CUI (when filled in)

## SPECIAL MEASUREMENTS BLANK FOR SPECIAL MEASUREMENT/ ORTHOPEDIC BOOTS AND SHOES

Authority: 10 U.S.C. 136, Under Secretary of Defense Purpose: To obtain information necessary to process Routine Uses: The DoD Blanket Routine uses apply Disclosure: Voluntary. Failure to provide information	a request for, and approval of, s to this collection.	DoD Directiv pecial order	footwear.	ing Mone	tary Allowance Policy.
	GENERAL IN	STRUCT	IONS		
<ol> <li>Special measurement footwear will be rendered and individual cannot be fitted properly with tar the regular or supplemental tariff size rang</li> </ol>	iff issue footwear within	characte individua		ormed ( A Troo	
2. If the footwear of Military Clothing issue		be used.			
altered to proved a satisfactory fit by ortho adjustment which local Clothing and Equip authorized to make, special measurement requisitioned.	age Repair Shops are	their dire to be take	grams and instructions ctions strictly adhered t en accurately by Medica nat the othopedic footwe	o. All re al Office	quired measurements are er completing form to
3. A completed, original special measurem requisition for special measurement footwe the Defense Logistics Agency 700 Robbins Philadelphia, PA 19111 Attn: Special Mea Phone Number 215-737-2482; if the feet o requires special measurement footwear ca	ear will be forwarded to s Avenue Building 3A, surement Footwear. f an individual who	need not additiona special m does not	accompany a replenish al pairs of special measurement footwear w	iment r iremen vhich w a foot	equisition for the supply of t footwear unless the as supplied previously tracing is old, it may not be
described by the completion of this blank v olaster cast. Additional special measureme authorized allowances, will be requisitione been determined to be satisfactory, and a -10, "Fitting Report," has been completed a within 30 days per Defense Logistics Agen	vithout the use of a ent shoes, up to d after initial pair has DOFC Form and returned to DOFC	shown be measure requisitio a shoe of	f Military Clothing Sales will be shown on the c	on the c subsec ividual issue s	overing special quent replenishment can be fitted properly with size, the size and width of
2. PERSON TO BE FITTED					
a. NAME (Last, First, Middle Initial)				b. Do	DID (found on back of CAC card)
D. HEIGHT			d. WEIGHT		
3. MEDICAL OFFICER. I certify that this indiv ranges and the supply of special measureme				e regula	r or supplemental tariff size
a. SIGNATURE	b. PRINTED NAME				c. DATE (YYYYMMDD)
d. MEDICAL OFFICER'S DIAGNOSIS					

e. IF THE DISABILITY DESCRIBED ABOVE IS NOT PERMANENT, INDICATE ITS PROBABLE DURATION (years)



## FURTHER INSTRUCTIONS TO MEDICAL OFFICER

1. The instructions on this form must be carefully followed by the referring medical officer. BALL, WAIST, and INSTEP MEASUREMENTS are to be taken as follows:

a. Patient stands with weight evenly distributed on both feet, at eye level. Tracing is made on this form as indicated in Figure 1 above.

b. Tape measurements of the foot are now obtained, always facing the calibrations on the tape toward the ankle and always wrapping the tape evenly and snugly but not tightly.

(1) BALL MEASUREMENT. The fabric tape is passed beneath the ball of the foot, passing over the medial surface of the metatarsophalangeal joint, great toe, and the lateral aspect of the metatarsophalangeal joint fifth toe.

(2) WAIST MEASUREMENT. This is taken behind or proximal to the ball, where the foot narrows down and the tape wraps easily into the medial concavity.

(3) INSTEP MEASUREMENT. Should be taken just proximal to the midtarsal joint, and the distal to the cuboid bone or straight through the talus.

c. Also, when there is a high great toe joint, or claw toes with interphalangeal joints

protruding upward, it is helpful if the perpendicular distance off the floor is measured by sighting the top of the prominence onto a perpendicularly held rule. This measurement assures adequate room for toes or painful prominence. (See Figure 3 above.)

d. When there are painful areas on the sole of the foot, as calluses, plantar warts, painful scars, exostoses or bursae, these may be exactly decompressed on the shoe insole if the area on the skin of the sole is marked with ink, chalk, etc., so that when the tracing is made the exact location is indicated on the tracing.

e. If there are areas on the sides or back of the heel which would be decompressed; the location of these areas should be described in relation to the tips of the malleoli, as "decompress side of heel, area 1" in diameter, 1/2" beneath tip of medial malleolus.

f. Points on the dorsum of the foot may be decompressed by indicating on the diagram in Figure 2 above.

2. When Boots, Service, Combat, or other high-top boots are requisitioned, the calf and ankle measurements of each leg will be shown as 5" and 9" off the floor.

PLACE REAR END OF LEFT HEEL AGAINST A BOOK, AS INDICATED, AND TRACE LEFT FOOT	PLACE REAR END OF RIGHT HEEL AGAINST A BOOK, AS INDICATED, AND TRACE LEFT FOOT				
(Front edge of book held perpendic	ularly should coincide with this line)				
LEFT HEEL	RIGHT HEEL				
TYPE AND COLOR OR SHOE REQUIRED					
OLOR: SN:					
SHOE PRESCRIPTION (Leave blank for Footwear Analyst)					
SHOE PRESCRIPTION (Leave blank for Footwear Analyst)					
SHOE PRESCRIPTION (Leave blank for Footwear Analyst)					
SHOE PRESCRIPTION (Leave blank for Footwear Analyst)					
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