| Patient's surname: Patient's first name: Patient's first name: Gender: M I authorize my health of them to Thuas ne compa medical device in accorde Regulation No 2016/679 the rights of access, recti I can exercise these rights of access, recti I can exercise these right of access, rectin I cordered my medical device | Child Patient's height: Child Patient's height: Patient's height: Child Patient's height: Ch | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|
| Proximal options | | | - |
| Anti-slip with silicone d Self-fastening opening | LEFT THIGH-HIGH | | ec cc cB cB cB cB cB cB c |
| | Desired foot length: Inner (lA) Outer (lA1) | KEY: Length in cm Circumference in cm | Desired foot length: |

Please send completed form and any queries to: orders@thuasne.co.uk

MOBIDERM

LOWER LIMB

Anatomical Markers

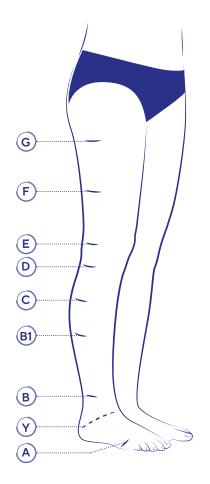
- G is located on the gluteal fold (for thigh-high)
- (F) equidistant point between G and E
- (E) corresponds to the middle of the patella
- (\mathbf{D}) is located on the head of the fibula (3 4 cm under the patella)
- C correponds to the widest point of the calf
- (B1) corresponds to the start of the calf muscles
- (\mathbf{B}) to be measured at the narrowest point of the ankle
- (\mathbf{Y}) goes through the instep and the tuberosity of the calcaneus
- (A) goes through the head of the metatarsal bones (at the widest point)

All markers must be positioned on the external face of the leg.

 To ensure the best fit, don't pull the tape measure too tight, especially around flexion points (CE & CY), when making circumferential measurements.

Order Codes

| Below Knee - all large cubes | 3730091500 |
|-------------------------------------------------|------------|
| Below Knee - large cubes with small cube foot | 3730091501 |
| Below Knee - all small cubes | 3730091502 |
| Thigh Length - all large cubes | 3730091503 |
| Thigh Length - large cubes with small cube foot | 3730091504 |
| .Thigh Length - all small cubes | 3730091505 |





Mobiderm MTM Lower Limb Measurement Video

Measurement Instructions



bones



Circumference at the instep



Ankle circumference (at the narrowest point)



Circumference of the thigh (at the gluteal fold)



Height measurement (position of measuring tape on the external face of the leg)