

Lower Body Orthosis

Custom Measurement Form

		Date
Name (Patient)		Age
Contact Name		
Contact Phone	Contact Email	

ALL MEASUREMENT FIELDS ARE REQUIRED **Measurement Key** Length = Waist _cm (at navel) G Circumference = (A **Trochanter Line** cm Instructions RIGHT LEFT В Н -Measure patient standing up. Waist line (at navel) to Trochanter Waist line (at navel) NЛ Top of Thigh Top of Thigh to Trochanter -Measurements should be in centimeters. cm cm cm cm -Measure knee Line A - B Line G - H circumference at 15 **Above Knee Cap Above Knee Cap** Waist line (at navel) to Condyle Waist line (at navel) degrees flexion. (at Condyle) (at Condyle) to Condyle -Measure both legs. С cm cm -Measure over diaper or cm cm underwear. Line A - C Line G - I D **Mid Knee Cap** Mid Knee Cap -All measurements must Waist line (at navel) Waist line (at navel) be provided. to Mid Knee to Mid Knee cm cm -Measure on top of torso, cm cm not the side. Calf (fullest part) Calf (fullest part) E Line A - D Line G - J Waist line (at navel) cm cm Waist line (at navel) to Calf (fullest part) to Calf (fullest part) Diaper Ankle Ankle cm cm YES NO Line A - E Line G - K F cm cm If yes, measure back waist Waist line (at navel) Waist line (at navel) to Ankle to Ankle to gluteal fold cm cm cm Line A - F Line G - L Quantity Inseam (crotch to hemline) Inseam (crotch to hemline) cm cm Line M - C, D, E, or F Line M - I, J, K, or L **Additional Comments** Options Hem CONDYLE CALF ANKLE MID KNEE