

LOWER EXTREMITY MEASUREMENT FORM

(MUST BE SUBMITTED WITH PATIENT INFORMATION FORM)

DATE: ___ / ___ / ___

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	Step 6: Take Measurements (Refer to Measurement Guide)
<input type="checkbox"/> Knee	A, B, C, D, E, F (See Note 1)
<input type="checkbox"/> Ankle	C, D, F, G
<input type="checkbox"/> Toe	G, H

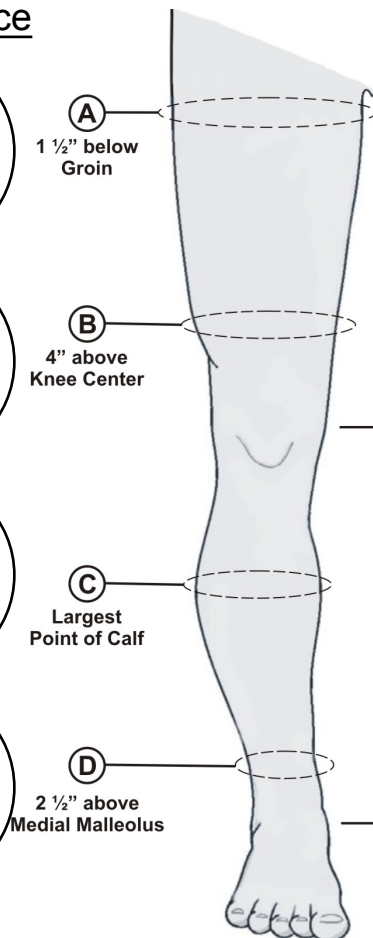
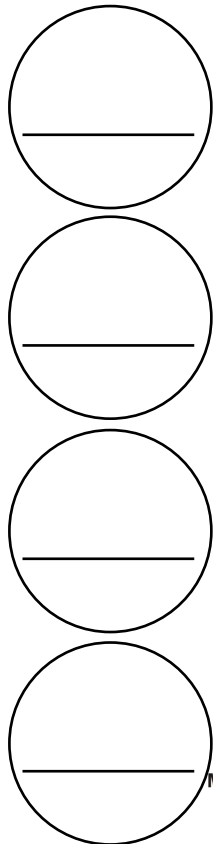
~ Note 1: Patient in sitting position

~ Note 2: Please make sure E & F measurements are recorded correctly

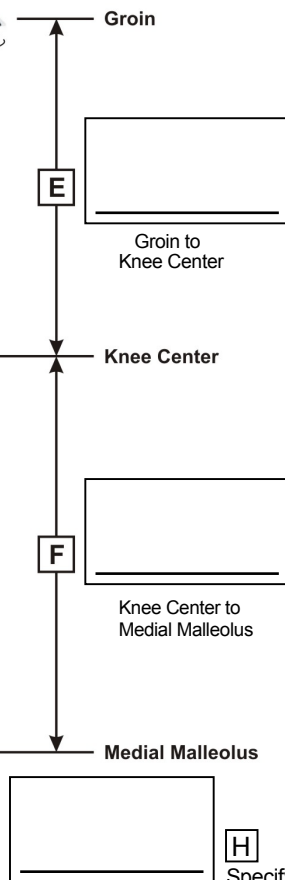
Measurements Inches / Centimeters

Measurement Guide

Circumference

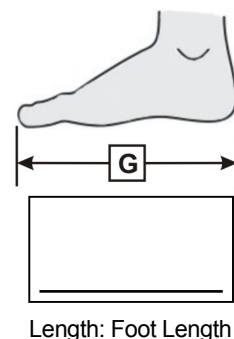


Length



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 TAKEN BY _____