

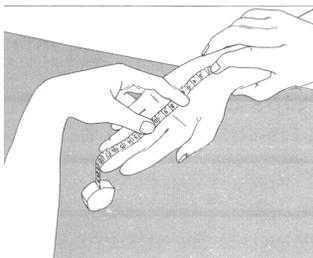
Measuring Guidelines for TributeNight Arm Garments

Positioning Your Client When Measuring for Arm Garments

TributeNight garments are most commonly worn while the client is sleeping, therefore, take the measurements with the client in supine position, if possible. Indicate on the order form which measuring position you chose.

Measuring Lengths:

With the client in supine position, the arm lying next to the trunk, measure the length of the limb. Use a water based marker to indicate the length reference point on the skin according to the following suggested procedure:



A to B length: Measure with palm up, from the digit crease (MCP) to the fingertip of the third digit (middle finger).

B to C length: With the palm up, position the tape measure with zero at the wrist crease; measure the length to the base of the third digit (MCP of middle finger).

C to D length: With the tape measure placed with zero (0) at the wrist crease, measure the length to the D point (typically the largest girth point of the forearm). Using a water based marker dot this point of the arm.

C to E length: Continue to measure from the wrist C to the medial elbow crease E with the elbow in slight flexion (10° to 20°). Using a water based marker dot this point of the arm.

C to F length: Measure from the wrist to the F point (typically the largest girth point of the upper arm). Dot this point with a water based marker.

C to G length: Measure from the wrist to the axilla.

(Place a pencil or dowel in the armpit as a visual guide.) Abducting the arm during this length measurement will result in a garment that is too long. Measuring with shoulder flexion will result in a garment that is too short.

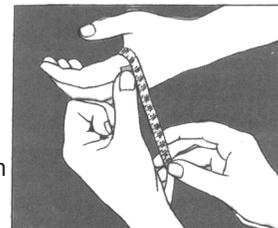
G to H length: The standard lateral shoulder cap is 10cm longer than the medial length. To customize this length and for I length garments, measure from lateral G to AC joint.

H to I length: Measure from AC joint to high point shoulder (HPS) or base of neck for I length garments.



Measuring Circumference:

Note: Record all circumference measurements on the left side of the measuring chart on the Arm Order Form.



- B:** Measure the circumference of the palm across the MCP's with the hand in NEUTRAL posture, simulating the posture of the hand when a person is sleeping.
- C:** Measure the circumference of the wrist over the styloids.
- D:** Measure the circumference of the forearm where you have dotted the skin.
- E:** Measure the girth with the elbow in slight flexion (10° to 20°). Use the medial elbow crease and mid-olecranon process as your reference points.
- F:** Measure the circumference of the upper arm at the marker dot. If the arm tends to be fleshy, you have the option of recording the girth as a range. Record the girth measurement with the tape pulled taut and the girth measurement with the tape measure laid on the tissue (i.e. 36 cm to 39 cm).
- G:** Measure the girth at the level of the axilla, STRAIGHT ACROSS. Be careful not to angle the tape measure proximally on the lateral side of the arm.
- H:** Measure diagonal girth from anterior AC around the torso to posterior AC.

Customized Modifications for TributeNight Arm Garments

MO-ZP: Zipper is placed from the thenar eminence to mid-bicep. The garment is closed at the proximal and distal end to make it easier for the client to zip the garment closed.

MO-DS: Digit Spacers similar to the ones used in TributeNight glove units will be added to the UE-AG garments. Complete both the Hand Order Form and the Arm Order Form when ordering this modification.

MO-PL: Pull-up Loops may be added to the volar surface of the arm unit.

MO-AP / MO-VC: Use the Comments Section to indicate the starting and ending points of the Velcro modifications.

UE-OJ: An Outer Jacket will be custom made to cover the garment, applying additional compression. An option of snap or Velcro fastener is available.

UE-VCJ: Variable Compression Jackets allows therapist to adjust compression laterally. Zipper opening on medial aspect allows ease of use.



Please Measure in Centimeters

C = Circumference

L = Length

SHIP TO:

Attn:

Street:

City:

State: Zip:

Telephone:

Fax:

E-Mail for Shipping Notification:

BILL TO:

Attn:

Street:

City:

State: Zip:

Telephone:

Fax:

Account # _____

PO # _____

CC # _____ Exp ___ / ___

If we have a question, whom should we contact?

Contact Phone #:

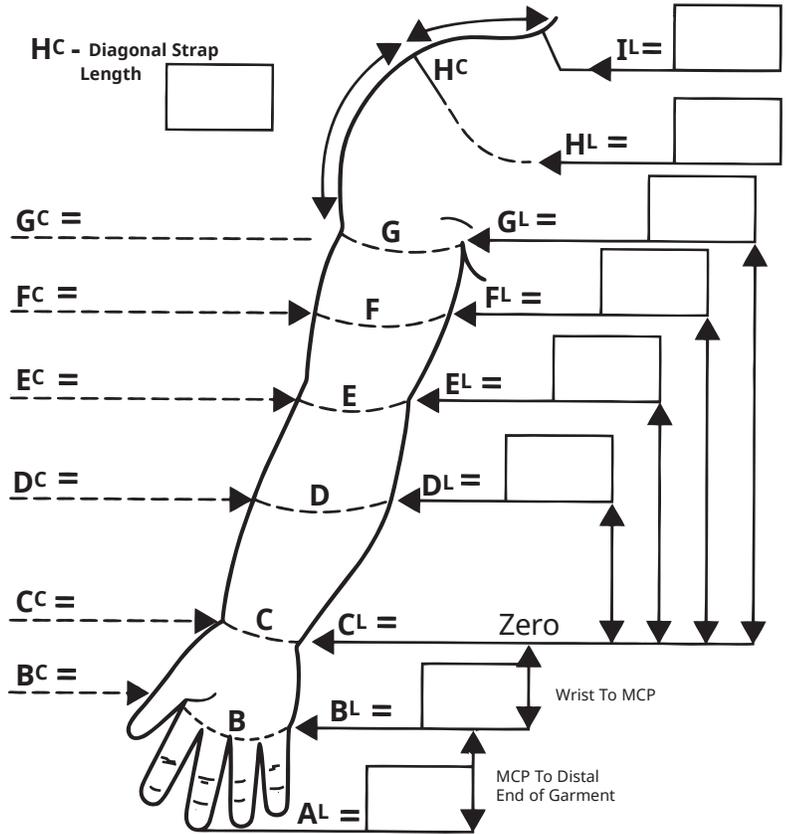
Therapist Name:

Client Name or Order Reference #:

DX I97.2 I89.0 Other _____

Age _____ Height _____ Weight _____

For Internal Usage:



SUPINE STANDING LEFT RIGHT

QTY	UNIT	PRICE
	Garment Code: UE-	
	Outer Jacket Fastener: <input type="checkbox"/> Snap <input type="checkbox"/> Velcro	
	Variable Compression Jacket	
	Zipper (on TributeNight only)	
	Velcro <input type="checkbox"/> MO-AP <input type="checkbox"/> MO-VC	
	Digit Spacers (include hand order form)	
	Pull Up Loops (on TributeNight only)	
	Easy Slide Application Aid	
	Priority Production Fee (\$40)	
	Fabric Color	
	TributeNight: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Purple <input type="checkbox"/> Teal	
	Outer Jacket: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Purple <input type="checkbox"/> Teal	
	Shipping <input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight	

Comments: _____ **TOTAL:** _____

Measuring Guidelines for TributeNight Torso Garments

Positioning Your Client When Measuring for Torso Garments

TributeNight garments are most commonly worn while the client is sleeping, therefore we usually recommend that the measurements be taken with the client in a supine position; however, we understand that it is much more difficult to measure the trunk in supine. Please indicate on the order form the position that measurements were taken (standing or supine) so that we may adjust accordingly.

Measuring Guide for TributeNight Lower Torso Garments

Measuring Lengths:

For Solaris, the natural waist line is designated as zero on the measuring diagram. Length measurements are taken along the side. Use a water based marker to indicate the length reference point on the skin according to the following suggested procedure:

I to J length: We recommend that TributeNight Lower Torso garments extend above the Transverse Plane or watershed. Position the tape measure with zero (0) at the waist (I), along the Coronal Plane. Measure up the torso 5cm. Dot this location with the water based marker.

I to H length: On the lateral aspect, position the tape measure with zero (0) at the waist, measure to approximately the level of the iliac crests or to the largest girth point of the hips. Dot this location with the water based marker.

I to G length: Continue to measure from the waist to the groin level as indicated on the diagram.

I to F length: Continue to measure from the waist to the level on the mid-thigh.

Straddle Length:

B: Mid-crotch reference point for straddle measurements.

Anterior Straddle Length (AS): Measure from the mid-crotch (B) to the anterior natural waist.

Posterior Straddle Length (PS): Measure from the mid-crotch (B) to the posterior natural waist.

Measuring Circumferences:

Measure and record girth circumferences for points J, I, and H on the left side of the Torso Order form. For clients with soft tissue, circumferences may be recorded as a range (i.e. waist may be recorded as 98-101 cm).

RGC/LGC: Measure girth of right leg and left leg at groin level. Record the girth.

RFC/LFC: Measure girth of right leg and left leg at mid-thigh. Record the girth.

Measuring Guide for TributeNight Upper Torso Garments

Measuring Lengths:

For TributeNight garments, the natural waistline is designated as zero (0) on the diagram. Length measurements are taken on the Midsagittal or Median Plane. Use a water based marker to indicate the length reference point on the skin according to the following suggested procedure:

I to H length: We recommend that Upper Torso garments extend below the Transverse Plane or watershed at the waist approximately five (5) centimeters. For most clients this point will be just above the Iliac Crest. Dot with water based marker.

I to J length: Position the tape measure with zero (0) at the waist, at the midline or Midsagittal Plane measure the length to just below the breast. Dot this location with the water based marker. Record on order form. (Disregard line location on order form.)

I to K length: Continue to measure the length to the mid-breast at the level of the nipples. Dot with water based marker.

I to L length: Measure the length to the L point (at the level of the axilla).

M length: Measure AC joint to high point shoulder (HPS) or base of neck for garments with shoulders.

N Shoulder Straddle length: With the client holding the tape measure at zero (0) measure from the midline anterior waist over the shoulder to the midline posterior waist. Record the length.

O length: Measure AC joint under axilla to AC joint for arm opening length.

Measuring Circumferences:

H: Measure the circumference of the hips. If the hips tend to be fleshy, record the girth as a range of measurements. Document the girth with the measuring tape laid on the tissue and the girth with the measuring tape taunt (ex. 98-101 cm).

I: Measure the circumference at the natural waist. If needed use girth range.

J: Measure the circumference just underneath the breast. Lift breast if necessary. (JC line appears lower on the diagram.)

K: Measure at the level indicated on the diagram. For unilateral mastectomy, measure each side independently from anterior midline to spine. Use comment section to record unilateral measurements.

L: Record circumference above breasts at the level of the axilla. Indicate breast tissue turgor on order form.



Please Measure in Centimeters

C = Circumference

L = Length

SHIP TO:

Attn: _____

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

E-Mail for Shipping Notification: _____

BILL TO:

Attn: _____

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

Account # _____

PO # _____

CC # _____ Exp ___ / ___

If we have a question, whom should we contact? _____

Contact Phone #: _____

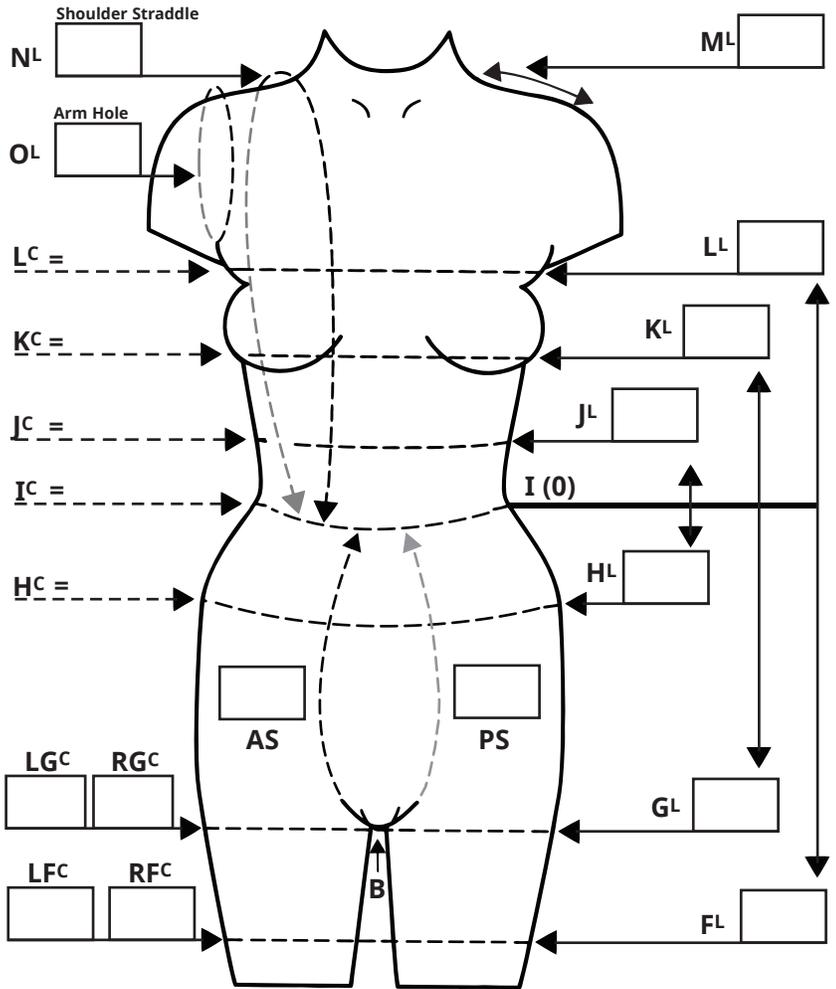
Therapist Name: _____

Client Name or Order Reference #: _____

DX I97.2 I89.0 Other _____

Age _____ Height _____ Weight _____

For Internal Usage:



Breast Tissue Turgor: Firm Moderate Drape Lax
(For Upper Torso Garments)

Measurements Taken In: <input type="checkbox"/> SUPINE <input type="checkbox"/> STANDING		
QTY	UNIT	PRICE
	Garment Code: TT-	
	Zipper	
	Snap Tape Closure	
	Priority Production Fee (\$40)	
Fabric Color TributeNight: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Purple <input type="checkbox"/> Teal		
Shipping <input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight		
TOTAL:		

Comments: _____

Measuring Guidelines for TributeNight Leg Units

Positioning Your Client When Measuring for Leg Garments

TributeNight garments are most commonly worn while the client is sleeping, therefore, take the measurements with the client in supine position or standing.

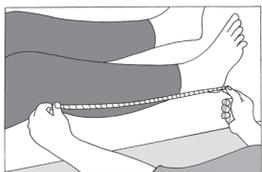
Measuring Lengths:

Please record all length measurements on the right side of the leg diagram on the Leg Order Form.

With the client in supine position, the legs adducted in a natural relaxed posture, measure the length segments of the limb. Use a water based marker to indicate the length reference point on the lateral leg following this suggested procedure:

A length: With the foot in neutral, position the tape measure with zero (0) at the heel. Measure the length to the tip of the great toe. (If you want the garment to end at the metatarsals measure to that point.) Record the length of the foot on the lower left side of the leg diagram.

B length: With the tape measure placed with zero (0) at the heel, measure the length to the B point on the lateral side of the leg (the largest girth point of the ankle).



C length: Measure the length to the C point (typically the largest girth point of the calf).

D length: Measure from the heel to the D point, just below the patella.

E length: Measure from the heel to mid-patella.

F length: Continue to measure from the heel to F (the largest girth point of the thigh). Dot this point with a water based marker.

LG length/lateral leg length: Measure from the heel to the G point. Place a pencil or dowel in the groin as a visual guide if needed. Abducting the legs will result in a garment that is too short.

MG length: Measure the medial inseam length from the medial heel to the medial G length (groin). Note this length on the order form.

H length: Measure from the heel to the Iliac Crest. Record this length measurement on the right side of the leg diagram.

I length: For garments ending at points I or J continue to measure length from the heel to the natural waistline. Record this length.

J Length: To cross the transverse plane or watershed add an additional five (5) cm to the overall length or customize length to meet your client's need.

Anterior Straddle Length (AS): Measure from the anterior natural waist to the mid-crotch (B).

Posterior Straddle Length (PS): Measure from the posterior natural waist to the mid-crotch (B).

Measuring Circumference:

Please record all circumference measurements on the left side of the leg diagram.

A: Measure the circumference of the foot across the MTPs with the foot in NEUTRAL posture, simulating the posture when a person is sleeping.

B: Measure the circumference of the ankle where you dotted the skin. When skin folds are present measure the largest girth NOT the circumference under the skin fold.

Y: Position the tape measure to provide the angular ankle to heel circumference.

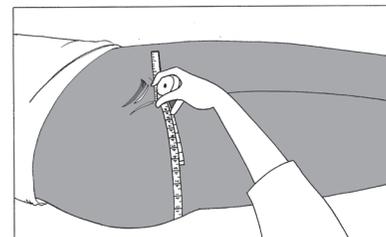
C: Measure the circumference of the calf where you have dotted the skin

D: Measure the girth just below the patella.

E: Measure the girth at the mid-patella.

F: Measure the circumference of the upper leg at the marker dot. If the leg tends to be fleshy a slight snugging of measuring tape is recommended to decrease the girth circumference. If you are concerned about this measurement, record the girth as a range - with the tape pulled taut and laid on the tissue (i.e. 76cm to 84cm).

G: Measure the girth at the level of the groin, STRAIGHT ACROSS. Be careful not to angle the tape measure proximally on the lateral side of the thigh.



H: Measure the circumference across the hips (usually across the Iliac Crest, but you can use the largest point also).

I: Circumferentially measure the natural waistline. If you are concerned about this measurement, record the girth as a range as discussed at F.

J: Measure the circumference five (5) cm above the natural waistline or where you've determined to end the garment.

Customized Modifications for TributeNight Leg Garments

MO-ZP: Zipper may be custom placed. Please indicate the starting and ending points in the Comments Section.

MO-PL: Pull-up Loops may be added to all leg units.

MO-SO: Non-skid pads may be added to the sole of a TributeNight garment, or on an Outer Jacket or VCJ when ordering a garment with a jacket.

MO-AP / MO-VC: Use the Comments Section to indicate the starting and ending points of the Velcro modifications.

LE-OJ: An Outer Jacket will be custom made to cover the garment. An option of snap or Velcro fastener is available.

LE-VCJ: Variable Compression Jackets allows therapist to adjust compression laterally. Zipper opening on medial aspect allows ease of use.



Please Measure in Centimeters

SHIP TO:

Attn: _____

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

E-Mail for Shipping Notification: _____

BILL TO:

Attn: _____

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

Account # _____

PO # _____

CC # _____ Exp ___ / ___

If we have a question, whom should we contact? _____

Contact Phone #: _____

Therapist Name: _____

Client Name or Order Reference #: _____

DX I97.2 I89.0 Other _____

Age _____ Height _____ Weight _____

For Internal Usage:

Fabric Color

TributeNight:

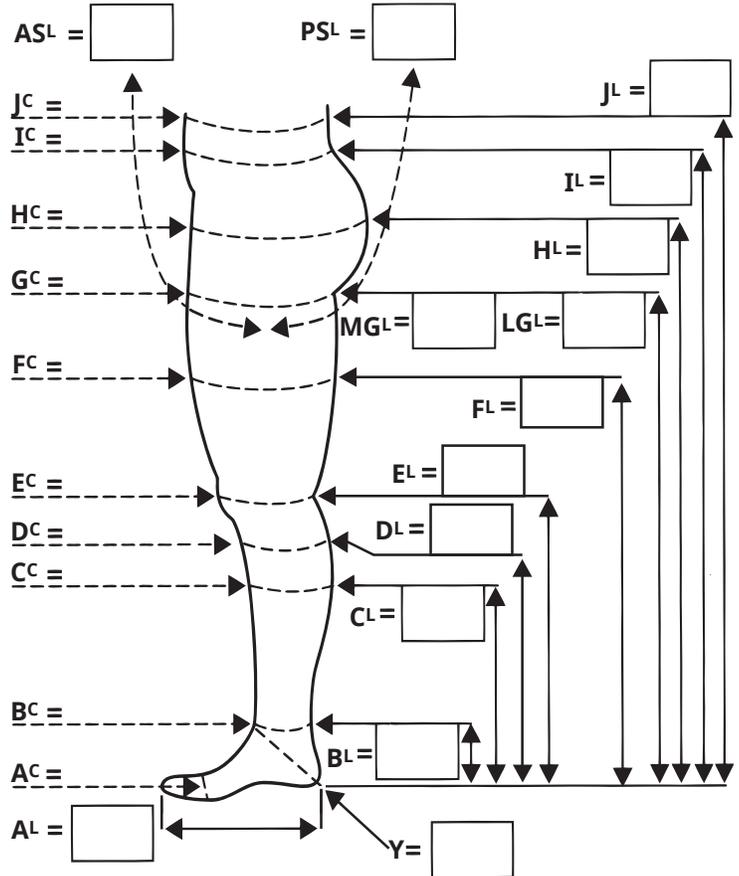
Black Blue Maroon Pink Purple Teal

Outer Jacket:

Black Blue Maroon Pink Purple Teal

Shipping Bus. GRD Res. GRD 2nd Day Overnight

C = Circumference **L = Length**



SUPINE STANDING LEFT RIGHT

QTY	UNIT	PRICE
	Garment Code: LE- <input type="checkbox"/> Vertical <input type="checkbox"/> Chevron Outer Jacket Fastener: <input type="checkbox"/> Snap <input type="checkbox"/> Velcro Variable Compression Jacket Zipper (on TributeNight only) Velcro <input type="checkbox"/> MO-AP <input type="checkbox"/> MO-VC Non-skid Pads <input type="checkbox"/> TributeNight <input type="checkbox"/> OJ Pull Up Loops (on TributeNight only) Easy Slide Application Aid Priority Production Fee (\$40)	
	Fabric Color TributeNight: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Purple <input type="checkbox"/> Teal Outer Jacket: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Purple <input type="checkbox"/> Teal Shipping <input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight	
TOTAL:		

Comments: _____

Measuring Guidelines for TributeNight Facial Units

Positioning Your Client When Measuring for Facial Garments

TributeNight garments are most commonly worn while the client is sleeping, however, clients with facial swelling may be measured in a seated posture.

Measuring:

Please record the needed measurements in the designated areas on the Facial Order Form.

- A:** Measure the length from one ear tip to the other.
- B:** Measure the head circumference at the temple line or largest part.
- C:** Measure the distance from the outside crease of the right eye to the outside crease of the left eye.
- D:** Measure the length of the nose.
- E:** Measure the length at the midline from the nose to the upper lip.
- F:** Measure the length at the midline from the lower lip to the chin.
- G:** Measure the length from the sterno-clavicular notch to the chin. Follow the contour with chin in relaxed posture.
- H:** Measure from the right ear lobe to the right nostril.
- I:** Measure from the left ear lobe to the left nostril.
- J:** Measure the distance from the right TMJ to the chin.
- K:** Measure the distance from the left TMJ to the chin.
- L:** Measure the length from the right ear lobe to the HPS (High Point of Shoulder).
- M:** Measure the length from the left ear lobe to the HPS.
- N:** Measure the neck circumference.

Measuring Guidelines for TributeNight Hand Units

Positioning Your Client When Measuring for Hand Garments

The Hand Order Forms are Right / Left specific.

Position your client's hand on a copy of the order form. Align the wrist crease to approximate the Center Wrist Line on the copy of the order form. Trace around the client's hand with a pen or pencil, keeping the tip of the pen/pencil close to the digits and hand. Have the client remove their hand from the copy of the Hand Order Form.

Measuring Circumferences:

Please record the needed measurements in the designated areas on the specific Hand Order Form.

- A:** Measure the wrist circumference over the styloid.
- B:** Measure the palm circumference across the metacarpal heads.
- C:** Measure the proximal circumference of the thumb.
- D:** Measure the proximal circumference of the index finger.
- E:** Measure the proximal circumference of the middle finger.
- F:** Measure the proximal circumference of the ring finger.
- G:** Measure the proximal circumference of the small finger.



Please Measure in Centimeters

SHIP TO:
 Attn:
 Street:
 City:
 State: Zip:
 Telephone:
 Fax:
 E-Mail for Shipping Notification:

BILL TO:
 Attn:
 Street:
 City:
 State: Zip:
 Telephone:
 Fax:

Account # _____
 PO # _____
 CC # _____ Exp ___ / ___

If we have a question, whom should we contact?
 Contact Phone #:

Therapist Name:

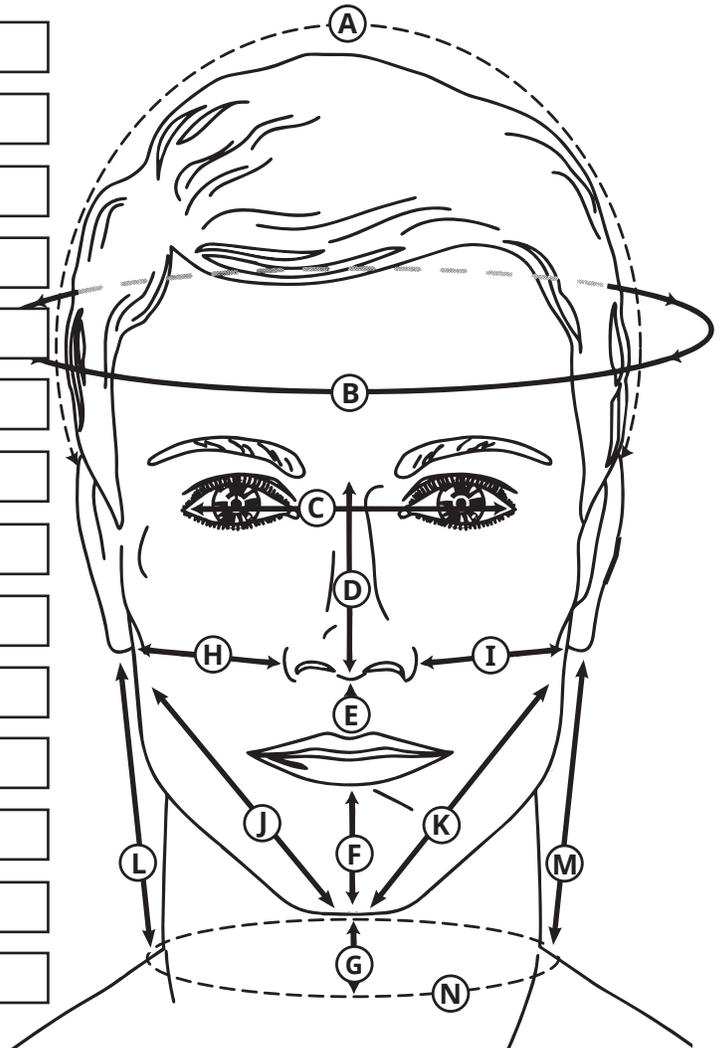
Client Name or Order Reference #:

DX I97.2 I89.0 Other _____

Age _____ Height _____ Weight _____

For Internal Usage:

- A=
- B=
- C=
- D=
- E=
- F=
- G=
- H=
- I=
- J=
- K=
- L=
- M=
- N=



Denote with Hash Marks /// Areas of Scarring or Fibrosis on Diagram.		
QTY	UNIT	PRICE
	Garment Code: FN-	
	Garment Code: FN-	
	Lip Bridge	N/A
	Trach Modification (no additional charge)	N/A
	Priority Production Fee (\$40)	
Shipping <input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight		

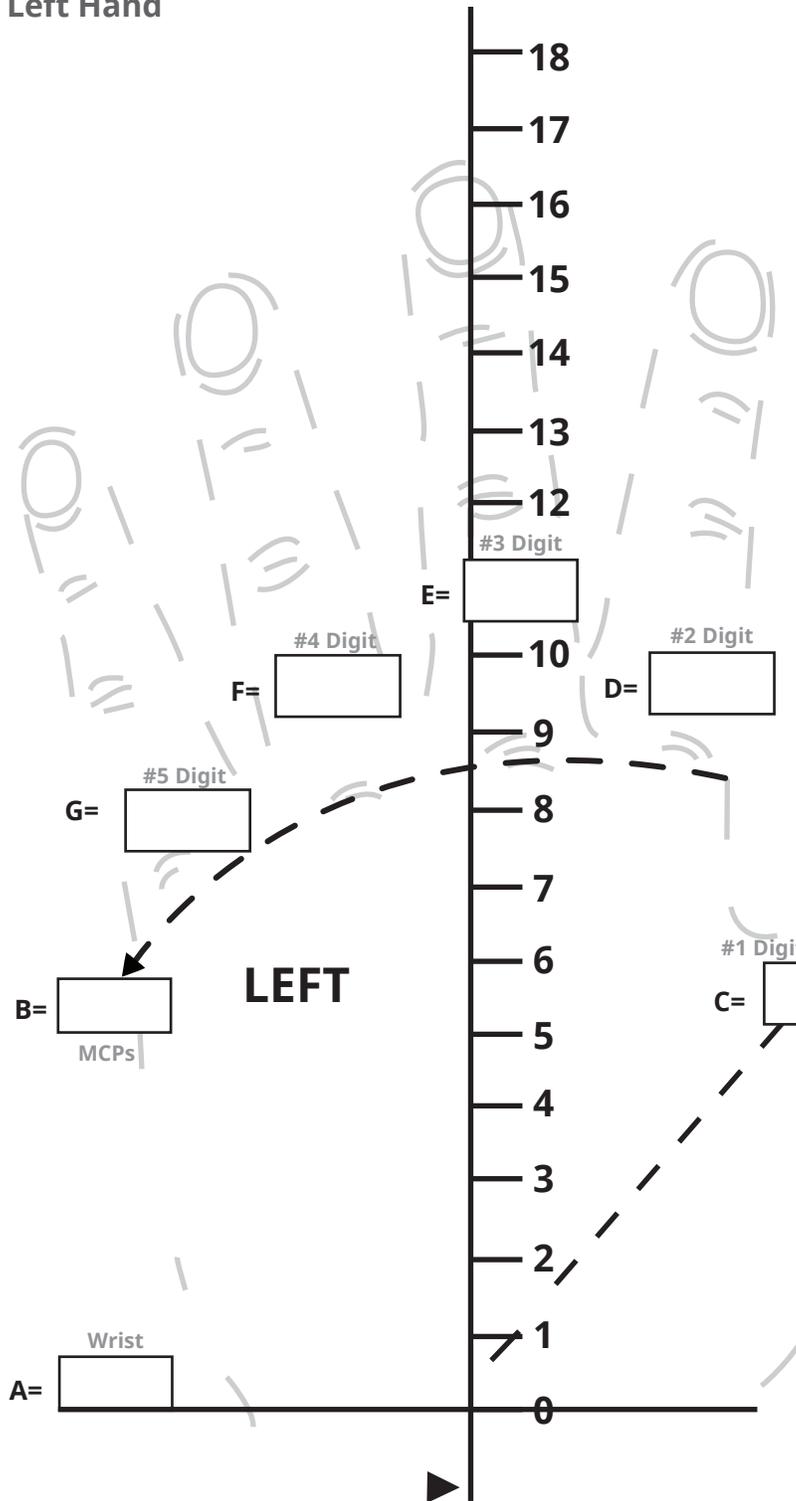
TOTAL:

Comments: _____

TributeNight
Hand Order Form
Left Hand



Please Measure in Centimeters



Comments: _____

Please Fax Order to:

SHIP TO: _____
 Attn: _____
 Street: _____
 City: _____
 State: _____ Zip: _____
 Telephone: _____
 Fax: _____

BILL TO: _____
 Attn: _____
 Street: _____
 City: _____
 State: _____ Zip: _____
 Telephone: _____
 Fax: _____

Account # _____
 PO # _____
 CC # _____ Exp ___ / ___

If we have a question, whom should we contact?
 Contact Phone #: _____
 Therapist Name: _____
 Client Name or Order Reference #: _____

DX I97.2 I89.0 Other _____
 Age _____ Height _____ Weight _____

For Internal Usage:

QTY	UNIT	PRICE
	Garment Code: UE-	
	Outer Jacket	
	Priority Production Fee (\$40)	

Fabric Option
 TributeNight:
 Black Blue Maroon Pink Purple Teal
 Outer Jacket:
 Black Blue Maroon Pink Purple Teal

Shipping
 Bus. GRD Res. GRD 2nd Day O/Ngt

SHIP TO:

Attn: _____

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

BILL TO:

Attn: _____

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

Account # _____

PO # _____

CC # _____ Exp. / _____

If we have a question, whom should we contact? _____

Contact Phone #: _____

Therapist Name: _____

Client Name or Order Reference #: C= #1 Digit

DX I97.2 I89.0 Other _____

Age _____ Height _____ Weight _____

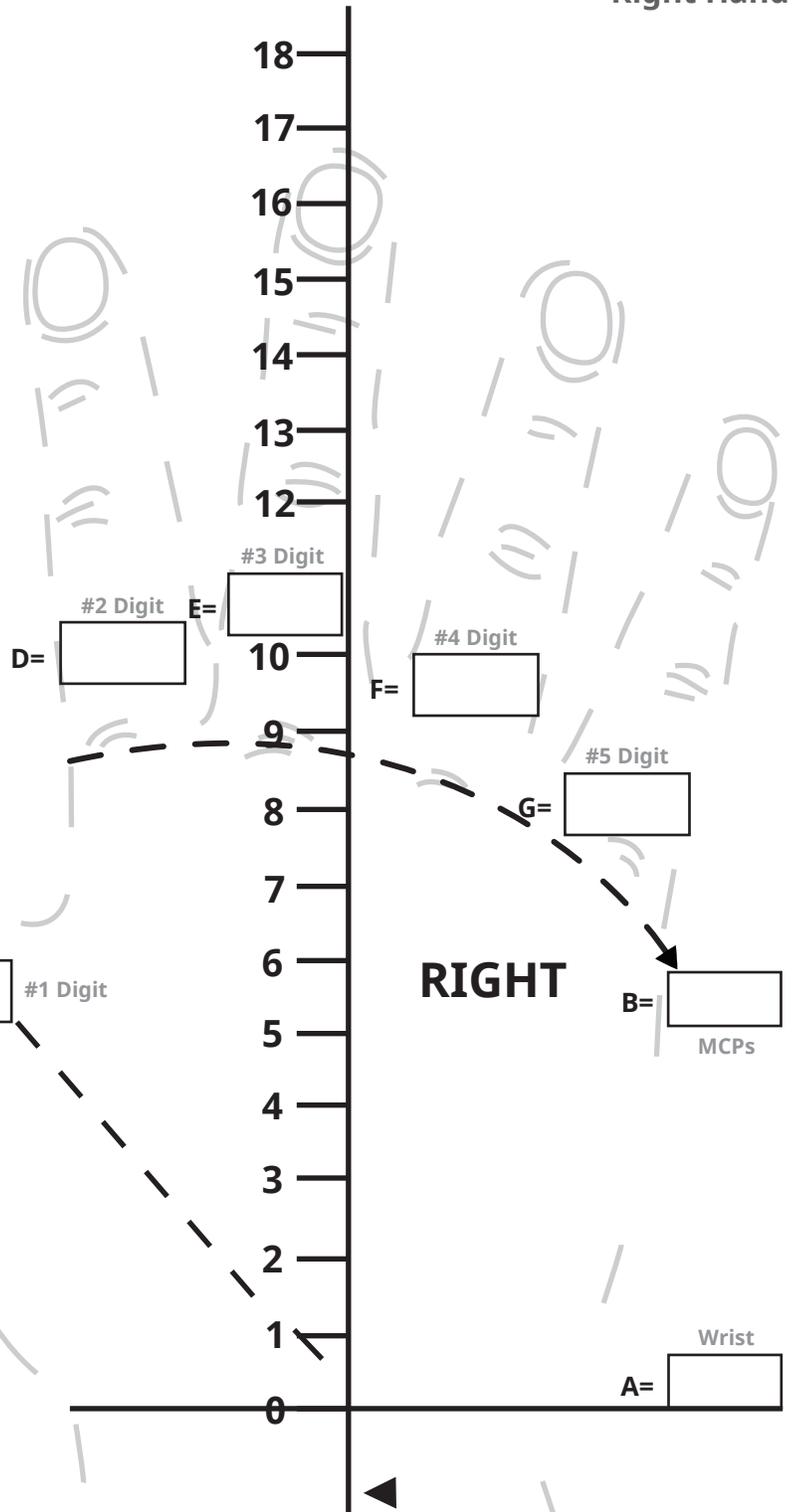
For Internal Usage:

QTY	UNIT	PRICE
	Garment Code: UE-	
	Outer Jacket	
	Priority Production Fee (\$40)	

Fabric Option
TributeNight:
 Black Blue Maroon Pink Purple Teal
 Outer Jacket:
 Black Blue Maroon Pink Purple Teal

Shipping
 Bus. GRD Res. GRD 2nd Day O/Ngt

TOTAL: _____



Comments: _____
