



Patient Last Name: _____ **Patient First Name:** _____
Fitter Last Name: _____ **Fitter First Name:** _____
Fitter Title: _____ **(example: PT/OT/PTA)**
Date: _____

Fill in all circumferences:

g ____ Thigh (Full only)

c ____ Calf

b ____ Ankle

a ____ Instep (Foot only)

Fill in all lengths:

b-h ____ Ankle to Groin

b-e ____ Ankle to Knee

Measuring for:

Left

Right

Measuring in:

Inches

Centimeters

		RM Leg Length Chart			
		Short	Medium	Long	Extra Long
Length – Full Leg (ankle to groin)	in	25 – 27	> 27 – 29	> 30 – 33	N/A
	cm	63.5 – 68.5	> 68.5 – 73.6	> 76.2 – 83.8	N/A
Length – Half Leg (ankle to knee)	in	10 – 12	> 12 – 14	> 14 – 16	> 16 – 18
	cm	25.4 – 30.4	> 30.4 – 35.5	> 35.5 – 40.6	> 40.6 – 45.7

		RM Leg Size Chart		
		Small	Medium	Large
Thigh *full leg only (circumference)	in	> 20 – 25	> 25.5 – 29.5	> 28 – 33
	cm	> 50.8 – 63.5	> 64.7 – 74.9	> 71.1 – 83.8
Calf (circumference)	in	> 12 – 16	> 15.5 – 19	> 17 – 20
	cm	> 30.4 – 40.6	> 39.3 – 48.2	> 43.1 – 50.8
Ankle (circumference)	in	> 7 – 10	> 8 – 12	> 10 – 14
	cm	> 17.7 – 25.4	> 20.3 – 30.5	> 25.4 – 35.5

		RM Foot Size Chart		
		Small	Medium	Large
Ankle (circumference)	in	> 7 – 10	> 8 – 12	> 10 – 14
	cm	> 17.7 – 25.4	> 20.3 – 30.5	> 25.4 – 35.5
Instep (circumference)	in	> 7.5 – 9.5	> 9.5 – 11	> 11 – 12.5
	cm	> 19 – 24	> 24 – 28	> 28 – 32

Please do initial fitting of all OptiFlow® RM products with the provided cotton stockinette. If the fit is not correct, immediately remove; garments are returnable for exchange only if cotton stockinette is utilized. Soiled or used garments are non-returnable, non-refundable.