

New Options Sports

CUSTOM KNEE MEASURING GUIDE

Name _____	Date _____
Account _____	Time _____
Phone _____	Shipping Method _____
Fax _____	Reference _____
Purchase Order _____	Patient Name: _____
Bill to _____	Ship to _____
_____	_____
_____	_____
_____	_____

- For custom Knee Braces, measure patient in standing position.
- Measurements should be taken directly on skin, not over clothing.

ITEM NUMBER _____
 LEFT
 RIGHT
For OA Bracing:
 MEDIAL
 LATERAL
Measurement taken in:
 INCHES
 CENTIMETERS

◇◇◇To ensure a proper fit, this form must be filled **COMPLETELY**◇◇◇

	Adult	Pediatric
8" Superior	_____	6" Superior _____
6" Superior	_____	5" Superior _____
4" Superior	_____	4" Superior _____
2" Superior	_____	3" Superior _____
Mid Joint	_____	2" Superior _____
2" Inferior	_____	1" Superior _____
4" Inferior	_____	Mid Joint _____
6" Inferior	_____	1" Inferior _____
8" Inferior	_____	2" Inferior _____
		3" Inferior _____
		4" Inferior _____
		5" Inferior _____
		6" Inferior _____

Notes: _____

Adult Knee Sizing Chart

Size	Knee Circumference	6" Above knee Center w/Leg Extd
X-Small	12" - 13"	16" - 19"
Small	13" - 14"	17" - 20"
Medium	14" - 15"	18" - 21"
Large	15" - 16"	19" - 22"
X-Large	16" - 18"	20" - 24"
2X-Large	18" - 20"	22" - 26"
3X-Large	20" - 22"	24" - 28"
4X-Large	22" - 24"	26" - 30"
Custom	Please provide measurements above	

Pediatric Knee Sizing Chart

Size	Knee Circumference
X-Small	6" - 7"
Small	7" - 8"
Medium	8" - 9"
Large	9" - 10"
X-Large	10" - 11"
2X-Large	11" - 12"
Custom	Please provide measurements above

Email: orders@newoptionssports.com or Fax: 214-638-6425 or 800-455-5488
 If you have any questions, please call 800-872-5488 or 214-638-6422

CUSTOMS ARE NON-RETURNABLE