

# Measuring Guide for Upper and Lower Inelastic Compression



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

## Body Part\*

- Arm    Calf    Knee  
 Thigh High    Full Leg

## Inelastic Wraps

- Compreflex    Coolflex    Medaform  
 Comprefit    Other \_\_\_\_\_    Compreboot  
 Light    Standard    Plus

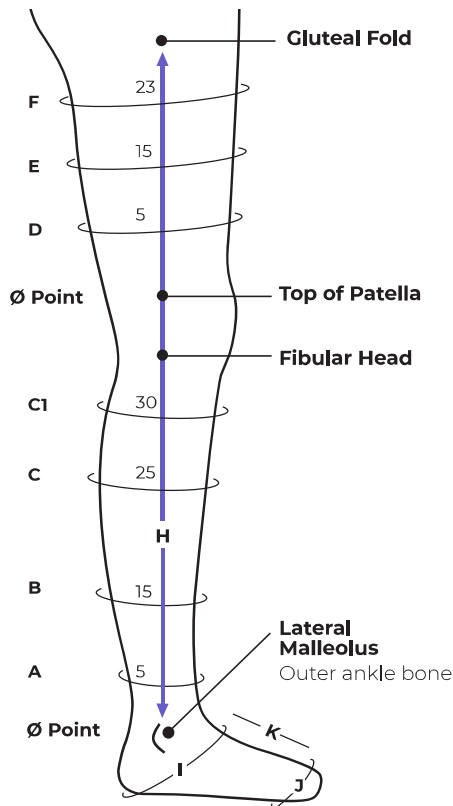
\*Product style types may vary, please see the 2020 Sigvaris catalog for Venous-Lymphatic Disorders for more information or call the US Customer Care Solution Center. Available M-F, 8am-7pm EST at **1-800-322-7744**.

## Inelastic Wrap: Lower Extremity Measurements

### Circumference

Left   Right

- F \_\_\_\_\_  
 E \_\_\_\_\_  
 D \_\_\_\_\_  
 C1 \_\_\_\_\_  
 C \_\_\_\_\_  
 B \_\_\_\_\_  
 A \_\_\_\_\_  
 I \_\_\_\_\_  
 J \_\_\_\_\_  
**H Length**  
 H \_\_\_\_\_  
 K \_\_\_\_\_



**K:** Measure medial length from heel to 1st metatarsal head

## Inelastic Wrap: Arm Measurements

### Circumference

Left   Right

- C \_\_\_\_\_  
 B1 \_\_\_\_\_  
 B \_\_\_\_\_  
 A1 \_\_\_\_\_  
 A \_\_\_\_\_  
 E \_\_\_\_\_  
**D Length**  
 Measure length along dorsal aspect  
 D \_\_\_\_\_

