1. REQUISITION NO.

SPECIAL MEASUREMENTS BLANK FOR SPECIAL MEASUREMENT / ORTHOPEDIC BOOTS AND SHOES

AUTHORITY: 10 USC 125, 5 USC 301, 302, EO 9397.

PRINCIPAL Special measurement and othopedic footwear is provided to the Military Services for personnel who cannot be properly

fitted through authorized standard sizes. The purpose of this form is to assure that personnel requiring these types of

footwear are properly measured for correct fit.

ROUTINE None.

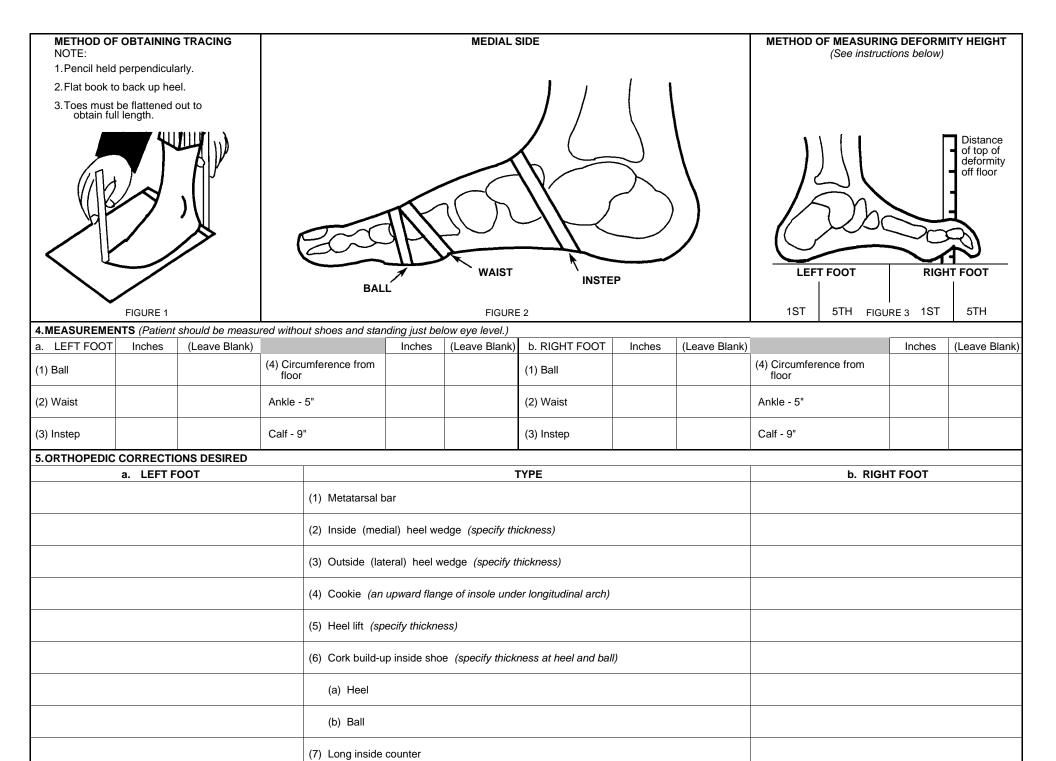
DISCLOSURE Voluntary; however, if information is not supplied, the service cannot be performed.

GENERAL INSTRUCTIONS

- 1. Special measurement footwear will be requisition only if the individual cannot be fitted properly with tariff issue footwear within the regular or supplemental tariff size range.
- 2.If the footwear of Military Clothing issue size can be modified or altered to proved a satisfactory fit by orthopedic or other adjustment which local Clothing and Equipage Repair Shops are authorized to make, special measurement footwear will not be requisitioned.
- 3.A completed special measurement blank and a requisition for one (1) pair of special measurement shoes will be forwarded to the Defense Othorpedic Footwear Clinic, 495 Summer Street, Boston, MA 02210; commercial telephone (617) 451-3141, AV 955-3141, Telefax no. 955-3018; if the feet of an individual who requires special measurement footwear can be clearly and fully described by the completion of this blank without the use of a plaster cast. Additional special measurement shoes, up to authorized allowances, will be requisitioned after initial pair has been determined to be satisfactory, and a DOFC Form -10, "Fitting Report," has been completed and returned to DOFC within 30 days per Defense Logistics Agency Regulation 4235.18.
- 4.If a plaster cast is required to show the measurements and characteristics of an injured, deformed, or distorted foot, the individual will be reported to Medical Regulating Officer, Office of The Surgeon General, for disposition instructions. In such cases, this special measurement blank will be used.
- 5.All diagrams and instructions must be studied carefully and their directions strictly adhered to. All required measurements are to be taken accurately by Medical Officer accomplishing form to assure that the othopedic footwear will fit properly. This blank need not accompany a replenishment requisition for the supply of additional pairs of special measurement footwear unless the special measurement footwear which was supplied previously does not fit properly.
- 6.The name, grade, SSN and organization of the individual shown below shall also appear on the covering special measurement requisition and on subsequent replenishment requisitions. If one foot of an individual can be fitted properly with a shoe of Military Clothing Sales issue size, the size and width of that shoe will be shown on the covering special measurement requisition.

2.PERSON TO BE FITTED a. NAME (Last, First, Middle Initial) b. SOCIAL SECURITY NO. c. RANK/GRADE e. INSTALLATION d.ORGANIZATION f. HEIGHT g. WEIGHT h. AGE 3.MEDICAL OFFICER. I certify that this individual cannot be properly fitted with boots or shoes within the regular or supplemental tariff size ranges and the supply of special measurement footwear as indicated herein is required. SIGNATURE b. ORGANIZATION c. GRADE d. DATE (YYMMDD) e. MEDICAL OFFICER'S DIAGNOSIS

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



DD Form 150, FEB 91 (EG)Page 2 of 4 Pages

(8) Long outside counter	
(9) Orthopedic (Thomas) heel	
(10) Sponge plastic insole	
(11) Other corrections:	
FURTHER INSTRU	ICTIONS TO MEDICAL OFFICER
1. The instructions on this form must be carefully followed by the referring medical officer. 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 an thir form as indicated in figure 1 shows.	protruding upward, it is helpful if the perpendicular distance off the floor is measured b sighting the top of the prominence onto a perpendicularly held rule. This measurement
on this form as indicated in figure 1 above. b. Tape measurements of the foot are now obtained, always facing the calibrations on the toward the ankle and always wrapping the tape evenly and snugly but not tightly.	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.
(1) BALL MEASUREMENT. The fabric tape is passed beneath the ball of th passing over the medial surface of the metatarsophalangeal joint, great toe, a lateral aspect of the metatarsophalangeal joint fifth toe.	
(2) WAIST MEASUREMENT. This is taken behind or proximal to the ball, where the narrows down and the tape wraps easily into the medial concavity.	f. Points on the dorsum of the foot may be decompressed by indicating on the diagram in figure 2 above.
(3) INSTEP MEASUREMENT. Should be taken just proximal to the midtarsal join the distal to the cuboid bone or straight through the talus.	t, and 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.

AS INDICATED, AND TRACE LEFT FOOT

AS INDICATED, AND TRACE RIGHT FOOT



LEFT HEEL

(Front edge of book held perpendicularly should coincide with this line)

RIGHT HEEL

DD Form 150, FEB 91 (EG)

a. BOOT, SERVICE, COMBAT, BLACK b. BOOT, COMBAT, WOMEN'S, BLACK c. SHOE, SERVICE, BLACK d. SHOE, FIELD, WOMEN'S, BLACK f. SHOE, WOMEN'S LOW (1) Black (2) White DE PRESCRIPTION (Leave blank for Footwear Analyst)	a. DOOT, SERVICE, COMBAT, BLACK	applicable)
c. SHOE, SERVICE, BLACK d. SHOE, FIELD, WOMEN'S, BLACK e. SHOE, LOW QUARTER, BLACK f. SHOE, WOMEN'S LOW (1) Black (2) White		
d. SHOE, FIELD, WOMEN'S, BLACK e. SHOE, LOW QUARTER, BLACK f. SHOE, WOMEN'S LOW (1) Black (2) White		
e. SHOE, LOW QUARTER, BLACK f. SHOE, WOMEN'S LOW (1) Black (2) White		I. OTHER (List nomenciature or describe type)
f. SHOE, WOMEN'S LOW (1) Black (2) White		
(1) Black (2) White		
E PRESCRIPTION (Leeve Diatrix for Poolweet Arietyst)		or Angliati

DD Form 150, FEB 91 (EG) Page 4 of 4 Pages