



# LEGASSIST BELOW KNEE

Scan the QR code to  
view a Measuring  
Instruction video



P.O. #	Account #	Contact	Date
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Phone	Patient Name	Age	Height	Weight
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Company Name

Dropship Name & Address

### PRODUCT INFORMATION

Leg  LEFT  RIGHT      Foam  FLAT  WAVEFOAM      Foot Options  COMPREBOOT PLUS  CUSTOM MEDABOOT (additional charge)

Size\*  REGULAR  SUPER      \*NOTE: If the greatest circumference measurement is >60cm, order a Super.

A PDF of this order form can be found online at [bit.ly/SIGmccCustom](http://bit.ly/SIGmccCustom)

#### LENGTH MEASUREMENTS

Anterior  
**A** \_\_\_\_\_

Medial  
**B** \_\_\_\_\_

Posterior  
**C** \_\_\_\_\_

Lateral  
**D** \_\_\_\_\_

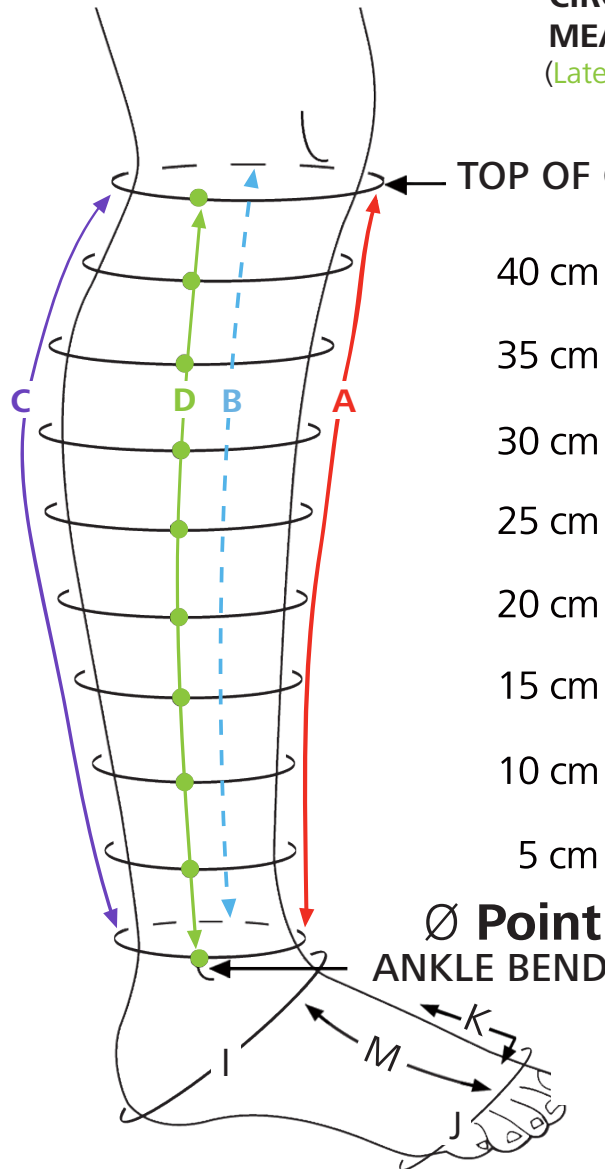
#### FOOT MEASUREMENTS

**I** \_\_\_\_\_

**J** \_\_\_\_\_

**K** \_\_\_\_\_

**M** \_\_\_\_\_



#### CIRCUMFERENCE MEASUREMENTS (Lateral aspect of leg)

TOP OF GARMENT \_\_\_\_\_

40 cm \_\_\_\_\_ (If req'd)

35 cm \_\_\_\_\_

30 cm \_\_\_\_\_

25 cm \_\_\_\_\_

20 cm \_\_\_\_\_

15 cm \_\_\_\_\_

10 cm \_\_\_\_\_

5 cm \_\_\_\_\_

Ø Point ANKLE BEND \_\_\_\_\_

# LEGASSIST BK MEASURING INSTRUCTIONS

## IMPORTANT

*Measuring for this garment requires special measurements critical to proper fit. Before you begin, attend live training at a SIGVARIS Certified Compression Specialist course near you (info at [sigvariseducation.com](http://sigvariseducation.com)). Alternatively, call Customer Care at 800-322-7744, or e-mail [us\\_orders@sigvaris.com](mailto:us_orders@sigvaris.com), to receive a remote consultation/training.*

### SUPPLIES NEEDED

1. Cell phone with camera. Photos of the leg(s) with measurement markings MUST be e-mailed to: [us\\_orders@sigvaris.com](mailto:us_orders@sigvaris.com).
2. Measuring Instructions and Forms.
3. SIGVARIS Measuring tape and Body Pen (or eyeliner pencil).
4. Signed Custom Order Terms & Conditions Form (include with order).

### INSTRUCTIONS

All measurements should be recorded in centimeters. Apply slight tension to hold the tape measure in place.

#### STEP 1: LOCATE LANDMARKS

1. The ideal placement for the top edge of the garment is two finger widths below the popliteal crease, and across the fibular head and tibial tuberosity. However, the position of the Top of Garment can be customized, if needed, to overlap better with a LEGASSIST LCS thigh piece. Encircle leg with top edge of tape measure at the desired location. Using the SIGVARIS body pen, trace a line around the leg along the top edge of the tape and measure and record the circumference on Top of Garment line.
2. Encircle leg with bottom edge of tape measure aligned with the ankle bend. Mark leg on this edge of tape at the anterior, medial, posterior and lateral aspects, and record the circumference on the line labeled Ankle Bend (Ø Point).

#### STEP 2: LOCATE CIRCUMFERENCE MEASUREMENT POSITIONS

1. Starting with "0" of the tape measure at your mark on the lateral aspect of the ankle bend, mark the leg in 5cm increments up to your mark on the lateral aspect of the Top of Garment.

#### STEP 3: MEASURE LENGTHS

1. Measure leg from your mark on the anterior aspect of the Ankle Bend to the anterior aspect of Top of Garment and record length on line marked A.
2. Measure leg from your mark on the medial aspect of the Ankle Bend to the medial aspect of Top of Garment and record length on line marked B.
3. Measure leg from your mark on the posterior aspect of the Ankle Bend to the posterior aspect of Top of Garment and record length on line marked C.
4. Measure leg from your mark on the lateral aspect of the Ankle Bend to the lateral aspect of Top of Garment and record length on line marked D.

#### STEP 4: MEASURE CIRCUMFERENCES

1. Encircle leg with a tape measure at each mark located between the ankle bend and Top of Garment, and record each circumference on the line corresponding to each position.

#### STEP 5: MEASURE FOOT

1. Measure foot from heel to 1st metatarsal head (or desired boot length) and record length on Line K.
2. Measure Top of Foot from the 3rd Metatarsal Head to Ankle Bend and record length on Line M.
3. Encircle the instep of foot and apex of Heel with a tape measure and record the circumference on Line I.
4. Encircle the foot across the metatarsal heads and record the circumference on Line J.

**TAKE DIGITAL PHOTOS (REQUIRED) AFTER MEASUREMENT MARKINGS ARE MADE.** EMAIL TO: [us\\_orders@sigvaris.com](mailto:us_orders@sigvaris.com)

NOTE: LEGASSIST BELOW KEE is available in:  
7099-BK Flat Foam, 7199-BK WAVEFOAM, 7299-BK Super, Flat Foam, 7399-BK Super, WAVEFOAM.