



# CUSTOM SEAMED - LOWER EXTREMITIES

## 8 LEG CIRCUMFERENCE

PATIENT'S NAME and/or FILE # \_\_\_\_\_

LEFT	TAPE#	RIGHT
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	HEEL 0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	
	+19½	
	+21	
	+22½	
	+24	
	+25½	
	+27	
	+28½	
	+30	
	+31½	
	+33	
	+34½	
	+36	

PLEATS


Pleat at end of foot only (2 max.)

Pleat at top only (1 max.)

9 STYLES / OPTIONS / COLOURS				
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	QTY. OTHER
100105	Anklet			
100101	Knee Length			
100201	Thigh Length			
100019	Leg Band (Knee or Thigh)			
100538	Foot Glove to Ankle Length			
100539	Foot Glove Extending to Knee Length			
Waist Height: See Box #22 for Body Measurements				
101101	Waist Height / Two Legs / Closed Pubis			
101102	Waist Height / Two Legs / Open Pubis			
101103	Waist Height / One Leg / Open Pubis			
101112	Waist Height / One Leg Panty, Open Pubis			
101113	Waist Height / One Leg Panty, Closed Pubis			
101114	Waist Height / One Leg, Brief			
101119	Panty Girdle / Two Legs, Above Knee, Closed Pubis			
101111	Panty Girdle / Two Legs, Below Knee, Closed Pubis			
101122	Panty Girdle / Two Legs, Above Knee, Open Pubis			
101110	Panty Girdle / Two Legs, Below Knee, Open Pubis			
100035	Chap Style / One Leg			
100036	Chap Style / Two Legs			
<b>Colours</b>				
100150	Beige			
100158	Black			
<b>Options</b>				
101187	Reinforced Heel (per Leg)			
101188	Full Ankle Lining (including Heel) (per Leg)			
101186	Reinforced Knee			
100040	Lining Behind Knee (per Leg)			
101159	Self-material Enclosed Toe (see box 10)			
101160	Soft Enclosed Toe			
101164	Zippers (see box 11)			
101108	Zipper Pull (Plastic)			
101178	Lining Variation			
100027	Pocket			
101117	2" Elastic			
100161	2" Custom Sensitive Silicone			
101121	Abdominal Pelvic Support			
101161	Reduced Pressure Abdominal Panel			
101162	Attached Suspenders (under age 6, no charge)			
101185	Reinforced Inner Thigh & Perineum			
101177	Oversize Charge (50" to 59 ⅞")			
100031	Oversize Charge (60" to 69 ⅞")			
100042	Oversize Charge (70" or greater)			
101118	1" Silicone Band			
100160	2" Silicone Band			
101163	1" Velcro® Tabs (Waist height only)			
101176	Contracture Seam			
<b>Stumps</b>				
100039	Stump Support, One Stump and Panty			
100037	Chap Style, One Stump			
100038	Chap Style, Two Stump			

# CUSTOM SEAMED - FOOT / TORSO

PATIENT'S NAME and/or FILE # \_\_\_\_\_

10 FOOT MEASUREMENTS	
	LEFT
	RIGHT

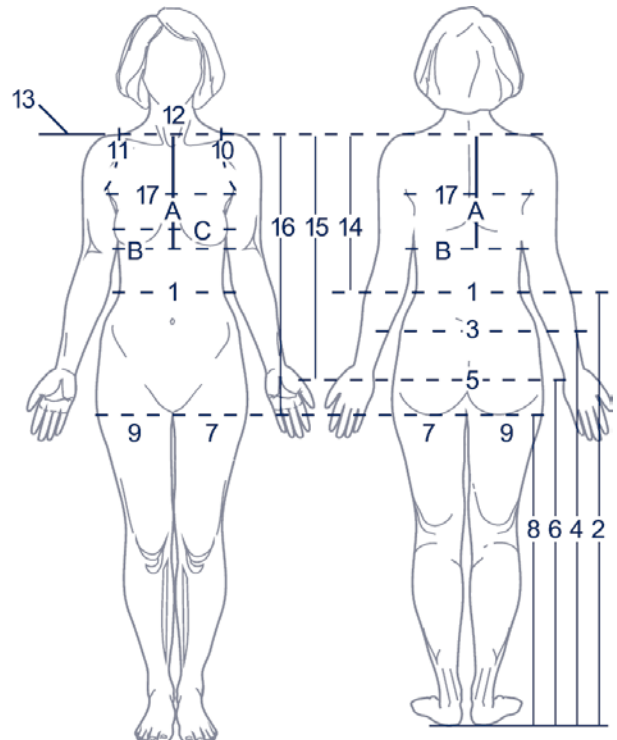
11 ZIPPER OPTIONS				
	LOCATION MARK (D)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (Inside) ASPECT				
IN BODY ONLY (waist height only)				
Zipper through top support	YES	No		

13 CIRCUMFERENCES					
	CIRCUM			HEIGHT	
Desired Top of Support					
Waist	1			2	
Midpoint Between 1 & 5	3			4	
Largest Part of Buttocks	5			6	
Proximal Thigh Left (at fold of buttocks)	7			8	
Proximal Thigh Right (at fold of buttocks)	9			8	
Left Shoulder	10				
Right Shoulder	11				
Neck	12				
Shoulder Width				13	
Shoulder to Waist				14	
Shoulder to Largest Part of Buttocks				15	
Shoulder to Fold of Buttocks				16	
Chest	17				
<b>End of Support</b>					
Shoulder to End of Support					
Circumference at End of Support					
<b>Measurement for Bra Cups</b>					
Shoulder to Just Under Breast	A				
Circumference Just Under Breast	B				
Circumference Over Nipple Line	C				

12 STYLES		
CAT. NO.	STYLES	QTY.
100525	Sleeveless Vest 1, 10-14, 17	
100524	Vest 1 Long Sleeve 1, 10-14, 17 + arm(s) 1 Short Sleeve	
100526	Vest - 2 Short Sleeves 1, 10-14, 17 + arm(s)	
100527	Vest - 2 Long Sleeves 1, 10-14, 17 + arm(s)	
100530	Sleeveless Body Brief 1, 5, 7, 9-17	
100531	Body Brief with Sleeves 1, 5, 7, 9-17 + arm(s)	
100558	Sleeveless Body Suit 1, 5, 7, 9-17 + <b>leg(s)</b>	
100560	Body Suit with Sleeves 1, 5, 7, 9-17 + arm(s) & <b>leg(s)</b>	
101117	2" Elastic	
100161	2" Custom Sensitive Silicone	
100027	Pocket	
101178	Lining Variation	
101118	1" Silicone Elastic (Beaded Dot Silicone band)	
100160	2" Silicone Elastic (Beaded Dot Silicone band)	
100150	Beige	
100158	Black	

If arm or leg measurements are required go to arm or lower extremity section(s).

14 TORSO / BODY DESIGN CHOICES									
	Front Closure Zipper	Front Closure Velcro	Back Closure Zipper	Back Closure Velcro	Open Axilla LT RT	Self Axilla LT RT	V Neck	Turtle-neck	Scoop Neck
✓ IF YES									



# CUSTOM SEAMED - ARM

PATIENT'S NAME and/or FILE # \_\_\_\_\_

15 STYLES / OPTIONS			
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT
100505	Detachable Gauntlet (metacarpals to wrist)		
100515	Half Sleeve (wrist to elbow)		
100516	Half Sleeve & Gauntlet (metacarpals to elbow)		
101155	Half Sleeve (elbow to axilla)		
100501	Arm Sleeve (wrist to axilla)		
100503	Arm Sleeve with Attached Shoulder Flap		
100502	Arm Sleeve & Gauntlet (metacarpals to axilla)		
100504	Arm Sleeve, Gauntlet and Shoulder Flap		
101140	Arm Stump to Axilla		
Options			
101164	Zippers (see box 17)		
101167	Lining Inside Elbow		
101168	Lining Full Elbow		
101178	Lining Variation		
100027	Pocket		
101172	Adjustable Shoulder Flap (see box 18)		
101176	Contracture Seam		
110118	1" Silicone Band		
100160	2" Silicone Band		
100150	Beige		
100158	Black		

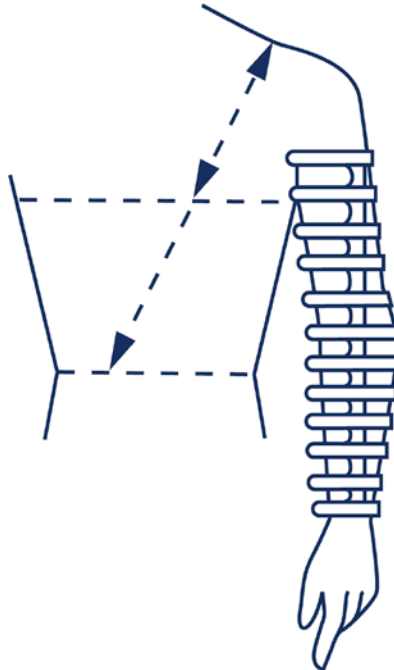
## \* 16 ARM CIRCUMFERENCE

\*Start measuring arm from elbow to wrist then elbow to Axilla

PLEATS	WRIST		PLEATS
	LEFT	TAPE#	
		-6	
		-4 1/2	
		-3	
		-1 1/2	
		0	
		+1 1/2	
		+3	
		+4 1/2	
		+6	
		+7 1/2	
		ELBOW 9	
		+10 1/2	
		+12	
		+13 1/2	
		+15	
		+16 1/2	
		+18	
		+19 1/2	
		AXILLA	

Standard length zipper is full length. If shorter zipper is desired, please indicate length from wrist.

17 ZIPPER OPTIONS	LOCATION MARK (D)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (ulnar) ASPECT (inside)				
POSTERIOR (back of hand)				
ANTERIOR (palm of hand)				

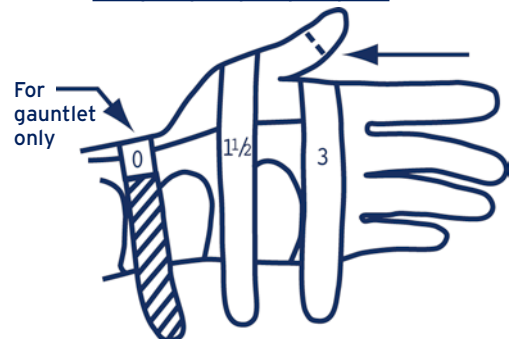


18 SHOULDER FLAP			
LEFT		RIGHT	

Length diagonally from top of shoulder to waist or below breast.

Give circumference for adjustable flap at waist or below breast.

19 THUMB CIRCUMFERENCE			
LEFT		RIGHT	

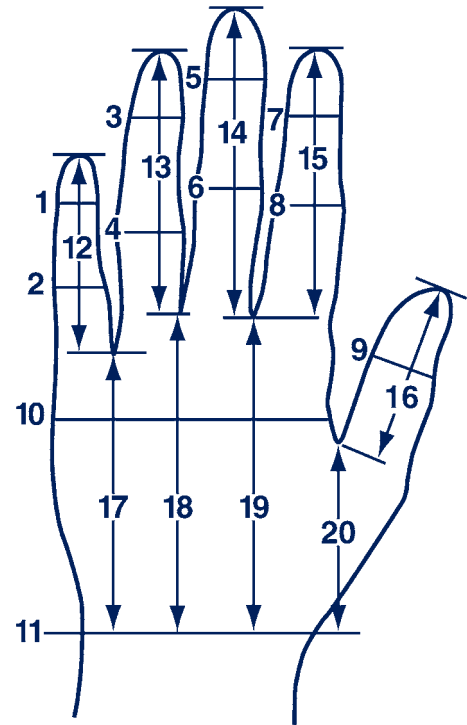


# CUSTOM SEAMED - HAND

PATIENT'S NAME and/or FILE # \_\_\_\_\_

20 STYLES / OPTIONS			
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT
100532	Glove to Axilla		
100533	Glove to Axilla with Shoulder Flap		
100534	Glove to Elbow		
100535	Glove to Wrist		
100536	Interdigital Web Spacer (to be work over glove)		
100537	Mitten to Wrist		
Options			
101164	Zippers (see box 22)		
100027	Pocket		
101178	Lining Variation		
101169	Slant Inserts		
101167	Lining Inside Elbow		
101168	Elbow Lining (full)		
100021	Reinforced Palm or Dorsum		
100150	Beige		
100158	Black		

\* Hand outlines must have a 1" vertical measurement on the paper



Length must be taken from outline drawings unless fingers are contracted.

\* **21 LENGTHS (HAND OUTLINE REQUIRED)**

For Open Tip, mark finished length desired	IF OPEN	LEFT	RIGHT	IF OPEN
Little finger to web between little finger and ring finger	12			
Ring finger to web between ring and middle fingers	13			
Middle finger to web between middle and index fingers	14			
Index finger and web between index and middle finger	15			
Thumb to thumb web	16			
Wrist to web between little and ring fingers	17			
Wrist to web between middle and ring fingers	18			
Wrist to web between index and middle fingers	19			
Wrist to thumb web	20			

**22 ZIPPER OPTIONS (mark ✓)**

	LEFT	RIGHT
DORSAL (posterior) ASPECT (standard)		
ULNAR (little finger)		
PALMAR (anterior)		

**23 CIRCUMFERENCES**

		LEFT	RIGHT
Little finger DIP	1		
Little finger PIP	2		
Ring finger DIP	3		
Ring finger PIP	4		
Middle finger DIP	5		
Middle finger PIP	6		
Index finger DIP	7		
Index finger PIP	8		
Thumb	9		
Palm	10		
Wrist	11		
1½" beyond Wrist			
3" beyond Wrist			

# CUSTOM SEAMED - HEAD

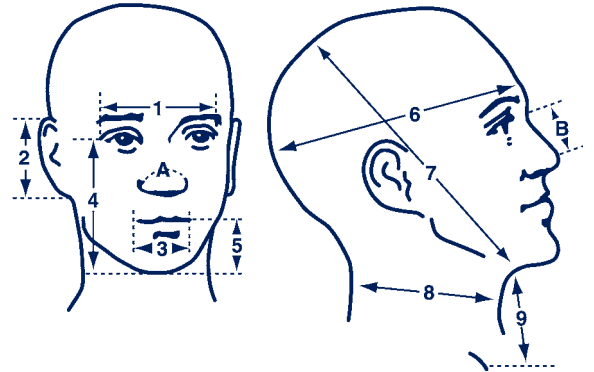
## 24 HEAD MEASUREMENTS

Width of Eyes	1		
Length of Ear	2		
Width of Mouth	3		
Chin to Eyes	4		
Chin to Mouth	5		
Circ. above Eyebrow	6		
Around Head at Chin Angle	7		
Circ. of Neck	8		
Throat to Sternal Notch	9		
Nose Covering Across Tip	A		
Nose Covering Length	B		

PATIENT'S NAME and/or FILE # \_\_\_\_\_

## 25 STYLES / OPTIONS

CAT. NO.	STYLES	QTY.
100540	Face Mask	
101158	Open Face Mask	
100550	Chin Strap	
100549	Modified Chin Strap (extends behind ear)	
Options		
101165	Nose Covering	
101166	Lip Covering	
100150	Beige	
100158	Black	



## COMMENTS

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Essity Fee for reading measuring tapes - \$25.00

### TO ORDER:

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