



2600 S Raney Effingham, IL 62401
 PHONE: **800-879-0117**
 FAX: **217-347-3384**
 www.jointactivesystems.com
 info@jointactivesystems.com
 orders@jointactivesystems.com

LOWER EXTREMITY MEASUREMENT FORM

PATIENT NAME _____

Spanish Instructions Required:

JAS Sales Representative _____

Step 1: Select Product Line

JAS (Rental)
 JAS EZ (Purchase)
 JAS Dynamic (Rental)

Step 2: Select Direction

Extension
 Flexion
 Dorsiflexion
 Plantarflexion

Step 3: Select Side

Left
 Right

Step 4: Patient Information

Height _____ Weight _____

Step 5: Choose Orthosis

Knee
 Ankle
 Toe

Step 6:
 (Refer to Measurement Guide)

A, B, C, D, E, F (See Notes)
 C, D, F, G
 G, H

Notes: If extension, extend as far as possible
 If flexion, flex as far as possible

Please note any anomalies (i.e.; sensitive tissue, ex fix, amputation) that could affect fitting in the space below.

Step 7: Record Measurements (in inches) Below

_____ (A) Circumference: 1 1/2" below Groin
 _____ (B) Circumference: 4" above Knee Center
 _____ (C) Circumference: Largest Point of Calf
 _____ (D) Circumference: 2 1/2" above Medial Malleolus
 _____ (E) Length: Groin to Knee Center
 _____ (F) Length: Knee Center to Medial Malleolus
 _____ (G) Length: Foot Length
 _____ (H) Specify Affected Toe

Measurement Guide

