

**SYMES**

**Measurement Form**

PROSTHETIST: \_\_\_\_\_ PO NUMBER: \_\_\_\_\_ Date: \_\_\_\_\_

**Custom Symes Order**

Left: \_\_\_\_\_ Right: \_\_\_\_\_ From Measurements: \_\_\_\_\_ From Tracing: \_\_\_\_\_ (Fax two 8½" x 11" pieces of paper)

**Circle Sockets for this Order:**

VCSPS™ or AOPPS®  
NON-AMBULATORY      AMBULATORY

**Lengths:**

From mid-patella tendon to distal end _____	_____ in	_____ cm
From smallest part of calf to distal end _____	_____ in	_____ cm
From smallest part of ankle to distal end _____	_____ in	_____ cm
AP (anterior to posterior) _____	_____ in	_____ cm
At smallest part of ankle to distal end _____	_____ in	_____ cm
At ball of Symes _____	_____ in	_____ cm
ML (medial to lateral side) _____	_____ in	_____ cm
At tibial tubercle _____	_____ in	_____ cm
At largest part of calf _____	_____ in	_____ cm
At smallest part of ankle _____	_____ in	_____ cm
At ball of Symes _____	_____ in	_____ cm

**Circumferences:**

At tibial tubercle _____	_____ in	_____ cm
At widest part of calf _____	_____ in	_____ cm
At just below calf muscle _____	_____ in	_____ cm
At mid-point from distal calf to smallest part of ankle _____	_____ in	_____ cm
At smallest park of ankle _____	_____ in	_____ cm
At ball of Symes amputation _____	_____ in	_____ cm

**OPTIONS & COMPONENT ITEMS:**

**Returns accepted for manufacturer defect only.**

<u>QTY</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>DESCRIPTION</u>
_____	Modification to Standard Socket	_____	Titanium SACH Foot Adapter
_____	Pour & Modify Cast	_____	Titanium Rotatable 4-hole Connector
_____	Fork/suspension strap	_____	Post-op Foot: L <input type="checkbox"/> R <input type="checkbox"/> Size: _____
_____	Velcro® brand Compatible Neoprene socket band	_____	Stainless Steel SACH Foot Adapter
_____	Distal End Pad – per pkg. Size: _____	_____	Stainless Steel Rotatable 4-hole Connector
_____	Waist belt/suspension strap	_____	Each Amputation Socks Size: _____