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Our website: absolutemedical.com

Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

Date: _____

LEGASSIST THIGH HIGH CUSTOM

Product Information

LEG	FOAM	FOOT OPTIONS	SIZE*	*NOTE	OPTIONAL
<input type="checkbox"/> LEFT	<input type="checkbox"/> FLAT FOAM	<input type="checkbox"/> COMPREBOOT™ PLUS (included)	<input type="checkbox"/> REGULAR	If the greatest circumference measurement is >90cm, order a Super	<input type="checkbox"/> STRAPS OVER KNEE
<input type="checkbox"/> RIGHT	<input type="checkbox"/> WAVEFOAM™	<input type="checkbox"/> CUSTOM MEDABOOT™ (additional charge)	<input type="checkbox"/> SUPER		<input type="checkbox"/> HIP ATTACHMENT

CIRCUMFERENCE MEASUREMENTS

_____	35 cm
_____	30 cm
_____	25 cm
_____	20 cm
_____	15 cm
_____	10 cm
_____	5 cm
Ø POINT	_____
Mid Patella	_____
Ø POINT	_____
_____	5 cm
_____	10 cm
_____	15 cm
_____	20 cm
_____	25 cm
_____	30 cm
_____	35 cm
_____	40 cm

FOOT MEASUREMENTS

I	<input type="checkbox"/>	circumference of ankle bend and heel
J	<input type="checkbox"/>	circumference across metatarsal heads
K	<input type="checkbox"/>	length from 1st metatarsal head to heel
M	<input type="checkbox"/>	length from 3rd metatarsal head to ankle bend

• = Locations measured along Lateral aspect of leg

E No straps provided over knee unless box above is checked



LEGASSIST THIGH HIGH CUSTOM

IMPORTANT

Before taking measurements, please complete the following:

SUPPLIES NEEDED:

1. *All measurements must be taken in a straight line, unless otherwise specified, with the tape measure following the contours of the limb. Do not pull the tape tight; hold it lightly against the skin.*
2. *Encircle leg with top edge of tape measure located at the Bottom of Patella. Mark leg on this edge of tape at the anterior, lateral, posterior and medial*
3. *Encircle leg with the bottom edge of the tape measure aligned with the Ankle Bend. Mark leg on this edge of the tape at the anterior, lateral, posterior*
4. *Encircle leg with bottom edge of the tape measure aligned with the Top of Patella. Mark leg on this edge of the tape at the anterior, lateral, posterior and medial aspects, recording the circumference on the line labeled Top of Patella.*
5. *Encircle leg with top edge of the tape measure aligned at the Gluteal Fold. Mark leg on this edge of the tape at the anterior, lateral, posterior and medial aspects, recording the circumference on the line labeled Gluteal Fold.*

INSTRUCTIONS CUSTOM LEGASSIST THIGH HIGH:

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

STEP 1: Locate circumference measurement positions

Starting with "0" of the tape measure at your mark on the lateral aspect of the Bottom of Patella (0 Point), mark the leg in 5cm increments down to your mark on the lateral aspect of the Ankle Bend. Repeat step 1, only this time from the Top of the Patella (0 Point) up to the lateral aspect of the Gluteal Fold.

STEP 2: Measure lengths

LATERAL LENGTH (A1):

Measure upper leg from your mark on the lateral aspect of Top of Patella to your mark on lateral aspect of Gluteal Fold.

MEDIAL LENGTH (B1):

Measure upper leg from your mark on medial aspect of Top of Patella to your mark on medial aspect of Gluteal Fold.

POSTERIOR LENGTH (C1):

Measure upper leg from your mark on posterior aspect of Top of Patella to your mark on posterior aspect of Gluteal Fold.

ANTERIOR LENGTH (D1):

Measure upper leg from your mark on anterior aspect of Top of Patella to your mark on anterior aspect of Gluteal Fold.

KNEE SPACE:

Measure leg from your mark on the lateral aspect of Top of Patella to your mark on lateral aspect of Bottom of Patella. Record length in Box E.

LATERAL LENGTH (A2):

Measure lower leg from your mark on the lateral aspect of Bottom of Patella to your mark on lateral aspect of Ankle Bend. Record length in Box A2.

MEDIAL LENGTH (B2):

Measure lower leg from your mark on medial aspect of Bottom of Patella to your mark on medial aspect of Ankle Bend. Record length in Box B2.

POSTERIOR LENGTH (C2):

Measure lower leg from your mark on posterior aspect of Bottom of Patella to your mark on posterior aspect of Ankle Bend. Record length in Box C2.

ANTERIOR LENGTH (D2):

Measure lower leg from your mark on anterior aspect of Bottom of Patella to your mark on anterior aspect of Ankle Bend. Record length in Box D2.

STEP 3: Measure circumferences

UPPER:

Encircle leg with tape measure at each mark located on lateral aspect between the Top of Patella and Gluteal Fold, and record each circumference on the corresponding line.

KNEE:

Encircle leg with tape measure at Mid Patella and record each circumference on the corresponding line.

LOWER:

Encircle leg with tape measure at each mark located on the lateral aspect between Bottom of Patella and Ankle Bend, and record each circumference on the corresponding line.

STEP 4: Foot measurements

Measure foot from heel to 1st metatarsal head (or desired boot length) and record length in Box K. Measure Top of Foot from the 3rd metatarsal head to Ankle Bend and record length in Box M. Encircle the Ankle Bend and Heel with a tape measure and record the circumference in Box I. Encircle the foot across the metatarsal heads and record the circumference in Box J.

STEP 5: Hip attachment (optional)

Measure from lateral aspect of Gluteal Fold to lateral aspect of hip at the desired location for the bottom of the belt, and record length on Line F. Measure circumference of torso at the desired location for the bottom of the belt, and record circumference on Line G.

DIGITAL PHOTOS ARE REQUIRED. EMAIL TO orders@absolutemedical.com. TAKE THE PHOTOS AFTER MEASUREMENT MARKINGS ARE MADE.

NOTES - Thigh Assist is available in 7099-TH Flat Foam, 7199-TH Wave Foam, 7299-TH Super Flat Foam, 7399-TH Super Wave Foam, Thigh Assist with Hip Attachment is available in 7099-TA Flat Foam, 7199-TA Wave Foam, 7299-TA Super Flat Foam, 7399-TA Super Wave Foam (Includes MedaBoot Custom 7099-MB)