SIGVARIS

LEGASSIST - THIGH HIGH
Measure & Order Form

☐ I have watched the online instruction video for the LegAssist™ custom garment.   ☐ I have read and understand the written measuring instructions for the LegAssist™ custom garment.

Orders will not be accepted without all three boxes being checked. Your assistance in this will help the patient receive a better product in less time.

PRODUCT OPTIONS

LEG: ☐ Left ☐ Right   **FOAM:** ☐ **Regular** (flat foam)   ☐ **Advanced** (WaveFoam™)

OPTIONAL: ☐ **Custom MedaBoot™** (additional charge)   ☐ **Hip Attachment** (additional charge)   ☐ **Straps over knee**

Follow contour of limb on all measurements   ● = Locations measured along *lateral* aspect
(All measurments in cm)

Measurement	Value	Label
Lateral Length	_____	A₁
Medial Length	_____	B₁
Posterior Length	_____	C₁
Anterior Length	_____	D₁
Knee Space	_____	E
Lateral Length	_____	A₂
Medial Length	_____	B₂
Posterior Length	_____	C₂
Anterior Length	_____	D₂
_____		I
_____		J
_____		K
_____		M

Circumference*

Location	Value
Gluteal Fold	_____
35 cm	_____
30 cm	_____
25 cm	_____
20 cm	_____
15 cm	_____
10 cm	_____
5 cm	_____
Top of Patella — Ø Point	_____
Mid Patella	_____
Bottom of Patella — Ø Point	_____
5 cm	_____
10 cm	_____
15 cm	_____
20 cm	_____
25 cm	_____
30 cm	_____
35 cm	_____
40 cm (If req'd)	_____
Ankle Bend	_____

* Note: order a TH Super if greatest circumference is > 90 cm

I — Circumference of Ankle Bend and Heel

M — Top of foot 3rd Metatarsal Head to Ankle Bend

J — Circumference across Metatarsal Heads

K — 1st Metatarsal Head to Heel (or desired boot length)

No straps provided over knee unless box checked above