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COLOR PRESCRIPTION FORM FOR COSMETIC GLOVES

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Reported by: Joseph E. Ouellette

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U.S. ARMY PROSTHETICS RESEARCH LABORATORY
WALTER REED ARMY MEDICAL CENTER
WASHINGTON 12, D. C.
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Recommend Approval:

Fred Leonard
Scientific Director

Approved:

John Butchart
Director

*Qualified requesters may obtain copies of this report from ASTIA.
A technique is described for achieving more custom-like coloring of cosmetic gloves. The method involves the use of a color prescription form which can be used to describe in greater detail the characteristics of those portions of the human hand of greater cosmetic significance.
I. Introduction

The range of colors to which cosmetic gloves worn by amputees over mechanical hands are tinted was determined by measuring the dorsal hand surfaces of 175 Caucasian subjects and 175 Negroes using physical instruments. From the data obtained, six shades for Caucasian and six for Negroes were selected.

After several years of commercial experience with these shades, the data indicated that the match obtained with the Negro shade guide was excellent. However, in regard to the Caucasian matches, it appeared that two additional shades toward the higher reflectancy values were indicated and that for each reflectancy value there should be a red, neutral, and yellow hue. This shade guide for the Caucasian population would consist of eight reflectancies with three hues to each reflectancy making 24 colors in all.

II. Shade Guide

The shade guide developed was prepared for use as follows:

A total of 24 swatches of different color shades was prepared and used to select the overall dorsal shade of the hand.

For the knuckles and palm there is a separate color shade guide. It consists of three swatches mounted on a cardboard:

No. 1 Red, light red in color
No. 2 Red, dark red in color
No. 3 Red, purplish red in color.

Each swatch has three distinct shades: light, medium, and dark.

The fingernail color shade guide consists of six finger tips mounted on a cardboard showing the three basic colors:
No. 1 Pink, light pink
No. 2 Pink, reddish pink
No. 3 Pink, purplish pink.

There are two finger tips to each color: A, light in shade and B, dark in shade.

The various swatches are supplied to the individual shops for use in specifying the glove color desired and these data are recorded on the Glove Color Prescription Form.

III. Description of the Glove Color Prescription Form

The appended Color Prescription Form is divided into two sections:

In Section I general information is requested concerning the date, name of patient, file or claim number, address, age, and occupation.

Section II covers glove color detail and specifies the standard glove shade plus other coloring information.

A hand chart was made to illustrate different portions of the hand, such as the fingernail tips and half-moons. When filling out the hand chart, the outlines of the fingernail tips and half-moons are specified by sketching the sizes of the fingernail tips and half-moons. Freckles and hair on the dorsal side of the hand are also indicated. After completion of the form it is submitted to the glove manufacturer for implementation.

IV. Results and Discussion

In cooperation with the Veterans Administration Prosthetic Center, the laboratory set up an experiment simulating an industrial situation. The V.A. selected amputees and determined the overall shade guide number. They then completed the Glove
Color Prescription Form as required. The form was mailed to the colorist at APRL who followed the instructions on the form.

A comparison of the glove compound using this technique with that prepared according to standard practice indicated that improved cosmesis could be obtained utilizing the form.

The coloring scheme should not be considered a replacement of the present method of glove coloring but rather an adjunct to it. It should be of particular interest to those amputees desiring a somewhat more custom-tinted glove.

V. **Recommendation**

It is recommended that the technique be checked further by a larger number of cooperating limb shops utilizing patients of varying hand hues.

VI. **Acknowledgment**

It is with pleasure the author acknowledges the cooperation and assistance by the staff of the Veterans Administration Prosthetic Center, and Mr. John J. Urban of this Laboratory.
GLOVE COLOR PRESCRIPTION FORM

INSTRUCTIONS:

This form should be completed in duplicate. One copy should be sent to the facility selected for preparation of the glove; the other, retained for reference. Complete all parts (A through H) of Section I, General Information. To complete Section II, the patient must of course be present. Preferably, his normal hand should be observed under natural light during midday. It is also good practice to view the hand in three positions: (1) while held horizontally, (2) while held vertically, fingers pointing up and (3) while held vertically, fingers pointing down.

The color and details of the normal hand may then be compared to the GENERAL COLOR SHADE GUIDE, the KNuckle AND HAND PALM GUIDE, and the FINGERNAIL GUIDE. (These last two guides are placed on a single card; the GENERAL COLOR SHADE GUIDE consists of a number of swatches). Complete Section II using the hand outlines on the HAND CHART where specified.

SECTION I. GENERAL INFORMATION

A. DATE ________________________________

B. NAME OF PATIENT ______________________

C. FILE OR CLAIM NO. ______________________

D. STREET ADDRESS ______________________

E. CITY ______________________

F. STATE ______________________

G. AGE _____ YRS.

H. OCCUPATION ______________________
SECTION II. GLOVE DETAIL

COSMETIC GLOVE MOLD - NIELSON ☐, MILTON ☐, OTHER ☐ SPECIFY ☐

(A) DORSAL SHADE (SPECIFY SWATCH #_____) (G) HALFMOON AND FINGERNAIL TIP COLOR (CHECK ONE)

CHECK FRECKLE COLOR -
LIGHT BROWN ____, DARK BROWN ____,

CHECK FRECKLE SIZE ___-, ___-, ___-, ___-

INDICATE ON THE HAND CHART (ABOVE)
THE APPROXIMATE AMOUNT OF FRECKLES
ON THE DORSAL SIDE (AREA A)

(H) INDICATE HALFMOON
AND FINGERNAIL TIP SIZE
ON HAND CHART (ABOVE)

(J) OVERALL FINGERNAIL COLOR
(CHECK ONLY ONE) LIGHT DARK

#1 PINK: A ___ B ___
#2 REDDISH PINK: A ___ B ___
#3 PURPLISH PINK: A ___ B ___

(K) VEIN COLOR (CHECK ONE)
LIGHT ____, MEDIUM ____, DARK ____,

(L) IF HAIR IS DESIRED,
OUTLINE AREAS ON HAND CHART (ABOVE)
CHECK: LIGHT GROWTH ____, HEAVY GROWTH ____,

NOTES: SECTIONS II (A) and II (B) are completed using swatches from the GENERAL COLOR SHADE GUIDE.
SECTIONS II (C) through II (F) are completed using the KNUCKLE AND HAND PALM GUIDE.
SECTION II (J) is completed using the FINGERNAIL GUIDE.

THE HAND CHART (above) should be used for
FRECKLES (II-A), HALFMOON AND FINGERNAIL TIP SIZE
(II-H), AND IF DESIRED, HAIR AREAS (II-L).

(Continue on Back Page, if necessary)

NAME OF PERSON COMPLETING THIS FORM:
ABSTRACT CARD
TITLE: Color Prescription Form For Cosmetic Gloves
AUTHOR: Joseph E. Ouellette
AGENCY: USA Prosthetics Res. Lab.
Walter Reed AMC, Washington 12, D. C.
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