polyester		
	elastic	4 elastic	$+4$ elastic	stockinette	$+4$ elastic		
	stockinette	stockinette	stockinette		stockinette		
Reinforcement Materials 3.4 Reinforcement materials are used to strengthen the binding of resins. These materials commonly come as fabrics and fibres. In this experiment, five types of materials were chosen which are the Perlon Stockinette, Elastic Stockinette, Polyester Stockinette, Dacron Felt, and Glass Fibre.							

Table 3.2: Lay-up of Different Reinforcement Materials

3.4 Reinforcement Materials

Figure 3.8: (a) Glass Fibre, (b) Dacron Felt, (c) Perlon Stockinette, (d) Polyester Stockinette, (e) Elastic Stockinette

The materials were chosen based on information from previous studies which reported the strength of said materials (Abbas et al., 2020; L. Alimi et al., 2020; Chiad & Hasan, 2009). The materials were supplied from Centre for Prosthetics and Orthotics Engineering (CPOE), Universiti Malaya (UM).

The Perlon, Polyester and Elastic Stockinette came in stretchable stockinette while Dacron Felt and the Glass Fibre came in long rectangular sheet.

3.5 Type of Resin

Materials used in this study were acrylic resin; Orthocryl Laminierharz 80:20 (617H19) with Ottobock hardening powder (617P37) as hardener, epoxy resin; Epoxen CP362 part A with hardener CP362 part B. The polyvinylalcohol (PVA) bag was made using Ottobock PVA sheeting (616F4). Stockinette used was also obtained from Ottobock which was Perlon elastic stockinette, white (623T5=15) with width of 15 cm. Elastic stockinette was provided by Centre for Prosthetic and Orthotic Engineering (CPOE) with its width also 15 cm.

3.5.1 Surface Test

Laminated transfemoral sockets surfaces sample cut outs of around 2 cm x 6 cm (benchmark samples) as shown in Figure 3.7 were prepared. The samples were taken out from the lateral side of the transfemoral prosthetic socket at 3 cm below the greater trochanter. This area is chosen as it is the pressure tolerance area and high pressure was applied. using Ottobock PVA sheeting (616F4). Stockinette used was also obtain

Ottobock which was Perlon elastic stockinette, white (623T5=15) with width a

Elastic stockinette was provided by Centre for Prosthetic and Orthotic En

A table-top contact profilometer was used to assess the surface roughness of the Pe-Lite samples (Mitutoyo SurfTest SJ-210 series) (Baltsavias et al., 2008; Bhushan, 2000). A retractable probe with a diamond tip stylus was included with the profilometer. The stylus had a 2.5 μm radius and was fitted with a 5 mN measuring force. A stylus tip directly contacts a sample's surface when using contact-type surface roughness instruments. The detector tip has a stylus tip that tracks the sample's surface and electronically detects the stylus's vertical motion. In order to be recorded, electrical impulses are amplified and converted to digital form. The radius of the stylus tip must be as narrow as feasible with little contact pressure in order to correctly assess fine forms and roughness with a contact-type surface roughness tester.

The stylus on contact-type surface roughness testers has to be polished since the tip will eventually corrode. Depending on the material and shape of the measurement target item, the stylus tip may become flat or rounded as a result of varying modes of wear. Naturally, different wave profiles will be produced by various stylus shapes.

One method for determining stylus wear is to use a commercially available wearinspection test piece. Wear is determined by comparing the data profile (groove width) of the test piece before and after the wear of the stylus. Because the tip of the stylus is spherical, the stylus cannot trace the shape properly if the width of the groove is narrower than the radius of the stylus tip. electronically detects the stylus's vertical motion. In order to be recorded,
impulses are amplified and converted to digital form. The radius of the stylus
be as narrow as feasible with little contact pressure in order to

For each surface, twenty trials were conducted. The topographical analysis was carried out with the use of a portable gadget connected to a communication software program that enabled real-time inspection to be recorded and shown as a Microsoft Excel spreadsheet. Average surface roughness (Ra), root mean square roughness (Rq), and ten-point mean roughness (Rz) were chosen as roughness parameters. These parameters were derived from the measurements as illustrated in figures below.

Figure 3.10: Ra and Rq measurements illustration.

Figure 3.11: Rz measurements illustration.

Figure 3.12: Surface testing using Mitutoyo Surftest SJ-210

Twenty trials were conducted by running the stylus onto the samples. As the stylus of the profilometer cannot be place on the same spot, the location of the stylus was shifted to the side approximately 0.5cm between each reading. As the location of reading is different, the samples were divided into four equal segments, and five trial were conducted on each segment. The sequences of the trials are shown in Figure 3.13. The trials started from the anterior-distal segment and ended on the anterior-proximal segment. These segments were divided to investigate the differences of the surface roughness along the anterior to posterior and along the distal to proximal. Figure 3.12: Surface testing using Mitutoyo Surftest SJ-210
Twenty trials were conducted by running the stylus onto the samples. As the
the profilometer cannot be place on the same spot, the location of the stylus wi
to th

Figure 3.13: Sequences of surface testing

Lastly, to obtain the comparison data, means of all twenty trials were conducted for all five surface roughness parameters of the laminated socket.

3.6 SPSS Analysis

The one-way analysis of variance (ANOVA) is performed to see if any statistically significant differences exist between the means of two or more independent variables (unrelated). A one-way ANOVA, for example, is used to see if exam performance varies based on test anxiety levels among students, with students divided into three groups (e.g., low-, medium-, and high-stressed students). The one-way ANOVA is an omnibus test statistic that cannot tell which specific groups were statistically significantly different from each other; it can only say that at least two of them were. Because certain study design may have three, four, five, or more groups, it is critical to figure out how they differ from one another. 16-20

11-15

Distal

11-15

Distal

Figure 3.13: Sequences of surface testing

Lastly, to obtain the comparison data, means of all twenty trials were cond

all five surface roughness parameters of the laminated socket.

3

Descriptive Test of One-Way ANOVA was done to see the standard error mean for every sample trials. Post Hoc Test was done to see the significance of difference of each sample as there are more than two groups of data involved. These two tests were done by keying in the trials values as the dependent list and the ratios or the materials as the factor.

To run a One-Way ANOVA in SPSS, click **Analyze > Compare Means > One-Way ANOVA**.

Figure 3.14: One-Way ANOVA selection

When One-Way ANOVA window appears, the variables for the study were specified. The list on the left side shows all of the variables in the dataset. Variables were selected in the list and the blue arrow buttons were clicked to move them to the right. A variable(s) can be moved to one of two areas: Dependent List or Factor.

The dependent variable was listed in the dependent list which are the parameters. The mean of this variable was compared against the samples (groups). By selecting more than one dependent variable, it ran several means comparisons at the same time, as shown in [Figure 3.15.](#page-81-0)

Figure 3.15: Variables selections

Factors are the variables that are not controlled which are the samples cut out. The independent variable's categories (or groups) will determine which samples will be compared. When using a One-Way ANOVA, the independent variable must have at least two categories (groups).

Post hoc Bonferroni test option was selected in order to make multiple comparison among the samples cut-out. Confidence Intendies

Level(%): 095

Dost hoc Bonferroni test option was selected in order to make multiple co

among the samples cut-out.

among the samples cut-out.

CHAPTER 4: RESULT AND DISCUSSION

In this chapter, the results of surface roughness from 14 surfaces of laminated transfemoral socket is presented. The discussion on the obtained result is also presented. Here, the comparison for surfaces from different materials are made and another comparison between different ratios and different types of resin are also made.

4.1 Different Reinforcement Materials

Figure 4.1: Overall average surface profile for laminated sockets using different materials

A total of five lamination socket were made and tested for their surface profiles. Fibreglass gives the best values for Ra (2.318µm) and Rq (2.965 µm) but comes second after Polyester stockinette for Rz (14.045µm). Polyester Stockinette come in second with Ra value of 2.380 μ m and Rq of 2.980 μ m and the best Rz with 11.708 μ m followed by Perlon stokinette (Ra of 2.682 μ m, Rq of 3.414 μ m and Rz of 15.329 μ m), Elastic Stockinette (Ra of 2.722 µm, Rq of 3.538 µm and Rz of 17.258 µm) and lastly

Figure 4.2: Graph of Ra values for different materials sorted from lowest to highest

From the chart in Figure 4.2, we can see value of each trial for all five materials. Dacron has the lowest and highest value compared to the other four materials and shows the highest inconsistency. This contributes to the high standard deviation of 2.453. Perlon stockinette comes second in terms of inconsistency with 1.143, and the chart also shows a huge difference from the lowest to highest Ra value. Perlon has the second lowest Ra value after Dacron felt, so it has a lower overall surface average than elastic stockinette. Elastic stockinette gave the most consistent Ra values for all twenty trials with standard deviation of 0.441. However, with high Ra values across all trials, it has the second roughest overall surface after Dacron. Fibreglass proof has the smoothest overall surface with high consistency across all trials and low Ra value followed by polyester stockinette which shows a similar performance. Example 12: Graph of Ra values for $\frac{3}{2}$ and $\frac{2}{3}$ and $\frac{3}{4}$ and $\frac{2}{3}$ and $\frac{3}{4}$ and $\frac{2}{3}$ and $\frac{3}{4}$ and $\frac{1}{2}$ and $\frac{1}{3}$ and $\frac{1}{4}$ and $\frac{1}{5}$ and $\frac{1}{10}$ $\frac{1}{10}$ $\frac{1}{10}$

Fibreglass has the smoothest overall surface compared to the other four materials. This is due to consistency for all the 20 surface tests across the samples. This shows that fibreglass is easy to handle in fabricating a prosthetic or orthotic devices (Hamad et al., 2021). Fibreglass lamination comes third in standard deviation; however due to the lower Ra, Rq and Rz values compared to polyester and elastic stockinette, its overall surface average remains the lowest. As mentioned in the Ottobock catalogue, fibreglass can produce thin-walled laminates, has good braiding, high torsional strength in laminates but the torsion can be influenced by different circumferences (ideal angle is 45°) and it has good draping characteristics (Ottobock, 2007). Another factor is that fibreglass are distributed evenly in the matrix, contributing to the structure's homogeneity and the quality of its mechanical qualities (Latifa Alimi et al., 2020).

Dacron felt has the lowest Ra value with 0.881 µm, but has the highest overall surface roughness due to its inconsistency and having the highest Ra value with 9.66 µm. This problem arises due to the difficulty in fabricating the socket as the Dacron felt is not in stockinette form. The sheet form of Dacron felt will fold as it is circled to cover the positive cast as a cast is not fully cylindrical with the existence of body compensation area. This produces overlapping and void in random area. With four lowest points, Dacron felt can still be the best material for lamination socket. Dacron felt is used for filling reinforcements, having good bleeding properties when laminating and has the best good absorption of all Ottobock lamination resins (Ottobock, 2007). Dacron felt gives a smooth surface after laminating thus it is suitable for surface. However high skill and the correct technique is required as it proves to be the worst with the wrong fabricating technique. can produce thin-walled laminates, has good braiding, high torsional st
laminates but the torsion can be influenced by different circumferences (idea
45°) and it has good draping characteristics (Ottobock, 2007). Another f

Base on the Ottobock materials catalogue, Perlon, Polyester and Elastic stockinette are knitted fabrics and have finely meshed property. Perlon can be stretched based on

circumference, has good shaping and produces a smooth surface after laminating thus it is suitable for surface. This contributes to the consistency of Ra value for 14 points but with six points being much higher compared to the rest, Perlon comes second in terms of standard deviation. Perlon comes in stockinette form but still comes second in terms of inconsistency, even with easier handling. The catalogue mentioned that elastic stockinette is particularly suitable for viscous resins and is often used for silicone lamination, made with 100% polyamide. The products will have high strength and have low tendency to wrinkle and are suitable for surfaces. However, the results show that elastic stockinette may be the last option compared to the other four materials. Elastic stockinette comes in stockinette form and shows the highest overall Ra value compared to other stockinettes. However, ignoring the difficulty in handling the Dacron felt, the elastic stockinette may be the worst material among the five that are being compared. Polyester has high strength, good stretching properties, low tendency to wrinkle, and is suitable for surfaces (Ottobock, 2007; Sülar et al., 2013). Easy to handle and having the lowest Ra values, polyester proves to be the best material as the internal surface for a laminated prosthetic socket. lamination, made with 100% polyamide. The products will have high strength
low tendency to wrinkle and are suitable for surfaces. However, the results s
clastic stockinette may be the last option compared to the other four

Figure 4.3: a) Ra values by segments for Dacron felt, b) Ra values by segments for Perlon Stockinette, c) Ra values by segments for Polyester Stockinette , d) Ra values by segments for Fibreglass , e) Ra values by segments for Elastic Stockinette

For Dacron felt, we can clearly see in [Figure 4.3](#page-87-0) a low Ra values at the centre of the samples. The high Ra values are located at the end of the samples. This suggests that the high Ra values is caused by the folding of the Dacron felt (Aisyah et al., 2018). Dacron felt comes in sheet form and needs to be wrapped around the positive cast, unlike the stockinette form which can easily cover the positive cast. Folding will occur as the sheet tries to compensate the area at the edges (Kapp, 2000). This will also slightly deform the central area which causes the high Ra values in the samples.

In contrast with the Dacron felt graph, the Perlon graph in [Figure 4.3](#page-87-0) shows high values at the centre of the sample. This indicates uneven resin distribution at the centre compare to the sides of the sample. A theory on this occurrence is that it may be caused by the stretching of the stockinette. The knitted fabric will create larger pores at the stretched area allowing the resin-hardener mixture to penetrate better (He et al., 2021).

Polyester stockinette shows similar profile with Dacron felt where the central area is smoother compared to the sides. Although having the same form as Perlon, polyester has good stretching properties. However, the edges of the positive cast may alter the stretching, leading to a rougher surface just like in Dacron felt (Kapp, 2000; Ottobock, 2007; Salman et al., 2015). stretched area allowing the resin-hardener mixture to penetrate better (He et al.,

Polyester stockinette shows similar profile with Dacron felt where the centr

smoother compared to the sides. Although having the same for

Fibreglass shows no particular pattern in its Ra values across the sample. But it is visible that there are higher Ra values at distal segment compare to proximal segment. As the resin is distributed from distal to proximal, the resin-fibre homogeneity may be altered when the resin is flowing down.

Elastic stockinette shows even distribution of the Ra values except at the anterior side of the sample. The posterior wall of a transfemoral socket consists of ishcial seat (Carroll, 2006). This may have stretched the stockinette greater at the posterior side, therefore making larger pores. Resin-hardener mixture will easily penetrate the pores and produce more even surface along the posterior side (He et al., 2021).

4.2 Different Types of Resin and Hardener

Table 4.1: Cure time at different ratios for Acrylic Resin

Table 4.2: Cure time at different ratio for Epoxy Resin

Epoxy Resin			
Ratio	Time taken		
(resin:hardener)	(minutes)		
2:1	570		
3:1	660		
3:2	480		
2:3	1440		
1:3			

Result shows that cure time depends on the amount of hardener used. Curing time is the time taken for a resin to harden. More hardener will cure the composite faster. As we can see, the cure time for the composite increases as the amount of hardener decreases, as shown in [Table 4.2](#page-89-0). However, the amount of hardener must not exceed the resin, or this would produce an uncured composite as we can see with epoxy resin to hardener ratio of 1:3. The same case also happened with the ratio of 2:3 where the socket takes a day to cure and the composite remained soft. Thus, these ratios need to be avoided. The cure time for acrylic resin shows clearer pattern as the time taken for the composite to cure decreases as the hardener increases. The last ratio combination however, exceeds the previous one by 4 minutes as displayed in Table 4.1. This pattern illustrates the behaviour of acrylic resin where intermediate amount of hardener has different onset temperature compared to low amount and high amount of hardener (Raponi et al., 2018). Acrylic shows faster curing time as it is a thermoplastic materials whereas epoxy resin is a thermoset materials (de Andrade Raponi et al., 2018; Wu & Hoa, 2006). socket takes a d[ay](#page-89-1) to cure and the composite remained soft. Thus, these ratios n
avoided. The cure time for acrylic resin shows clearer pattern as the time take
composite to cure decreases as the hardener increases. The la

Figure 4.4: Mean Ra, Rq, Rz value of different resin and ratios

Figure 4.5: Ra values of internal surface with different ratios of epoxy resin to

hardener sorted in ascending order

Figure 4.6: Ra values of internal surface with different ratios of acrylic resin to hardener sorted in ascending order

For epoxy resin, the smoothest internal surface was produced by the 3:2 resin to hardener ratio followed by 3:1, 2:1 and lastly with value higher than 1, 2:3. The socket made with 1:3 resin to hardener ratio was excluded in surface testing as the composite did not cure and ended up in a liquid state. This is due to the amount of epoxide molecules which had fully reacted with the hardener molecules leaving extra hardener molecules free (Cañavate et al., 2000; Wu & Hoa, 2006). The socket made with 2:3 resin to hardener ratio has the highest Ra, Rq, and Rz values compared to other epoxy socket because the socket is soft and produce visible wrinkles as shown in Figure 6 which are invisible in other sockets. The epoxy groups are prone to reaction with primary amines with an increase of hardener amount. The epoxy with a large excess of hardener has a looser epoxy network (d'Almeida & Monteiro, 1998; Wu & Hoa, 2006). **Example 12** 12 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 2

Trials
 Eigure 4.6: Ra values of internal surface with different ratios of acrylic res
 Pardener sorted in ascending order
 Eigure 4.6: Ra values of i

As for acrylic resin, the smoothness of the internal surfaces is related to the amount of hardener used. This may be affected by the cure time of the composite. As the

composite was slowly curing, the resin-hardener mixture was allowed to flow more freely creating less void as compared to other ratios that have faster cure time. The smoothest surface was given by the ratio of 100:1 resin to hardener, with Ra value of 1.0086 µm. As discussed, the 100:1 ratio took the longest time to cure at 167 minutes, thus it was expected to produce the smoothest surface. Meanwhile, 100:2 resin to hardener ratio reduced the cure time significantly to just 43 minutes, and it also doubled the Ra value to 2.3622 µm as compared to 100:1 ratio. Ratio of 100:3 shows the highest value of all three parameters Ra, Rq and Rz. This is a bit peculiar as the next ratios which are 100:4 and 100:5 have lower parameters values. This is because the initiator contents are associated with a small number of free radicals that were disrupting monomers and, therefore, also responsible for a propagation based on a lower number of growing chains with greater length (de Andrade Raponi et al., 2018; Raponi et al., 2018). High initiator content sample, on the other hand, the propagation is based on the competitive growth of many short-forming chains because of the greater number of free radicals available. Consequently, the polymer content is increased and can promote the so-called gel effect (Obande et al., 2021; Raponi et al., 2018) This suggests the instability with the 100:3 ratio but the mixture becomes more stable with low and high amount of hardener. the Ra value to 2.3622 μ m as compared to 100:1 ratio. Ratio of 100:3 shows the value of all three parameters Ra, Rq and Rz. This is a bit peculiar as the new which are 100:4 and 100:5 have lower parameters values. This

Figure 4.7: Figure 4.8: a) Ra values by segments for Acrylic 100:1, b) Ra values by segments for Acrylic 100:2, c) Ra values by segments for Acrylic 100:3, d) Ra values by segments for Acrylic 100:4, e) Ra values by segments for Acrylic 100:5, f) Ra values by segments for Epoxy 2:1, g) Ra values by segments for Epoxy 2:3, h) Ra values by segments for Epoxy 3:1, i) Ra values by segments for Epoxy 3:2

From [Figure 4.7,](#page-95-0)the surface roughness of the samples depends directly with the amount of hardener used. Lower amount of hardener produce smoother surface as the Ra values are smaller. This can be clearly seen in graph of acrylic resin 100:1 and 100:2 as compared to 100:3, 100:4 and 100:5. The same behaviour also shown for epoxy resin as the most hardener contains is the 3:2 and the graph presented of Ra values of almost 2 for every trials

There are no distinguish pattern seen in every graph as respect to quadrant and area of the sample as the Ra values distributed evenly with a few extraordinary values which can considered as outliers. This is due to the same materials used for every socket which is the elastic stockinette and the pattern of Elastic Stockinette from the different materials study.

4.3 Statistical Analysis of Surface roughness

The statistical analysis was done to determine the Standard Error Mean (SEM) and the p-value to determine the significance of the surface roughness. From the ANOVA oneway test, we can see that from overall parameters the only significant difference is between Dacron felt and polyester stockinette with p-value less than 0.05 which is 0.023 whereas the other four materials have insignificant difference in surface roughness between each other. However, when parameters were analysed as shown in [Table 4.3,](#page-96-0) Dacron felt indicates weak significance $(0.1 > p > 0.05)$ with Perlon stockinette for average surface roughness (Ra) and ten-point surface roughness (Rz) but strong significance for root mean square roughness (Rq). Dacron felt have very strong significance ($p < 0.01$) with polyester (0.009 for Ra, 0.003 for Rq and ≤ 0.001 for Rz) The statistical conductions of Surface roughness and the Statistical conducts are statistical contoins in the same behaviour also shown for ep as the most hardener contains is the 3:2 and the graph presented of Ra values o

and with fibreglass (0.006 for Ra, 0.003 for Rq and 0.012 for Rz). Meanwhile, for the Perlon, polyester, fibreglass, and elastic stockinette, there are insignificant differences between Ra values and Rq values but strong significant difference between polyester and elastic stockinette for Rz value with p=0.047.

(I) Samples	(J) Samples	Ra Sig.	Rq Sig.	Rz Sig.
Dacron	Perlon	0.091	0.048	0.091
	Polyester	0.009	0.003	< .001
	Fibreglass	0.006	0.003	0.012
	Elastic	0.12	0.099	$\mathbf{1}$
Perlon	Dacron	0.091	0.048	0.091
	Polyester	$\mathbf{1}$	$\mathbf{1}$	0.622
	Fibreglass	\blacktriangleleft	1	1
	Elastic	$\mathbf{1}$	$\mathbf{1}$	$\mathbf{1}$
Polyester	Dacron	0.009	0.003	< 001
	Perlon	1	1	0.622
	Fibreglass	1	1	1
	Elastic	$\mathbf{1}$	$\mathbf{1}$	0.047
Fibreglass	Dacron	0.006	0.003	0.012
	Perlon	$\mathbf{1}$	$\mathbf{1}$	$\mathbf{1}$
	Polyester	1	1	1
	Elastic	$\mathbf{1}$	$\mathbf{1}$	0.973
Elastic	Dacron	0.12	0.099	1
	Perlon	$\mathbf{1}$	$\mathbf{1}$	$\mathbf{1}$
	Polyester	1	1	0.047
	Fibreglass	$\mathbf{1}$	$\mathbf{1}$	0.973

Table 4.3: p value between parameters of different reinforcement materials.

As for socket fabricated with different ratios, Anova one-way test revealed that the difference between epoxy resin is insignificant with all the ratios resulting with $p=1.00$ but there is a very strong significance between epoxy and acrylic resin. The socket made from epoxy resin is statistically similar to the socket made from acrylic resin with ratio 100:1 and 100:2. Meanwhile, 100:3 to 100:5 acrylic resin ratio shows a very strong significance as p value is calculated to be less than 0.001. In between the acrylic resin socket, a few ratios are statistically similar to the other such as 100:1 with 100:2, 100:2

with 100:1 and 100:5, 100:3 with 100:4, 100:4 with 100:3 and 100:5, and lastly 100:5 with 100:2 and 100:4

	(1) Samples_R atio	(J) Samples_R atio	Sig.	(1) Samples_Rati $\mathsf O$	(J) Samples_Rati $\mathsf O$	Sig.
	2:1	2:3	1.000	100:1	2:1	1.000
		3:1	1.000		3:1	1.000
		3:2	1.000		3:2	1.000
		100:1	1.000		100:2	.231
		100:2	.312		100:3	< .001
		100:3	< .001		100:4	< .001
		100:4	< .001		100:5	$-.001$
		100:5	< .001	100:2	2:1	.312
	2:3	2:1	1.000	$\ddot{}$	2:3	1.000
		3:1	1.000		3:1	.270
		3:2	1.000		3:2	.033
		100:1	1.000		100:1	.231
		100:2	1.000		100:3	$-.001$
		100:3	$-.001$		100:4	$-.001$
		100:4	< .001		100:5	1.000
		100:5	.069	100:3	2:1	$-.001$
	3:1	2:1	1.000		2:3	$-.001$
		2:3	1.000		3:1	$-.001$
		3:2	1.000		3:2	$-.001$
		100:1	1.000		100:1	$-.001$
		100:2	.270		100:2	$-.001$
		100:3	< .001		100:4	1.000

Table 4.4: p value between parameters of different ratios of resin and hardener

Table 4.5: Tests of Between-Subjects Effects

The [Table 4.5](#page-98-0) shows the result of the Two-way ANOVA test. The table suggest that there are significance difference between samples of different reinforcement materials and different type of resin and ratios. However, between the two variables, materials and ratios. The result shows to be irrelevant as there are no values on the Samples*Ratio. This is due to the violation of one of the six assumptions for a valid Two-Way ANOVA which is independence of observations, which means that there is no relationship between the observations in each group or between the groups themselves.

4.4 Effects surface roughness on the skin

In the prosthetization process, the friction behaviour of the surface's contacts involved is crucial. In determining friction, surface roughness plays important roles as these values are in accordance to each other (Gadelmawla et al., 2002). Friction study shows important details about how the skin interacts with other surfaces. In the case of a prosthetic socket, the reduction areas of a positive cast will contribute the most pressure (Dakhil et al., 2020) as these areas are responsible to control residual limb movement in the socket. Also, the walking speed will have different effect on the friction as the patients are walking (Bonnet et al., 2014). For a transfemoral socket, reduction areas are wide across the circumference of the cast as the residual limb consists of more muscle compared to other prosthesis. there are sigmineance unterence between samples of unterefit reinforcement
and different type of resin and ratios. However, between the two variables,
sand ratios. The result shows to be irrelevant as there are no values
S

As a result, the friction between surfaces, which is commonly measured by the COF, is determined by a combination of the adhesion component and deformation (Unal & Mimaroglu, 2003). The elastic-plastic response and energy dissipation in the contact region are involved in the deformation (Cavaco et al., 2016). Friction causes skin irritation and skin sensation. The physical features of the penetrating material are mostly responsible for the cause of irritation. Under friction, the long and rough projecting textile fibres may penetrate into the cell membranes of the skin, causing considerable irritation, but the soft and smooth surface generates only minor discomfort. The coarse weave surfaces and rough projecting textile fibres of nylon and wool generate more acute discomfort and drag, similar to the skin irritation described above. Skin sensations can be utilized to determine when injury begins and progresses. They also related with the surface character of a materials interact with the skin on the surface (W Li et al., 2011).

The result and discussion above mention on few factors in determining the best combination for a laminated transfemoral socket. A prosthetic device is a subjective matter where different patient requires different specifications as adjusted to their conditions. Few factors have to be considered and others factors may be tolerated in making the best socket for the patients. A skin-sensitive or skin-related clinical conditions patient like diabetic may require smoother surface as compared to a normal patient. While normal patient may be given a tolerable-rougher surfaces which will enhance gripping. With the results presented above, Prosthetist and orthotist will be able to refer to the materials and resin best use for their patients depending on their conditions. weave surfaces and rough projecting textile fibres of nylon and wool gener
acute discomfort and drag, similar to the skin irritation described above. Skin s
can be utilized to determine when injury begins and progresses. T

CHAPTER 5: CONCLUSION

In this chapter, the research is concluded and what is discovered from this research will be presented. Plus, further development of the design is discussed to improve the device for better application.

5.1 Conclusion

The first objective which is to determine the best combination of ratio for epoxy and acrylic resin, material and fabric between Perlon stockinette, polyester stockinette, elastic stockinette, Dacron felt, and glass fibre for a laminated prosthesis socket was achieved. The best combination is using the acrylic resin with ratio of 100:1 or 100:2 with fibreglass as the reinforcement material. The curing time for acrylic resin is faster compared to epoxy resin by a significant amount and the statistical analysis showed that epoxy and acrylic 100:1 and 100:2 is similar. Fibreglass produced the smoothest surfaces compare to Perlon, polyester, elastic stockinette, and Dacron felt. The first objective which is to determine the best combination of ratio for
epoxy and acrylic resin, material and fabric between Perlon stockinette,
polyester stockinette, elastic stockinette, Dacron felt, and glass fibre

The second objective which is to evaluate the surface analysis of different combination of laminated prosthesis was achieved. Epoxy resin gave the smoothest surface in terms of type of resin and as for the reinforcement materials, fibreglass is the best material to use followed by polyester stockinette.

5.2 Study Limitation

There are limitations in this study. First, the materials selection was limited to five materials. Many other materials are being used in industries nowadays and researches on new materials are actively ongoing.

Second, the study highlights the impact on the patient skin and not the liner. The effect on the liner should also be studied to see the correlations of the impact of direct skin contact and liner-mediated contact.

5.3 Future Recommendations

There are some recommendations to improve this study in the future. First and foremost, all materials used as reinforcement should be analysed to determine the best for laminated prosthesis. This includes newly-discovered materials and the ones that are commonly used in the industries.

Next, the direct impact of surface roughness for transfemoral sockets to a patient's skin was not observed as it requires different experimental set up including finding the subjects for the experiment. Biomechanical factor should be included in analysing the effect of surface roughness to a patient's skin. Patients should use the laminated socket to evaluate if the impact will be general or only on certain areas. for laminated prosthesis. This includes newly-discovered materials and the one
commonly used in the industries.
Next, the direct impact of surface roughness for transfermoral soekets to a pation
was not observed as it requ

Lastly, different materials fabricated with both types of resin should be examined, too. This will show the effect of different resins on different materials.

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