



SPIO®

Upper Body Orthosis Custom Measurement Form

Date _____

Name (Patient) _____ Age _____

Contact Name _____

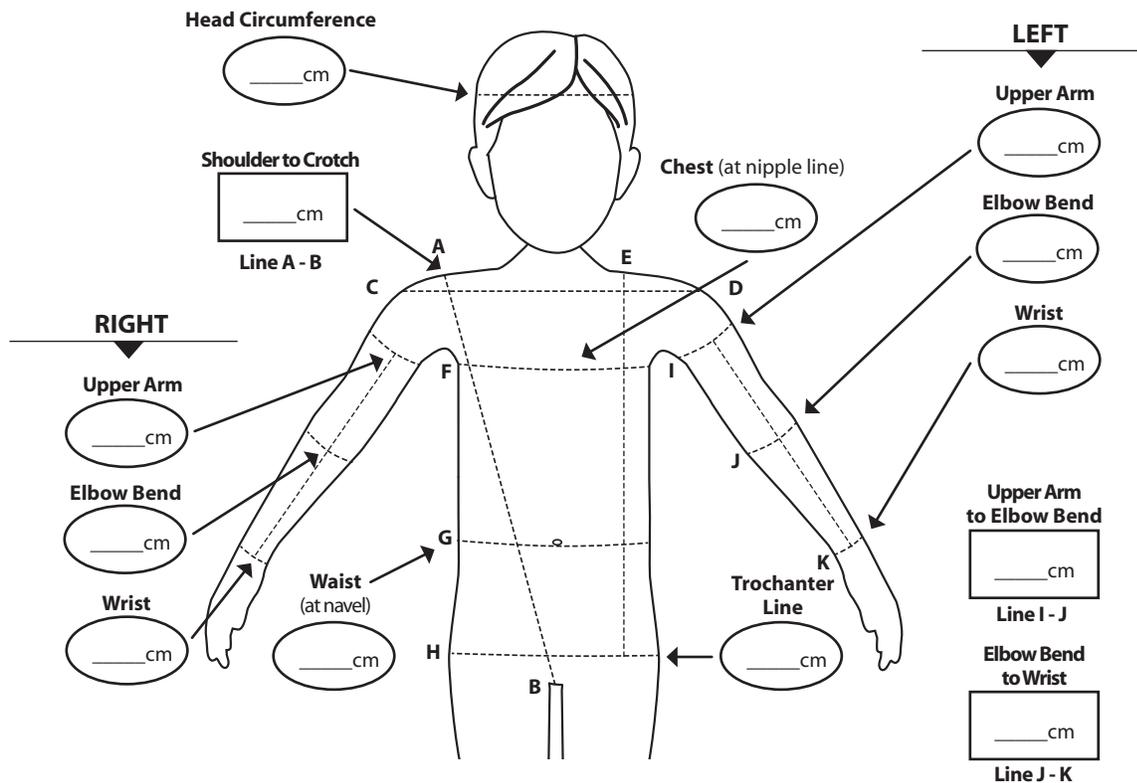
Contact Phone _____ Contact Email _____

Measurement Key

Length =

Circumference =

Measure patient laying down. **Measure elbow circumference at 15 degrees flexion.** Measurements should be in centimeters. Measure on top of the torso, not the side. All boxes must be filled in.



Shoulder Tip to Shoulder Tip
 cm
Line C - D

Shoulder to Chest (nipple line)
 cm
Line E - F

Shoulder to Waist
 cm
Line E - G

Shoulder to Trochanter
 cm
Line E - H

Under Arm to Shirt End
 cm

Total Sleeve Inseam length
 cm

LONG SHORT

Options

Color BLACK ROYAL BLUE WHITE
Abominal Reinforcement YES NO
Neck Closure VELCRO ZIPPER NONE

Additional Comments

Please include a copy of the SPIO Order Form along with your custom measurement form.