

measuring chart Spinomed® active

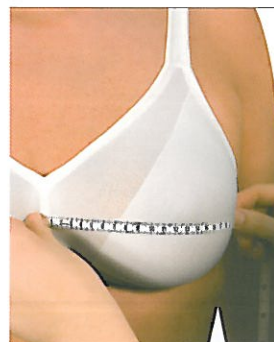
Please measure while patient is wearing a bra!



below bust
horizontally
just below the breast



bust
horizontally over the
widest part of the breast



bust horizontally
from one side of the
breast cup over the
middle to the end of the
breast



bust vertically
from below bust to the
middle



shoulder bust
close fitting from middle
of shoulder to the middle
of bust



waistline
circumference of waist



hip
circumference at the
widest part of the hip

Tips for measuring

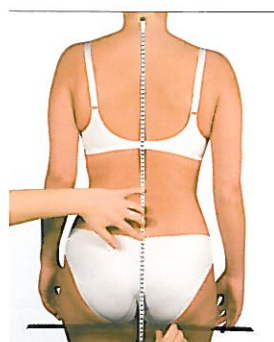
- please measure below the bust so that the patient is able to breathe easily
- for exact measurement of patients with wide bust size please ease the bra supports
- the arms hang freely to the sides
- please indicate if patient was not wearing a bra
- in any case of doubt, please send photos



frontal height
below bust to thigh
crease



length of the back 1
from C7 to sacrum
following the contours
of the back



length of the back 2
close fitting from C7 to
the widest part of the
hip, then hanging
vertically to the base of
buttocks

Spinomed® active

medi

customer _____
 address _____
 doctor _____
 insurance company _____
 measured by _____

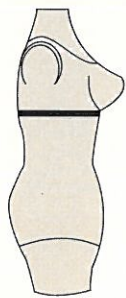
Stamp _____

medi GmbH & Co. KG
 Medicusstraße 1
 95448 Bayreuth
 Germany
 T +49 921 912-0
 F +49 921 912-783
 export@medi.de
 www.medi.de

Please measure while patient is wearing a bra

For Spinomed active without cup only the measurement in the grey are necessary

☐ with ☒ without gusset: ☐ hooks/eyes ☐ velcro/coating ☐ first treatment ☐ further treatment without backbrace



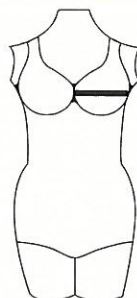
below bust
horizontally
just below the breast

_____ cm



bust
horizontally over
the widest part of
the breast

_____ cm



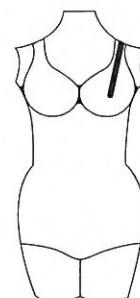
bust horizontally
from one side of the
breast cup over the middle
to the end of the breast

_____ cm



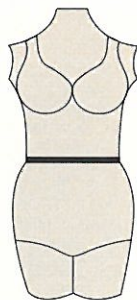
bust vertically
from below bust to
the middle

_____ cm



shoulder bust
close fit from middle of
shoulder to middle of
bust

_____ cm



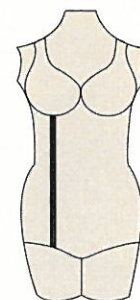
waistline
circumference of waist

_____ cm



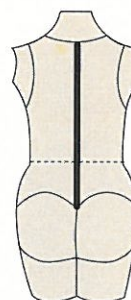
hip circumference
at the widest part
of the hip

_____ cm



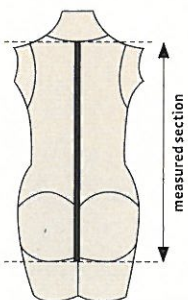
frontal height
below bust to thigh
crease

_____ cm



length of the back I
from C7 to sacrum
following the contours
of back

_____ cm



length of the back II
close fitting from C7 to the
widest part of the hip, then
hanging vertically to the base
of buttocks

_____ cm

☐ normal back
☐ kyphosis
☐ hollow back

☐ normal belly
☐ sagging belly
☐ pot belly

☐ normal bottom
☐ flat bottom
☐ large bottom

patient's height
 patient's age
 patient's weight
 size of bra

_____ cm
 _____ years
 _____ kg

Commission (Please write legibly)

(Patients data will be kept confidential under the guidelines of data security)

Comments: (e. g. additional disease)

date

signature/seal

medi. I feel better.

Spinomed® active men

medi

customer _____

address _____

doctor _____

insurance company _____

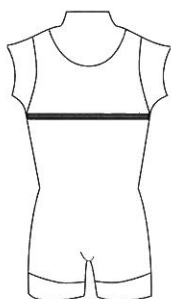
measured by _____

Stamp _____

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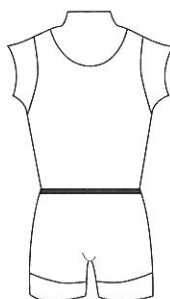
☐ first treatment

☐ further treatment
without backbrace



bust circumference
of the widest part
of the chest

_____ cm



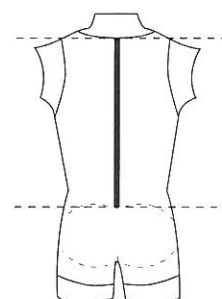
waistline circumference
of waist

_____ cm



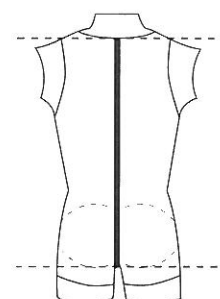
hip circumference
of the widest part
of the hip

_____ cm



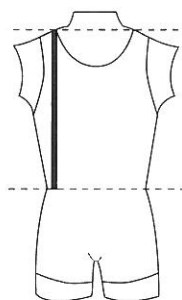
back I
C7 to tailbone close
fitting

_____ cm



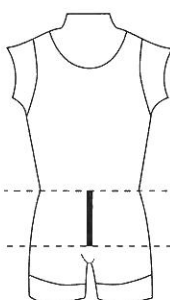
back II
close fitting from C7 to the widest
part of the hip, then hanging
vertically to the base of buttocks

_____ cm



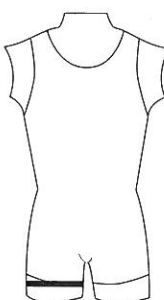
**length from middle of
shoulder to waist**
close fitting
measurement

_____ cm



**length from waist
to pubic bone**
close fitting
measurement

_____ cm



circumference of thigh
please measure the widest
part of thigh

_____ cm

☐ normal back

☐ kyphosis

☐ hollow back

☐ normal belly

☐ sagging belly

☐ pot belly

☐ normal bottom

☐ flat bottom

☐ large bottom

patient's height

_____ cm

patient's age

_____ years

patient's weight

_____ kg

Commission (Please write legibly)

(Patients data will be kept confidential under the guidelines of data security)

Comments: (e.g. additional disease)

date

signature/seal

medi. I feel better.