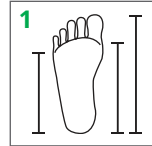
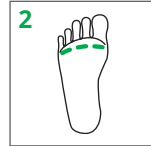


Measuring Instructions

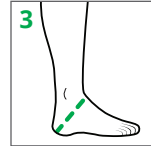
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure with client standing and weight evenly distributed.
- Measure lengths straight, do not follow leg contours.



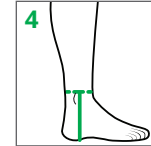
Foot Lengths



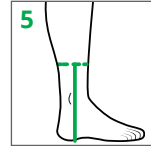
A_c
Circumference at MTP



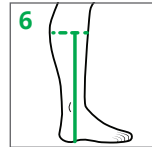
Y_c
Circumference at Instep / Heel



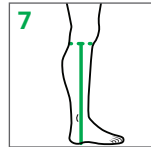
B
Floor to Narrowest Point of Ankle



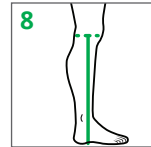
B¹
Floor to Narrowest Point of Calf
Calf transition



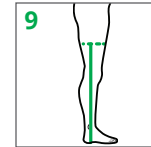
C
Floor to Widest Point of Calf



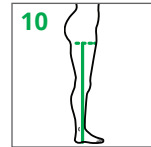
D
Floor to Base of Patella



E
Floor to Mid-Patella



F
Floor to Mid-Thigh



G
Floor to Gluteal Fold

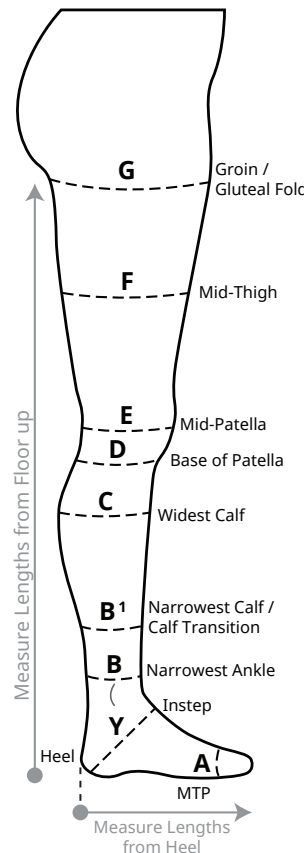
Ordering Information

| | |
|--|-----------------------|
| Date: | PO: |
| Customer / Account: | |
| Client / ID: | |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Quantity & Item Code | |
| Qty | EC-LE- L / R |
| | EC-LE- L / R |
| Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R | |
| Compression | |
| <input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R | |
| <input type="checkbox"/> 34 - 46mmHg L / R | |
| Distal Foot Options | |
| Toe: <input type="checkbox"/> Closed L / R <input type="checkbox"/> Open L / R | |
| Finish: <input type="checkbox"/> Slant L / R <input type="checkbox"/> Straight L / R | |
| Modifications | |
| Qty | Pocket (select Place) |
| Place: <input type="checkbox"/> Back Knee L / R <input type="checkbox"/> Instep L / R | |
| Silicone (select Width and Place) | |
| Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R | |
| Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R | |
| <input type="checkbox"/> Top L / R | |
| Zipper L / R (note start / end location below) | |
| Label Placement on Garment | |
| Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R | |
| Priority Production | |
| <input type="checkbox"/> Priority Production (additional fee) | |
| Comments | |
| | |
| | |
| | |
| | |
| | |
| | |

LEFT LEG MEASUREMENTS

| CIRC <i>c</i> | LENGTH <i>ℓ</i> |
|--|--|
| G _c <input type="text"/> | G _ℓ <input type="text"/> |
| F _c <input type="text"/> | F _ℓ <input type="text"/> |
| E _c <input type="text"/> | E _ℓ <input type="text"/> |
| D _c <input type="text"/> | D _ℓ <input type="text"/> |
| C _c <input type="text"/> | C _ℓ <input type="text"/> |
| B ¹ _c <input type="text"/> | B ¹ _ℓ <input type="text"/> |
| B _c <input type="text"/> | B _ℓ <input type="text"/> |
| Y _c <input type="text"/> | Y _ℓ <input type="text"/> |
| A _c <input type="text"/> | |

Please measure in centimeters



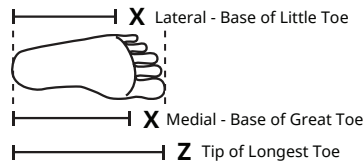
RIGHT LEG MEASUREMENTS

| CIRC <i>c</i> | LENGTH <i>ℓ</i> |
|--|--|
| G _c <input type="text"/> | G _ℓ <input type="text"/> |
| F _c <input type="text"/> | F _ℓ <input type="text"/> |
| E _c <input type="text"/> | E _ℓ <input type="text"/> |
| D _c <input type="text"/> | D _ℓ <input type="text"/> |
| C _c <input type="text"/> | C _ℓ <input type="text"/> |
| B ¹ _c <input type="text"/> | B ¹ _ℓ <input type="text"/> |
| B _c <input type="text"/> | B _ℓ <input type="text"/> |
| Y _c <input type="text"/> | Y _ℓ <input type="text"/> |
| A _c <input type="text"/> | |

LEFT

| | |
|--|--------------------|
| Lateral X _ℓ <input type="text"/> | Base of Little Toe |
| Medial X _ℓ <input type="text"/> | Base of Great Toe |
| Closed Toe Z _ℓ <input type="text"/> | Tip of Longest Toe |

FOOT LENGTH MEASUREMENTS



Foot tracings are always appreciated

RIGHT

| | |
|--|--------------------|
| Lateral X _ℓ <input type="text"/> | Base of Little Toe |
| Medial X _ℓ <input type="text"/> | Base of Great Toe |
| Closed Toe Z _ℓ <input type="text"/> | Tip of Longest Toe |