

Practitioner Manual for Compression Garments



**A Manual devised by the SWEP Clinical Advisory Team
to assist SWEP registered practitioners**



©Copyright Grampians Health / SWEP 2026

Acknowledgements for information and use of images go to:
Haddenham Healthcare

Images in this manual have been used to demonstrate the range and breadth of features available within this AT category. However, images provided should not be considered an endorsement of a particular product; nor should they be considered an exhaustive list of all products or features available. As a practitioner you need to use due diligence to ensure that the item and supplier you recommend is best suited to your consumer, their wishes, and needs. SWEP will not be held liable for any mismatch of consumer and AT interface that has resulted from the use of Images or information in this manual.

Table of Contents

Background.....	1
Guidelines and application process	1
Definitions for Medical Compression Garments	2
Compression Garment Materials.....	2
Compression Garment Construction	2
Products Supplied (summary)	3
Recommended Assessments and Requirements	3
Outcome Measures	3
Clinical Justification for Compression Garment Prescription	4
Assessments and measures to support clinical justification	4
Considerations for Compression Garment Prescription	9
SWEPE Eligibility.....	9
Sets and layering vs. all-in-one garments.....	10
If garments are worn separately and are not integral, they may be eligible for two subsidies per limb. This must be clearly stated in the application.	10
Product Range and Features.....	10
Off-The-Shelf [OTS]	10
Made To Measure [MTM]	11
Compression Garment Features	12
Problem-solving strategies	13
If the following contribute to garment selection, please note it in the application:.....	13
Contract/Tender Details.....	14
References.....	15

Background

The State-wide Equipment Program (SWEP) Clinical Advisors have developed this resource manual to:

- Provide useful information for practitioners
- Give links to evidence-based practices
- Recommend assessments to assist with identifying successful compression garment solutions
- Outline potential risks to consider related to the consumer, support people, and the environment
- Describe relevant items and provide links to a range of product types and options

Guidelines and application process

SWEP offers eligible practitioners a registration and credentialing process, whereby credentialing levels are assigned for specific areas of practice according to *The Standard*. For full details on all available credentialing pathways, please refer to relevant standard and information found below.

The Standards:

<https://swep.bhs.org.au/the-standard.php>

Process for registration and credentialing: <https://swep.bhs.org.au/registration-and-credentialing.php>

SWEP also provides an online application portal to collect and manage requests for Assistive Technology (AT) items. This is integrated with the registration and credentialing framework to match AT Practitioner level with consumer and item complexity and establish urgency of consumer need.

Please refer to the funding body for which your consumer is eligible to determine the relevant guidelines for what types of AT items will be considered for funding, and whether or not the SWEP portal should be used to submit an application.

<https://swep.bhs.org.au/programs-services.php>

Definitions for Medical Compression Garments

Lymphoedema: A malfunction of the lymphatic system that results in the accumulation of lymphatic fluid in the affected area.

Medical compression: The pressure applied to an area of the body by the recoil of an elastic garment.

Donner: Specialised devices used to assist with donning or removal of a compression garment. They may be used by the person to aid independence or by the carer/support person to reduce burden of care and risk of manual handling injury.

Compression Garment Materials

Round knit: (also known as circular knit). Garments are knitted on a circular knit machine, generally tubular in fashion.

Flat knit: Garments are knitted flat using a flatbed machine and sewn together with a seam present (seamless options also available). This style of garment can be thicker and stiffer than round knit garments, providing a higher level of containment for more advanced lymphoedema.

Wraps: Wraps are adjustable compression garments that are cut and sewn from differing materials and are generally stiffer than round knit or flat knit materials. The strips of material overlap using velcro or hook and eye to close, forming a rigid sleeve.



Cut and sewn: Material is cut and sewn into the correct shape of the limb to manufacture the garment.

Compression Garment Construction

Off The Shelf [OTS]: Also known as RTW, or ready to wear, OTS garments are prescribed from an established size range and require that the consumer's dimensions fit within a set range. Included in this category are Made-to-Order garments, where it is possible to prescribe additional features (e.g., t-heel, grip top, closed toe) or request variations to garment shape (e.g., extra wide, longer length) beyond the standard range that the supplier keeps in stock.

Made To Measure [MTM]: Also known as custom-made. MTM garments are manufactured specifically for an individual based on specific measurements made by the practitioner and provided to the supplier for the construction of a unique garment.

Products Supplied (summary)

The products supplied in this program are quality-assessed medical compression garments that meet the relevant standard for compression garments. Garments supplied under the program include compression for:

- Upper limb: including glove, gauntlet, wrist to axilla, MCP to axilla, fingertips to axilla, other (e.g., glove to elbow, forearm tube), wraps (hand, arm C-G and A-G).
- Lower limb: including below knee, above knee (thigh high, pantyhose), other (e.g., thigh tube), wraps (foot, calf, knee, thigh). Options for layering garments also include Capri and Bermuda styles.
- Donner for compression garments (once-off funding allocation).

Excluded:

- Compression for central areas of the body (head/neck/breast/trunk/isolated abdomen and genital lymphoedema without limb lymphoedema).
- Once-off garments where the person only requires compression for recovery from surgery not involving excision of lymph nodes, or to manage oedema in specific situations (e.g., “travel garments”) without objective assessment indicating subclinical lymphoedema.
- Garment extras purchased in isolation (e.g., compression pads inserted into a garment, purchased at a later stage and not at the time of manufacture).

Recommended Assessments and Requirements

Outcome Measures

1. Limb volume and shape

To evaluate the efficacy of compression garments, practitioners are encouraged to periodically document limb volume using perometry or standard measurement points, such as the ALA Measurement standard.

<https://www.lymphoedema.org.au/education-&-resources/measurement-forms/about-ala-measuring-forms-standards/>

2. Standardised measures of physical function

Measures of physical function can be used to validate the benefit of compression for the person and reduction in the impact and cost of managing lymphoedema over time. (e.g., 6 min walk test, timed up, and go)

3. Patient Reported Outcome Measures (PROMs)

PROMs can be used to evidence the benefit of compression through improving the person’s quality of life, participation in activities, and progress towards their goals. They can be used to demonstrate consultation and collaboration with the person in the garment prescription process.

- Client-centred goals - Patient Specific Functional Scale (PSFS), Goal Attainment Scale (GAS)
- Quality of life measures - LYMQOL

Clinical Justification for Compression Garment Prescription

As SWEP registered practitioners are ultimately responsible for the safety and appropriateness of the chosen item they have selected with and for the person, practitioners must document their clinical reasoning for their garment prescription, particularly where they are using supplier resources (clinical advisors, Artificial Intelligence (AI) measurement and garment selection tools) to assist with garment prescription.

If the practitioner requires validation by a SWEP Clinical Advisor (CA), is it essential to demonstrate the clinical reasoning for the choice of garment for the individual within the SWEP application. If SWEP CA validation is not required for the application, practitioners can choose where they document their clinical reasoning (i.e., in the application or the clinical notes). Practitioners validating applications for other lymphoedema practitioners are encouraged to ensure that the practitioner has documented their clinical reasoning for the item selection.

Assessments and measures to support clinical justification

Prescription of compression garments that are effective and consistently used by an individual is a combination of science and art. Documenting and communicating the integration of clinical assessment and collaborative, client centred care into the reasoning and justification for the selection of a specific compression garment for a unique individual is challenging. The S.T.R.I.D.E. guidelines offer a framework and language for information gathering and sharing that supports mutual understanding. The S.T.R.I.D.E. acronym represents key considerations for the selection of compression garments.

S = SHAPE
 T = TEXTURE
 R = REFILL
 I = ISSUES
 D = DOSAGE
 E = (A)ETIOLOGY

Shape - refers to the shape of the limb and distribution of oedema, with assessment corresponding to garment types, shapes, and sizing. At a minimum, applications should include information about:

- The location of the swelling.
- Features of limb shape that require a more expensive or complex garment prescription, including flat knit and made-to-measure.

1. Limb circumferences and lengths

Documentation of circumferences and lengths for compression garment prescription in the clinical record. SWEP CAs may require circumferential and length measures to validate an application. For MTM garments, attaching the MTM measurement form may be useful in the validation process.

2. Other shape-related considerations impacting compression garment prescription - skin folds, small limb circumferences, and atypical shape

- Where these features impact the safety, tolerance, or complexity of the prescription, they should be documented. Photos (deidentified) can be more useful than words and can be uploaded to the portal with the person's permission.
- Skin folds may present a risk for skin integrity.
- Small limb circumference (< 14 cm) may require lower compression class.
- Localised oedema or short/long limb length may require MTM or special features to support function, efficacy, and tolerance.

Texture - refers to the texture of the oedema and soft tissues and influences the selection of garment materials. At a minimum, applications should include information about:

- The texture of the tissue includes location/distribution. Using S.T.R.I.D.E. terminology (Watery, Fatty, Putty, Woody, Healthy, Fragile) can be helpful.
- The link between garment prescription and tissue texture.

The following assessments may be useful to support your clinical assessment of the person's lymphoedema.

1. Palpation - pitting tests

- Stemmer's sign
- Pitting test
- Bjork bow tie test

2. Skin assessment

Integrity – location and distribution of lymphorrhea or wounds

Health – fragility, dryness, sensitivity/reactivity

3. Tissue resistance

- Tonometry
- Tissue dielectric constant (TDC) and Percentage Water Content (PWC)

4. Body composition

- Multiple frequency bioelectrical impedance analysis (MFBI)
- Bioimpedance spectroscopy (BIS)

5. Imaging

- ICG (Indocyanine Green) fluorescence lymphography
- MRI
- Lymphoscintigraphy

Refill - refers to the dynamics of the oedema relative to activity and speed of fluid refill without the support of compression. At a minimum, applications should include information about:

- Pattern of swelling relative to daily activities and oedema management.
- Choice of garment fabric, class, and intended pattern of use (daytime or nighttime) including intention for use with other garments - combined in layers or to provide flexible options.

1. Response to conservative management strategies

- Skin care
- Movement and self-massage to promote lymph drainage
- Limb elevation

2. Response to compression bandaging or garments

- Tubi-grip, TEDs, non-prescription compression
- Responsiveness to compression (bandaging/garments/intermittent pneumatic compression)
- How fast the limb increases in size when compression is removed

3. Therapeutic intent

- Reduction phase - intensive or graduated
- Maintenance phase

Issues - Include precautions, contraindications, and challenges to successful compression encompassing perspectives of the practitioner, user, and carer/support person. To demonstrate collaborative, client-centred care, at a minimum, applications should include information about:

- Medical concerns or barriers to consistent use of compression garments that impacted the garment selection.
- Factors impacting the choice of compression related to the person (and their support person/carer).
- Only include the following details if relevant to support clinical rationale for choices made in the garment prescription.

1. Medical precautions and contraindications

- Incontinence – hygiene, frequency of toileting
- Implanted medical devices e.g., stoma, port
- Compromised arterial supply
- Wounds and dressings

2. Understanding and acceptance of the need for medical compression garments including risks of not using the prescribed item

Consideration of consumer's ability to consistently use the compression garment:

- Understanding of importance of compression in lymphoedema management and commitment to consistent daily use
- Mental health issues, cognitive impairment
- Personal preference, considering occupation and caring responsibilities (for old or young)

Access to and engagement with ongoing monitoring and follow up

- Plan for fitting and training in use of compression including garment care, when to seek review / new compression and don/doff aids

Risks of non-provision

- Hospital admission
- Residential care vs living independently with home-based care and support

3. Tolerance of compression garments

- Sensitivity and tolerance
- Sensation and capacity to notice risk
- Pattern of activity and daily function
 - Sedentary lifestyle or seated for work
 - Active lifestyle and consideration of specific activities
 - Care for others vs care for self
- Mobility and use of aids
 - Orthoses, splints, and braces on affected limb – consider location of straps and bands relative to compression garment
 - Wheelchairs and seating
 - Footwear
- Appearance
 - Colors, patterns, and fabrics
 - Length of garment
 - Integration of garment choice with clothing options

4. Capacity to use compression as intended

Ability to don/doff garments safely and independently, considering:

- Body shape
- Mobility & range of movement
- Hand dexterity
- Co-morbidities, e.g., arthritis
- Pain
- Age

Availability of an appropriate carer to assist

- Need for equipment to assist with donning or doffing

Dosage - the labelled dosage (mmHg) versus resting and working pressure, distribution of pressure, and garment fatigue. Dosage is a combination of compression class, fabric stiffness, mobility, and layering of compression. At a minimum, applications should include information about:

- Rationale for choice of compression class dosage based on overall presentation, including function and tolerance.

Etiology - lymphoedema diagnosis and presentation, as well as underlying conditions and comorbidities contributing to the other S.T.R.I.D.E. elements. At a minimum, applications should include information about:

- The person's lymphoedema profile, including timing of onset and diagnosis.
- Comorbidities contributing to their lymphoedema that impact the choice of compression garment, including stability of those conditions and ongoing or planned treatment.

1. Lymphoedema diagnosis

- Stage and type
 - Primary > including type if known
 - Secondary > stability of primary condition + note if there has been lymph node excision or lymphatic damage

2. Vascular assessment

- Arterial circulation: signs of poor arterial circulation, such as numbness, tingling or cold extremities, ABPI < 0.8
- Venous circulation: Chronic venous diseases CEAP clinical classification based on medical investigations and clinical observations

3. Lipoedema

Note: not eligible without indications of lymphoedema

- Stage and type, including body parts impacted
- Waist-to-height ratio to distinguish from obesity
- Increased symptoms and limb circumference over the day (without elevation)

4. Systemic conditions

Engagement with strategies to optimise medical treatment and symptom management, for example:

- Congestive heart failure
- Chronic kidney disease
- Cellulitis, lymphorrhea and wounds

Considerations for Compression Garment Prescription

Compression is the mainstay of lymphoedema management and maintenance. Compression applied via garments during the maintenance phase of lymphoedema need to be regularly replaced to maintain optimal compression. Replacement regime is affected by both garment characteristics and consumer usage (e.g., hours of use, level of activity and washing regime - frequency and method).

SWEP Eligibility

1. Lymphoedema practitioners must sign the eligibility form to endorse the diagnosis of lymphoedema/subclinical or chronic oedema. The diagnosis of lymphoedema is made for chronic oedema requiring daily management for ongoing control.
2. Key requirements for eligibility for the Lymphoedema Compression Garment Program (LCGP) include:
 - a. Being a permanent resident of Victoria,
 - b. Compression garments are required for long-term management of lymphoedema, and
 - c. The person has been clinically assessed for primary, secondary, or subclinical lymphoedema.
3. If the consumer has private health insurance, they must use that first, but the gap may be contributed to by SWEP. The specific conditions of eligibility for the LCGP are provided in the online application form to be completed by the practitioner. Further information on eligibility is under the Victorian Aids and Equipment Program Guidelines at <https://swep.bhs.org.au/for-prescribers.php>
4. If the consumer is currently admitted to hospital or discharged within the previous 30 days, they are ineligible for SWEP funding, and it is the responsibility of the hospital to fund required garments.
5. If the consumer is a resident of a Residential Aged Care Facility or has funding from a Support at Home Package Level 4 - 8, they are ineligible for SWEP funding.
6. Consumers with a diagnosis of Lipoedema are ineligible for SWEP funding, unless they **also** have a diagnosis of lymphoedema.

Sets and layering vs. all-in-one garments

- A limb may require a 'set' or layering of compression garments (e.g., glove to elbow, and a C-G arm sleeve, or a below-knee garment and a capri legging). In this instance, as the garments are integral to each other, SWEP will contribute one set of funding per limb, per application.

If garments are worn separately and are not integral, they may be eligible for two subsidies per limb. This must be clearly stated in the application.

Product Range and Features

The choice of an appropriate compression garment is based on:

- a) Characteristics of lymphoedema and shape of limb.
- b) Type of material (stiffness, round/flat knit, allergies that may indicate need for cotton or non-latex fabrics).
- c) Class of compression.
- d) Options available for the type of garment needed.
 - i. extent of limb coverage
 - ii. one piece or separate (e.g., glove and sleeve vs all in one; below knee and capri vs pantyhose)
 - iii. open/closed toe; mitt or glove
 - iv. grip top or other top edge
 - v. comfort zones at elbow, knee
 - vi. reduced stitching at anterior ankle
 - vii. slipform



Off-The-Shelf [OTS]

- OTS garments vary according to manufacturer and may be limited compared to those options listed under custom-made garments. Prescription of an OTS garment is guided by both consumer and garment characteristics.
- The prescription of an appropriate OTS garment is based on:
 - a) Material (round knit or flat knit with reference to the stiffness required).
 - b) Size fits within the manufacturer's standard range.
 - c) Compression class needed matches the mmHg range.
 - d) Garments style and features supplied within the standard range.

General measurement points are listed on the table below.

Measurement point	Upper Limb	Lower Limb
A	MCP joint line	MTP joint line
Y	n/a	Heel around anterior ankle in dorsiflexion
B	Mid-palm	Narrowest ankle
C	Wrist	Widest calf
D	Mid-forearm	Top edge of below-knee garment, two fingers below crease at back of knee
E	Elbow	Knee joint
F	Mid upper arm	Mid-thigh
G	Top of arm at axilla	Upper thigh two to three fingers below gluteal fold (check supplier specifications)
H	n/a	Hip
T	n/a	Waist

Length measurements are also required when selecting an OTS item. Common length landmarks.

- Below knee: Floor to D.
- Thigh high: Floor to G.
- Foot length closed toe: Heel to tip of longest toe.
- Foot length open toe: Heel to base of big toe.
- Arm sleeve: C-G.
- Hand: A-B, A-C, A-E.

Made To Measure [MTM]

- MTM garments are made to the individual consumer's measures, so the fit is more exact. If a consumer's lymphoedema is fluctuating or unstable post-reduction phase, timing of measurement relative to processing and delivery of the garment should be considered before ordering a MTM garment.
- It is important to consider your assessment findings and consider findings such as shape, texture, refill when selecting the appropriate MTM garment.
- MTM garments include many optional features (listed below) that may not be available in an OTS garment.
- Given the additional cost, it is important to provide clinical justification on the requirement of a custom compression garment for the consumer in a SWEP application. This includes details regarding why an MTM item is required and why an OTS item is not appropriate.
- To assist with understanding the complex clinical reasoning for MTM garments, please submit a copy of the MTM measurement form with applications for SWEP funding.

Compression Garment Features

General

Silicon grip, alternative knit or strap (shoulder or chap):

- to assist garment to stay in place and have a comfortable edge.

Comfort zone:

- alternative form of knit to reduce tension, often used behind the knee and elbow.
- T-heel: reduced knit and fabric bulk across the front of the ankle.

Slipform:

- end of the garment finishes on an angle (laterally longer) to enhance fit.

Zips/Velcro:

- can assist with reducing shear stress for fragile and/or sensitive skin, donning, and doffing.

Pads/lining/pockets:

- can add extra compression and support to specific areas.

Segments:

- Short segments of flat knit compression are available from some manufacturers for extra support in parts of a limb. It can be helpful to layer with other garments.

Upper limb (SWEP Picklist Categories)

Glove: support for individual fingers and may extend to just above the wrist or nearly to the elbow.

Gauntlet: hand compression with thumb, with no fingers.

Arm sleeve Wrist to Axilla: arm sleeve from wrist to axilla (CG, no hand).

Arm sleeve MCP to Axilla: arm sleeve + gauntlet from MCP joints to axilla.

Fingertips to Axilla: arm sleeve with glove attached, all in one support including fingers up to axilla. Consider need for hand use requiring glove removal Glove.

Other e.g., glove to elbow, forearm tube: Choose this picklist item for all lower limb garments that do not fit the other categories including anklets and toe gloves.



Lower limb (SWEP Picklist Categories)

Toe caps: support each toe, may be open, or closed, and finishes at the arch of the foot.

Below knee: sock style that finishes under the knee. May have open or closed toes.

Thigh high/Above knee e.g.: Thigh High:

- stocking style that finishes at the groin. Usually requires silicon edge or similar to assist staying up; also, may have open or closed toes.
- Chap: one leg stocking style that extends up the side of the same side hip and is supported by a waist band. May have open or closed toes.
- 1.5 leg with panty: one leg stocking that is supported by a panty and a short leg on the contralateral side (which usually is of lower compression class). Open or closed toe option.



- Pantyhose: two leg stocking with pant; usually all compressive but may have lower compression pant section if required. Open or closed toe
- Capri or Bermuda shorts: pantyhose style garments that finish either above or below the knee. Useful for layering with below knee garments.
- Other e.g., Thigh Tube/Segment: Choose this picklist item for all lower limb garments that do not fit the other categories including anklets and toe gloves.

Problem-solving strategies

The prescription of compression garments involves a close relationship between a consumer and therapist for the assessment and extended follow-up. It is important to collaborate closely with the consumer to learn about their physical ability to don/doff items, likes/dislikes, previous history of compression, personality traits, and willingness to wear the item.

It is through close collaboration that a consumer can be coached to success. Quite often the most clinically appropriate item after assessment may not be ordered due to any number of the above issues. It is important to continue to collaborate with a consumer to overcome as many of these as possible to set them up for success.

Supervision, training, and clinical consultation

- Suppliers often provide face-to-face and online training, which can be used to stay up to date with new garment options and low-cost features.
- It is expected that all prescribers will arrange their own appropriate clinical supervision (i.e., from a more experienced lymphoedema practitioner) if required to assist with effective compression garment prescription.

If the following contribute to garment selection, please note it in the application:

Donning and doffing

- Donning and doffing devices exist to promote independence and allow the consumer to use compression independently and with ease.
- SWEP will contribute a once-off subsidy of \$60 for one of these devices.
- Considering changing compression garment characteristics is appropriate if a consumer is having issues using the garment. Some common considerations include:
 - If in a round knit garment, move to a flat knit material
 - Changing compression class
 - Use of compression wraps
 - Layering of garments (e.g., a capri legging and below knee compression, instead of pantyhose)

Garment slipping

- Garment glue
- Silicon grip top
- Additional silicon patches (inside and outside, or at additional locations inside garment)
- Elastic waistband
- Layering of garments

Skin sensitivity and fragility

- Consider choice of material
- Style of silicon chosen (e.g., smaller dots)
- Consider avoiding silicon if limb shape allows
- Reduce compression dosage to reduce inflammatory and immune reactivity.

Sensory sensitivity

- Choice of material
- Reducing compression class
- Changing pattern of use of the item
- Graded approach to use
- Trialing one item to begin with, rather than ordering multiple items initially

Cutting in

- Consider choice of material and opt for flat knit
- Consider layering compression garments
- Consider the style of compression garment chosen (e.g., glove causing cuffing at the wrist, opt for a glove to elbow)

Appearance

- Consider consumer preference when selecting garment color and patterns
- Reduce compression dosage to reduce inflammatory and immune reactivity

Contract/Tender Details

SWEP do not have contracted suppliers for the Lymphoedema Compression Garment Program. However, compression garments funded under this program must meet the requirements below.

- TGA registered compression garments that guarantee level of compression stated to evidence medical efficacy for treatment of lymphoedema
- Supplier confirmation of garment compliance with any relevant International Standard and compression garment classification level (I - IV)
- Standard 101 certification (Oeko-Tex) (where relevant)

References

Best practice guidelines

Bjork R, Ehmann S. (2019). S.T.R.I.D.E. Professional guide to compression garment selection for the lower extremity. *Journal of Wound Care*, 28(6 suppl 1), 1–44.

Ehmann, S., McKeown, B., Davis, S., Bock, K.J., Whitaker, J., & Dolgoy, N. (2025). STRIDE™: Professional guide to compression garment selection for the trunk and upper limb. *Journal of Wound Care*, 34(S11C), S3–S59.

Further resources

Training with compression garment suppliers.