

# UTX® ORTHOSIS MEASUREMENT FORM

Today's Date: \_\_\_\_\_ Patient: \_\_\_\_\_

Facility: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

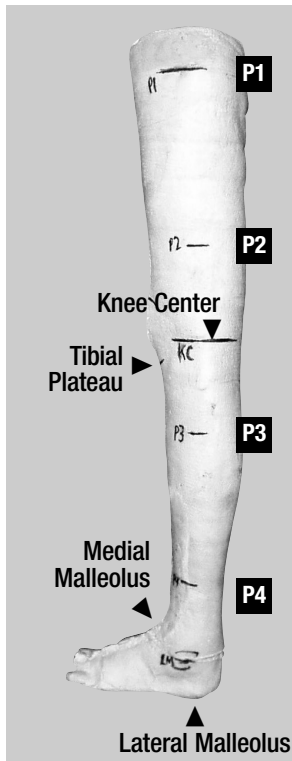
Street: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Orthotist: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ PO Number: \_\_\_\_\_

**Figure 1:  
Pelotte Carrier Locations**



↑ Required with impression ↓	<b>ANATOMICAL DATA</b>	Knee center-reference line*	_____ cm
	take measurements with leg extended * Reference line is the floor, bottom of foot, or any equivalent line perpendicular to the leg.	Tibial plateau-reference line*	_____ cm
		Lateral malleolus-reference line*	_____ cm
		Medial malleolus-reference line*	_____ cm
	<b>KNEE ANGLE</b>	Corrected valgus or varus angle (only with UTX®-FS)	_____ °
	At large hyperextension angles (larger than 20 degrees) it is advisable to place P3 and P4 on the posterior side of the leg.	Hyperextension angle	_____ °
		Place P3 and P4 posterior	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Flexion contracture angle	_____ °
↑ Circumferences, D1, and A-P's required with impression ↓	<b>PELOTTE CARRIER P1</b>	Circumference (C1)	_____ cm
	LOCATION: 4 CM BELOW PERINEUM	M-L Diameter (ML1)	_____ cm
		A-P Diameter (AP1)	_____ cm
		Distance (D1) - P1 to reference line*	_____ cm
		Comfortpad	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>PELOTTE CARRIER P2</b>	Circumference (C2)	_____ cm
	LOCATION: 6 CM ABOVE PROXIMAL EDGE OF PATELLA	M-L Diameter (ML2)	_____ cm
		A-P Diameter (AP2)	_____ cm
		Distance (D2) - P2 to reference line*	_____ cm
		Comfortpad	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>PELOTTE CARRIER P3</b>	Circumference (C3)	_____ cm
	LOCATION: 6 CM BELOW DISTAL EDGE OF PATELLA	M-L Diameter (ML3)	_____ cm
		A-P Diameter (AP3)	_____ cm
		Distance (D3) - P3 to reference line*	_____ cm
		M-L from Tibial crest to lateral border	_____ cm
	<b>PELOTTE CARRIER P4</b>	Circumference (C4)	_____ cm
	LOCATION: 10 CM ABOVE LATERAL MALLEOLUS	M-L Diameter (ML4)	_____ cm
		A-P Diameter (AP4)	_____ cm
		Distance (D4) - P4 to reference line*	_____ cm
	<b>MEDIAL ANKLE JOINT (DZ)</b>	Is medial ankle joint desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(See Selection Form for more info)	M-L of ankle	_____ cm
	<b>FOOTPLATE (Choose one)</b>	Preformed thermoplastic footplate	<input type="checkbox"/>
		Custom foot cup	<input type="checkbox"/>
		Mount to shoe	<input type="checkbox"/>
		Stainless steel footplate	<input type="checkbox"/>
		None, stirrup only	<input type="checkbox"/>
	<b>COLOR OF STRAPS</b>	<input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Navy	
	<b>SHOE SIZE</b>	_____	
	<b>LEFT / RIGHT</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	