



# ExoCustom™

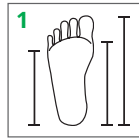
## Lower Extremity Measuring and Order Form



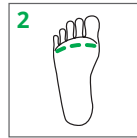
3880 W Wheelhouse Road  
Milwaukee, WI 53208  
Tel: (855) 892-4140

### 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.



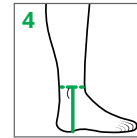
**Foot Lengths**



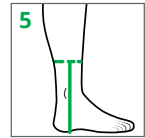
**A<sub>c</sub>**  
Circumference at MTP



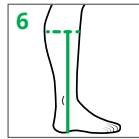
**Y<sub>c</sub>**  
Circumference at Instep / Heel



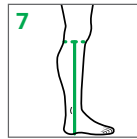
**B**  
Floor to Narrowest Point of Ankle



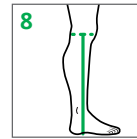
**B<sup>1</sup>**  
Floor to Narrowest Point of Calf  
Calf transition



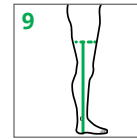
**C**  
Floor to Widest Point of Calf



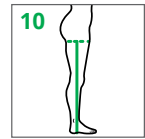
**D**  
Floor to Base of Patella



**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	
<b>Quantity &amp; Item Code</b>	
Qty	EC-LE- <input type="radio"/> L / <input type="radio"/> R
	EC-LE- <input type="radio"/> L / <input type="radio"/> R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
<b>Compression</b>	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
<b>Distal Foot Options</b>	
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	
<b>Modifications</b>	
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)	
<b>Label Placement on Garment</b>	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
<b>Priority Production</b>	
<input type="checkbox"/> Priority Production (additional fee)	
<b>Comments</b>	

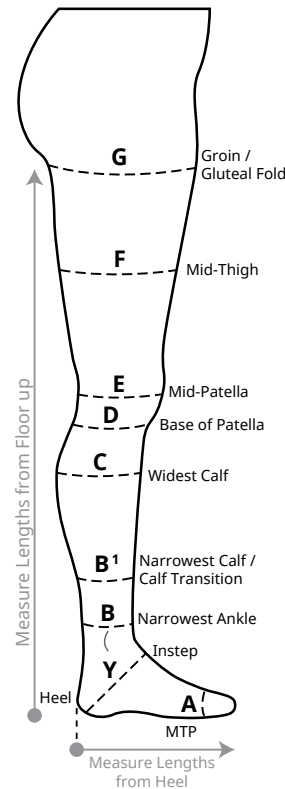
### LEFT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G <sub>c</sub>	G <sub>ℓ</sub>
F <sub>c</sub>	F <sub>ℓ</sub>
E <sub>c</sub>	E <sub>ℓ</sub>
D <sub>c</sub>	D <sub>ℓ</sub>
C <sub>c</sub>	C <sub>ℓ</sub>
B <sup>1</sup> <sub>c</sub>	B <sup>1</sup> <sub>ℓ</sub>
B <sub>c</sub>	B <sub>ℓ</sub>
Y <sub>c</sub>	
A <sub>c</sub>	

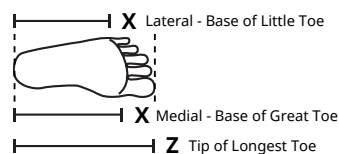
#### LEFT

Lateral	X <sub>ℓ</sub>
Base of Little Toe	
Medial	X <sub>ℓ</sub>
Base of Great Toe	
Closed Toe	Z <sub>ℓ</sub>
Tip of Longest Toe	

Please measure in centimeters



### FOOT LENGTH MEASUREMENTS



Foot tracings are always appreciated

### RIGHT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G <sub>c</sub>	G <sub>ℓ</sub>
F <sub>c</sub>	F <sub>ℓ</sub>
E <sub>c</sub>	E <sub>ℓ</sub>
D <sub>c</sub>	D <sub>ℓ</sub>
C <sub>c</sub>	C <sub>ℓ</sub>
B <sup>1</sup> <sub>c</sub>	B <sup>1</sup> <sub>ℓ</sub>
B <sub>c</sub>	B <sub>ℓ</sub>
Y <sub>c</sub>	
A <sub>c</sub>	

#### RIGHT

Lateral	X <sub>ℓ</sub>
Base of Little Toe	
Medial	X <sub>ℓ</sub>
Base of Great Toe	
Closed Toe	Z <sub>ℓ</sub>
Tip of Longest Toe	