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Image: 69

UPPER EXTREMITY MEASUREMENT FORM

(MUST BE SUBMITTED WITH PATIENT INFORMATION FORM)

DATE: ___ / ___ / ___

PATIENT NAME

Spanish Instructions Required:

JAS SALES REPRESENTATIVE

MEASUREMENTS TAKEN BY

CLINIC NAME

Step 1: Select Product Line

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

Step 2: Select Direction

Flexion Extension
Supination Pronation

Step 3: Select Side

Left
Right

Step 4: Patient Information

Height _____
Weight _____

Step 5: Choose Orthosis

Step 6: Take Measurements (Refer to Measurement Guide)

Elbow	A, B, C, E, F, G, H (See Note 1)
Pro/Sup	A, B, C, E, F, H, J (See Note 2)
Wrist	B, C, G
Finger	D1, D2, J, K1, K2 (See Note 3)
Thumb	D1, D2, K1, K2 (See Note 3)
MCP	C

~ Note 1: If extension, extend as far as possible
If flexion, flex as far as possible

~ Note 2: Elbow flexed to 90°

~ Note 3: One Finger per measurement form

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

Send completed form to orders@jointactivesystems.com

Measurements Inches / Centimeters

