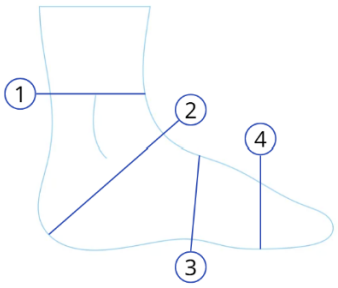
AFO and SMO Measurements

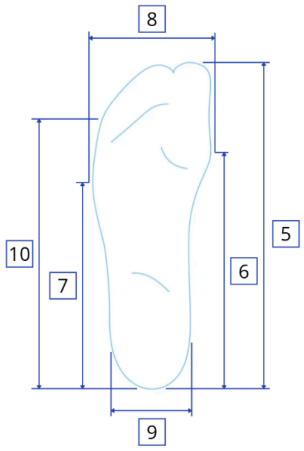
Patient Name: _____ DOB: _____ Date: _____

Scanned Medium: ◯ Cast ◯ Limb ◯ Plaster Positive ◯ By Mx PO#: _____

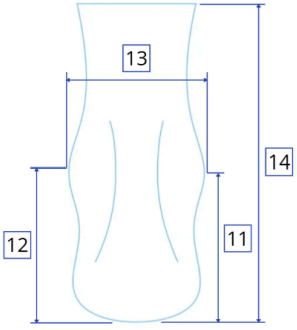
	Measurement (mm)	Left	Right
1	Supramalleolar Circumference [M]		
2	Circumference from Back of Heel over Front of Ankle [S, M]		
3	Circumference through Apex of Arch [M]		
4	Circumference over 1st and 5th Met Heads		



5	Posterior Calcaneus to End of 1st Toe [M]		
6	Posterior Calcaneus to End of 1st Met Head [S, M]		
7	Posterior Calcaneus to End of 5th Met Head [S, M]		
8	Width at Met Heads [S, M]		
9	Width at Heel [M]		
10	Posterior Calcaneus to End of 5th Toe		



11	Height of Medial Malleolus [S, M]		
12	Height of Lateral Malleolus [S, M]		
13	Width at Apex of Malleoli [S, M]		
14	Height of AFO Proximal Trim [S, M] (AFO only)		
	Circumference at Height of AFO Proximal Trim		



[S] required measurements for AFO/SMO by Scan

[M] required measurements for AFO/SMO by Measurements - pediatric only