Configuration Sheet – **Cuff Thigh**

Commission no. / Patient ID:
(No Name!)

Step 1: What is ordered?

- ○ **evomove orthokit** (incl. holder)
- ○ **evomove solokit** (incl. pocket)
- ○ **Pair of new cuffs** (excl. control unit)
  Reference (Ordernumber, patient ID,..): _____

- ○ right leg
- ○ left leg

Fabric color
- ◉○ grey
- ●○ black

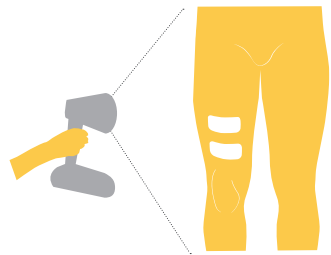- ○ Continuous supply
- ○ Test supply (4 Weeks)
- ○ Continuous supply (after test supply)

Step 2: Recording the measurements (please check)
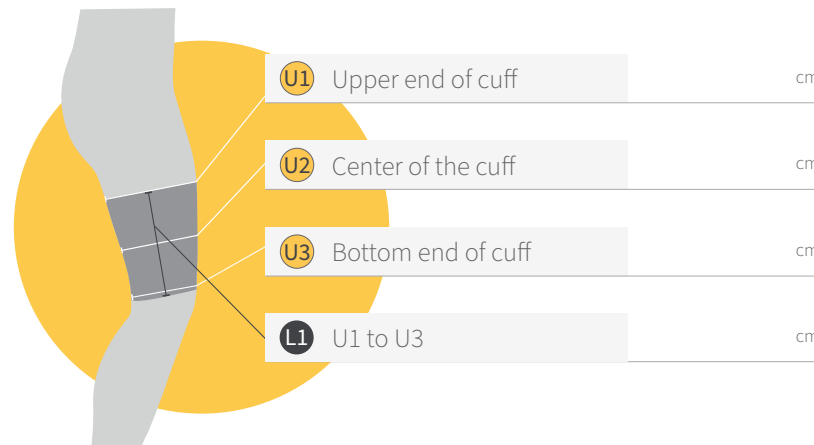
○ **1. Option:** 3D-Scan

Please make a **3D scan** of the leg with attached screening electrodes.

Important: Please scan with your knee stretched as far as possible so that your knees and waist can be seen. When exporting, ensure that the electrodes are visible (elevated), the scan is complete and has no overlaps.
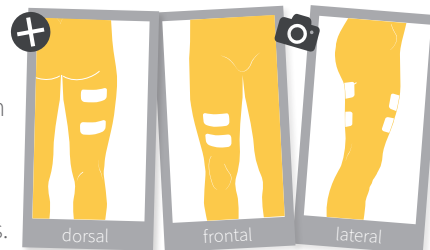
We accept **.obj** and **.stl** files.

○ **2. Option:** Measurements with photos

- **U1** Upper end of cuff ___ cm
- **U2** Center of the cuff ___ cm
- **U3** Bottom end of cuff ___ cm
- **L1** U1 to U3 ___ cm

Three photos of the upper leg with corresponding electrodes.

Important: Knees and hip joint must be visible when taking photos.

dorsal | frontal | lateral

Step 3: Cuff details

L2 Cuff length
- ○ Standard (Minimal, all electrodes included)
- ○ Individual

___ cm

Pocket or cable outlet
- ○ Standard (medial)
- ○ lateral
- ○ Individual for Orthokit (please mark on photo or scan)

Zipper		
○ No	○ Yes*	
○ lateral	○ medial	

*Runs from top to bottom over the entire length

Silicone adhesive tape		
○ No	○ Yes	

Please send the **completed** configuration sheet with all images or scan data and any other comments to **bestellung@evomotion.de.**

Configuration Sheet – **Cuff shank**

Commission no. / Patient ID:
(No Name!)

Step 1: What is ordered?

- ○ **evomove orthokit** (incl. holder)
- ○ **evomove solokit** (incl. pocket)
- ○ **Pair of new cuffs** (excl. control unit)
  Reference (Ordernumber, patient ID,..): _____

- ○ right leg
- ○ left leg

Fabric color
- ○ grey
- ○ black

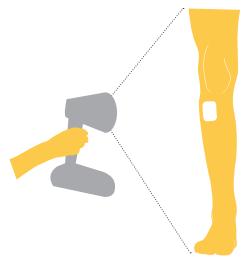- ○ Continuous supply
- ○ Test supply (4 Weeks)
- ○ Continuous supply (after test supply)

Step 2: Recording the measurements (please check)
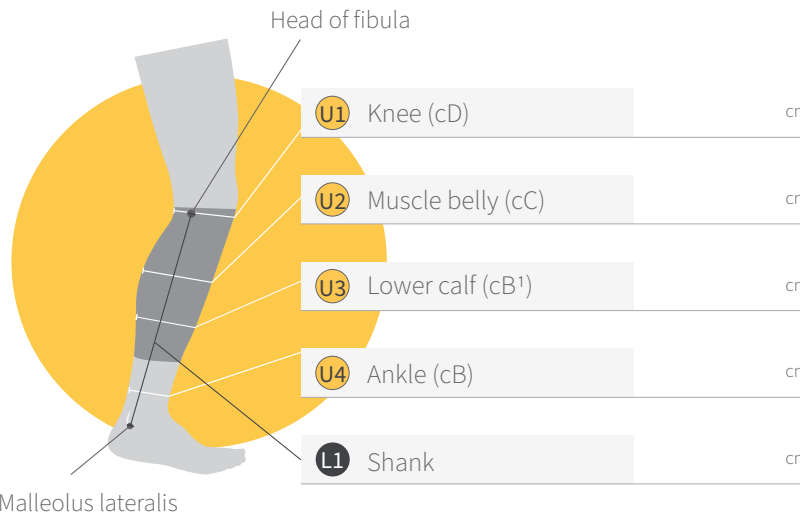
○ 1. Option: 3D-Scan

Please make a **3D scan** of the leg with attached screening electrodes.

Important: Please scan with your knee stretched as far as possible so that your knees and ankles can be seen. When exporting, ensure that the electrodes are visible (elevated), the scan is complete and has no overlaps.
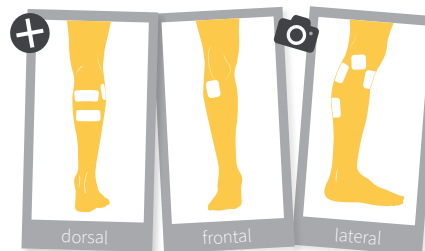
We accept **.obj** and **.stl** files.

○ 2. Option: Measurements with photos

Head of fibula

- U1 Knee (cD) ___ cm
- U2 Muscle belly (cC) ___ cm
- U3 Lower calf (cB^1) ___ cm
- U4 Ankle (cB) ___ cm
- L1 Shank ___ cm

Malleolus lateralis

Three photos of the lower leg with corresponding electrodes.

Important: Knees and ankles must be visible when taking photos.

dorsal | frontal | lateral

Step 3: Cuff details

L2 Cuff length	
○ Standard (Minimal, all electrodes included)	
○ Individual	___ cm

Pocket or cable outlet	
○ Standard (medial)	
○ lateral	
○ Individual for Orthokit (please mark on photo or scan)	

Zipper		
○ No	○ Yes*	
○ lateral	○ medial	

*Runs from top to bottom over the entire length

Silicone adhesive tape		
○ No	○ Yes	

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Configuration Sheet – **Shorts**

Commission no./ Patient ID:
(No Name!)

_____

Step 1: What is ordered?

- ○ evomove **orthokit** (incl. holder)
- ○ evomove **solokit** (incl. pocket)
  - ○ **Pair of new shorts** (excl. control unit)
    Reference (Ordernumber, patient ID,..): _____

- ○ right leg
- ○ left leg

- ○ female
- ○ male

Fabric color
- ⬤ ○ grey
- ⬤ ○ black

- ○ Continuous supply
- ○ Test supply
  (4 Weeks)
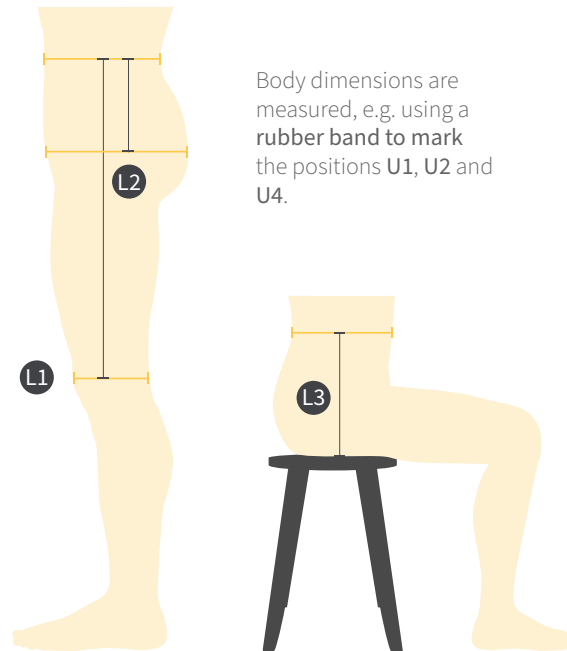- ○ Continuous supply
  (after test supply)

Step 2: Measurement (mandatory!)

Circumferences
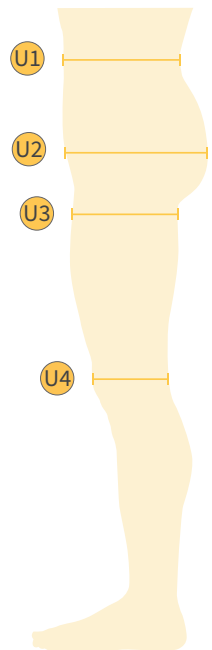
U1 Waist
(midway between the lower costal arch and the iliac crest, level with the navel) _____ cm

U2 Buttocks
(strongest part buttocks/hips) _____ cm

Important:
Please measure both legs.

	left	right
U3 Thigh (1cm below crotch)	_____ cm	_____ cm
U4 Knee circumference (back of the knee)	_____ cm	_____ cm

Lengths

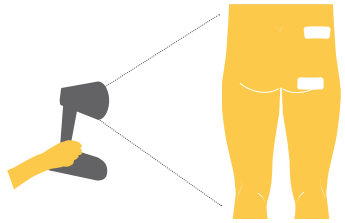Body dimensions are measured, e.g. using a **rubber band to mark** the positions **U1**, **U2** and **U4**.

L1 Knee length
(Waist to knee circumference U4) _____ cm

L2 Buttocks
(Waist – strongest point on the buttocks) _____ cm

L3 Seat length
(Waist to seat) _____ cm

Body height _____ cm

Important: The seat should be straight and without padding.
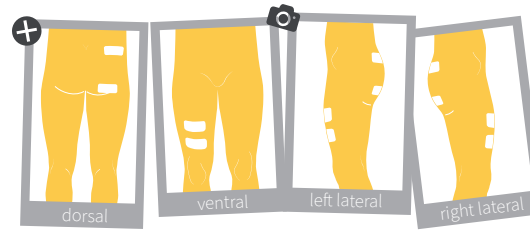
1. Option: 3D-Scan

Create a **3D scan** using a scanner.

We accept **.obj** and **.stl** files.

Importent: When scanning, please make sure that the buttocks and both legs can be seen standing from knee to waist.

2. Option: Photos

Photo with corresponding electrodes.

Important: Both legs must be visible from waist to knee when photographed.

Do not forget: Photograph laterally from both sides.

dorsal   ventral   left lateral   right lateral

Step 4: Details of the shorts

1 Cord in waistband
- ◯ No
- ◯ Yes

2 Handypocket
- ◯ none
- **2a** ◯ right
- **2b** ◯ left

3 Pocket for evomove® control unit
- **3a** ◯ right | ◯ medial | ◯ lateral
- **3b** ◯ left | ◯ medial | ◯ lateral

4 Zipper
(Desired position may be adjusted depending on the electrode position)
- ◯ No
- ◯ Yes, in the waistband
- **4a** ◯ right | ◯ short | ◯ long
- **4b** ◯ center | ◯ short | ◯ long
- **4c** ◯ left | ◯ short | ◯ long

- ◯ Yes, on the leg
- **4d** ◯ right | ◯ short | ◯ long
- **4e** ◯ left | ◯ short | ◯ long

Cable outlet
(standard in the pocket of the evomove® control unit)
- ◯ individual
  (please highlight in the picture)

Wearing height
- ◯ Waist shorts
- ◯ Hipster shorts

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