

Lower Extremity Compression Stocking Measurement Form

Patient Name: _____ DOB: _____ Date: _____

Measured by: _____

Knee (Calf) High

- When measuring for Knee High, perform measurements: 1,2,3



1 Ankle circumference directly above the ankle bone

Right Ankle _____ cm
Left Ankle _____ cm



2 Calf circumference at fullest part of the calf

Right Calf _____ cm
Left Calf _____ cm



3 Calf length from the floor to the fibular head

Right Length _____ cm
Left Length _____ cm

Thigh High and Pantyhose Styles

- When measuring for Thigh High, perform measurements: 1,2,4,5
- When measuring for Pantyhose, perform measurements: 1,2,4,5,6



4 Widest circumference of the thigh

Right Thigh _____ cm
Left Thigh _____ cm



5 Leg length from the floor up to the gluteal fold

Right Thigh Length _____ cm
Left Thigh Length _____ cm



6 Circumference at the hip

Right Hip _____ cm
Left Hip _____ cm