



# SPIO®

## Lower Body Orthosis Custom Measurement Form

Date \_\_\_\_\_

Name (Patient) \_\_\_\_\_ Age \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

### Measurement Key

Length =

Circumference =

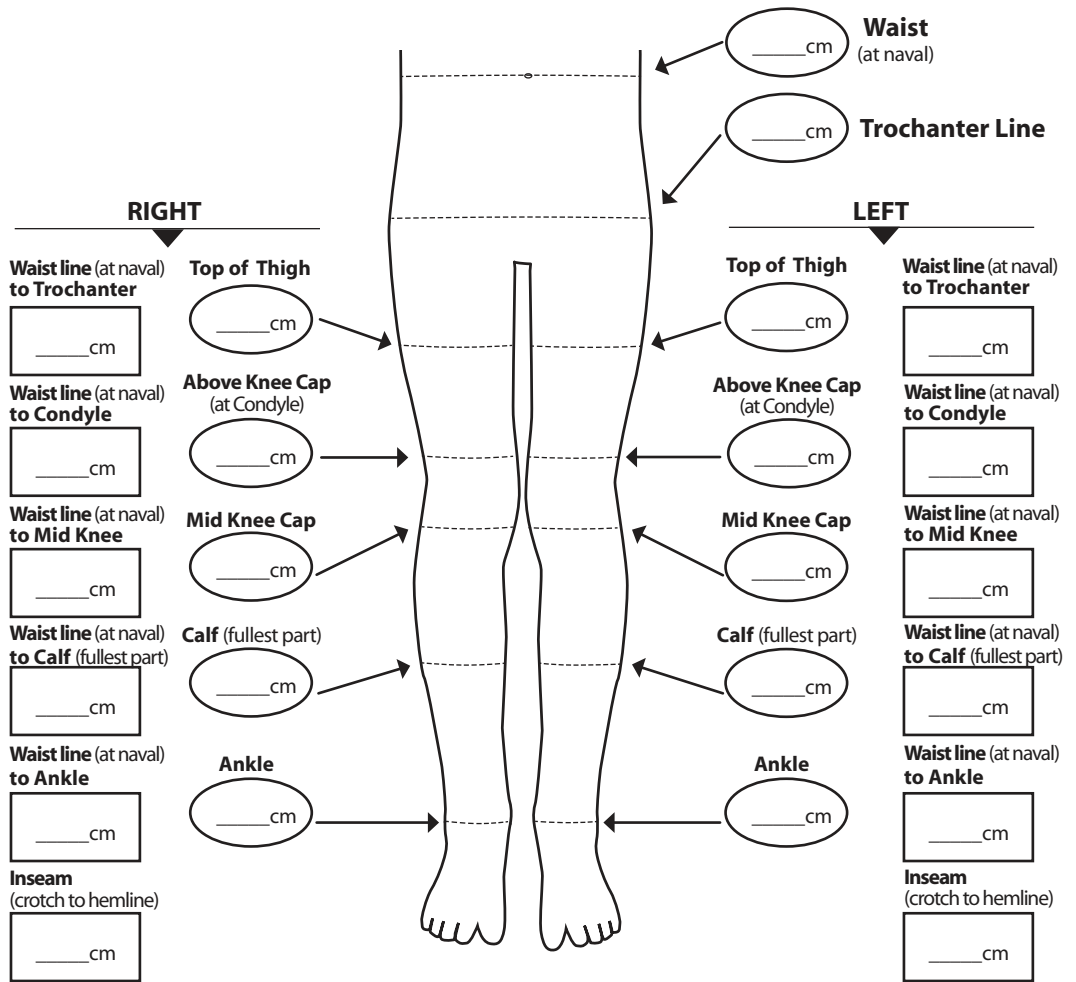
Measure patient standing up. Measurements should be in centimeters.

**Measure knee circumference at 15 degrees flexion.** Measure both legs. Measure over diaper or underwear. All boxes should be filled in. Measure on top of torso, not the side.

#### Diaper

YES  NO

If yes, measure back waist to gluteal fold \_\_\_\_\_ cm



#### Options

**Color**  BLACK  ROYAL BLUE  WHITE

**Hem**  CONDYL  MID KNEE  CALF  ANKLE

#### Additional Comments

<p><b>Color</b> <input type="checkbox"/> BLACK <input type="checkbox"/> ROYAL BLUE <input type="checkbox"/> WHITE</p> <p><b>Hem</b> <input type="checkbox"/> CONDYL <input type="checkbox"/> MID KNEE <input type="checkbox"/> CALF <input type="checkbox"/> ANKLE</p>	
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Please include a copy of the SPIO Order Form along with your custom measurement form.