

DESIGNING SILICONE PROSTHESES WITH THE PATIENT AT THE CENTRE



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FUNCTION



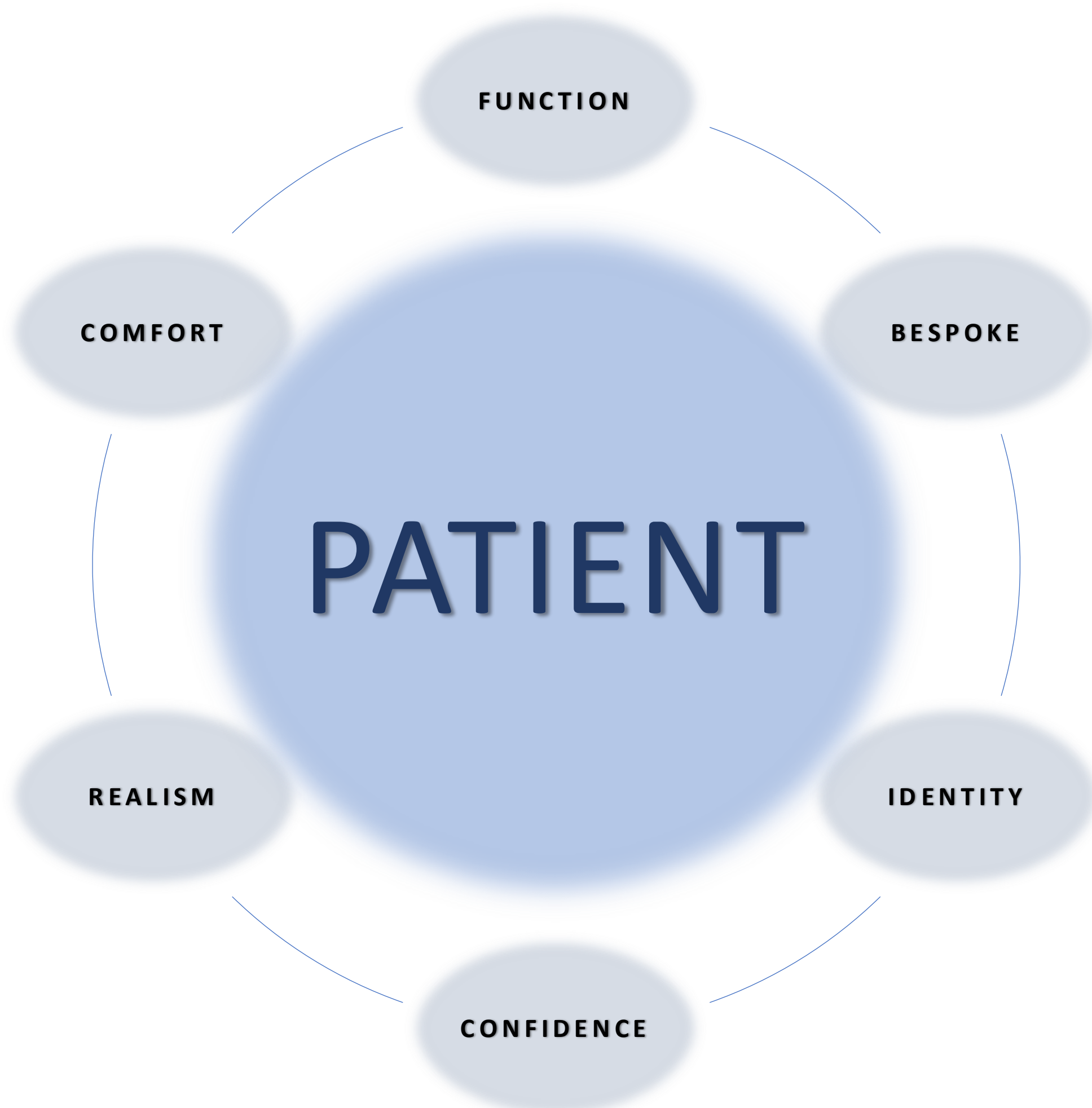
CONFIDENCE



BACKGROUND

Silicone prostheses such as partial hands, feet, restoration covers, and digits play an important role in prosthetic care. These devices are worn directly on the body and must closely match the patient's anatomy, skin tone, and personal characteristics.

Because of this, silicone prosthetic work requires a high level of technical skill, observation, and individual design. The process relies heavily on collaboration between patients, technicians and clinicians to achieve successful outcomes.



THE ROLE OF THE PROSTHETIC SILICONE TECHNICIAN

Prosthetic silicone technicians play a central role in designing and making these highly individual devices. Technicians work directly with patients during consultations to gather reference information and understand the individual's goals and expectations.

Throughout the process, technicians apply technical skills, observations, and problem solving to create prostheses that balance comfort, function, and realism.

This close involvement highlights the important contribution of prosthetic silicone technicians to patient centred prosthetic care.

BEYOND COSMETIC RESTORATION

Silicone prostheses are often associated with cosmetic restoration, but their role extends beyond appearance.

Within prosthetic care, these devices can support both function and confidence. Partial feet prostheses can enable individuals to walk more comfortably, while partial hand prostheses may assist with holding or stabilising objects.

By closely replicating the shape, colour, and detail of the natural limb, silicone prostheses can also help individuals feel more comfortable in everyday social and professional situations.

PATIENT CENTRED PROSTHETIC SILICONE DESIGN

Each silicone prosthetic is designed around the individual patient.

The process begins with consultation and assessment, where technicians gather detailed reference information directly from the patient, including impressions, colour matching and individual characteristics such as nails, veins, and skin detail.

A test prosthesis is developed to explore shape and fit, allowing for adjustments based on clinical input and patient feedback before the definitive device is produced.

Patient involvement remains central throughout, ensuring the final prosthesis reflects both functional needs and personal identity.

CONCLUSION

Silicone prostheses represent a highly specialised area of prosthetic care where personalised design and technical expertise are essential.

The process is centred around the individual patient, with each prosthesis developed to reflect their functional needs, appearance and personal identity.

Prosthetic silicone technicians play a key roll in this process, applying technical skill, observations and problem solving to translate patient specific information into bespoke devices

Greater recognition of this specialist work may help strengthen understanding of the technical contribution to patient centred outcomes within the wider prosthetic workforce.