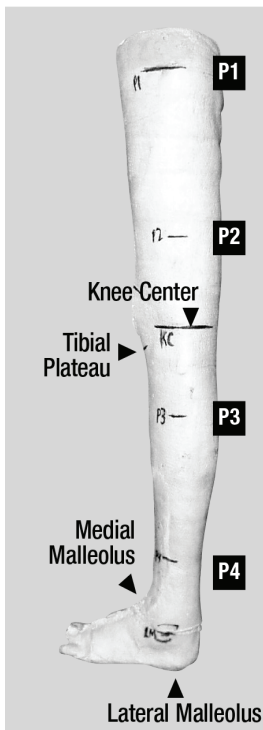


# UTX<sup>®</sup> EVALUATION MEASUREMENT FORM

Today's Date: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Orthotist: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Patient: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  
 Activity Level: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 PO#: \_\_\_\_\_

Figure 1:  
Pelotte Carrier Locations



ANATOMICAL DATA			
<i>take measurements with leg extended</i>			
*Reference line is the floor, bottom of foot, or any equivalent line perpendicular to the leg.		Knee center-reference line*	_____ cm
<b>PELOTTE CARRIER P1</b>			
LOCATION: 4 CM BELOW PERINEUM		Circumference (C1)	_____ cm
		M-L Diameter (ML1)	_____ cm
		A-P Diameter (AP1)	_____ cm
<b>PELOTTE CARRIER P2</b>			
LOCATION: 6 CM ABOVE PROXIMAL EDGE OF PATELLA		Circumference (C2)	_____ cm
		M-L Diameter (ML2)	_____ cm
		A-P Diameter (AP2)	_____ cm
<b>PELOTTE CARRIER P3</b>			
LOCATION: 6 CM BELOW DISTAL EDGE OF PATELLA		Circumference (C3)	_____ cm
		M-L Diameter (ML3)	_____ cm
		A-P Diameter (AP3)	_____ cm
<b>PELOTTE CARRIER P4</b>			
LOCATION: 10 CM ABOVE LATERAL MALLEOLUS		Circumference (C4)	_____ cm
		M-L Diameter (ML4)	_____ cm
		A-P Diameter (AP4)	_____ cm
<b>LEFT/RIGHT</b>		<input type="checkbox"/> Left <input type="checkbox"/> Right	

Circumferences, D1, and A-P's required with impression