



LegAssist® BK (BelowKnee)  
Measuring Form

PO#: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bill-To Address: \_\_\_\_\_

Ship-To Address: \_\_\_\_\_

Patient: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Foam (check one):  Regular  Advanced (WaveFoam™)

Leg (check one):  Left  Right

**Note: Order a BK-Super if greatest circumference > 60cm**

Follow contour of limb  
on all measurements

● = Location  
measured along *lateral* aspect

- Lateral Length \_\_\_\_\_ A
- Medial Length \_\_\_\_\_ B
- Posterior Length \_\_\_\_\_ C
- Anterior Length \_\_\_\_\_ D

Foot Measurements

- \_\_\_\_\_ F
- \_\_\_\_\_ G
- \_\_\_\_\_ H
- \_\_\_\_\_ I

- Bottom of Patella \_\_\_\_\_ A
- \_\_\_\_\_ 40 cm
- \_\_\_\_\_ 35 cm
- \_\_\_\_\_ 30 cm
- \_\_\_\_\_ 25 cm
- \_\_\_\_\_ 20 cm
- \_\_\_\_\_ 15 cm
- \_\_\_\_\_ 10 cm
- (if req'd) \_\_\_\_\_ 5 cm
- Ankle Bend \_\_\_\_\_ Ø Point

