

LOWER EXTREMITY PROSTHETIC MEASUREMENTS

NAME _____ DATE _____

D.O.B. _____ WEIGHT W/PROS. _____ WEIGHT W/O PROS. _____ HEIGHT _____

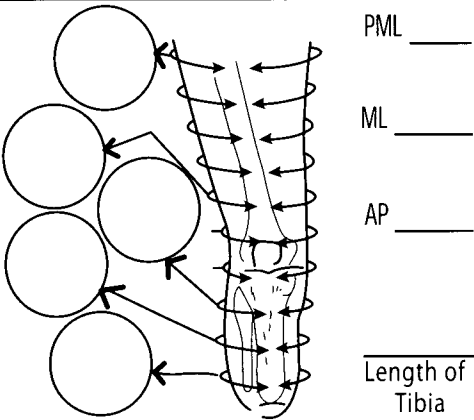
LEFT _____ RIGHT _____ SEX _____ SHOE _____

For Symes and knee disarticulation, diameters at widest and narrowest distal portions of stump

Widest Portion
M-L
A-P

Narrowest Portion
M-L
A-P

Distance Stump End to Floor



Flexion Cont. _____
Abduction Cont. _____
A - P _____ M-L _____

COLOR: CAUCASIAN NEGROID
LT. BROWN MEDIUM DK. BROWN

PROSTHESIS TYPE: _____

CHECK SOCKET _____

INSERT MATERIAL _____

SOCKET: LT. _____ STD. _____ HVY. DUTY _____

FABRICATION DATA: _____

BELT TYPE _____ # _____ SIZE _____

CUFF STRAP # _____ L R

KNEE: PART # _____ SIZE _____
L R

FOOT: PART # _____ SIZE _____
L R

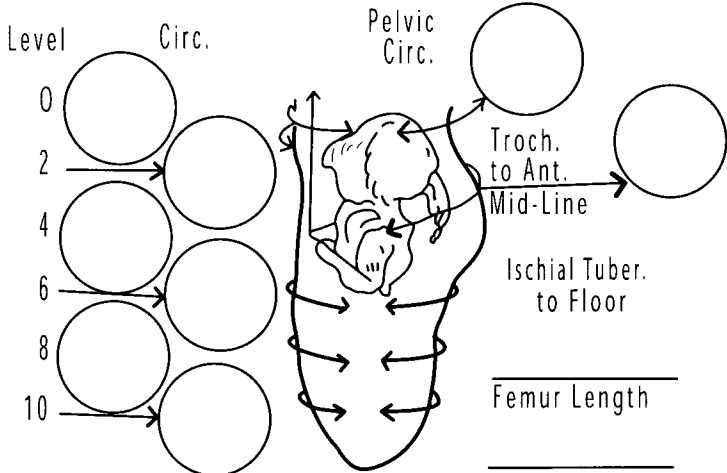
REMARKS: _____

SOCKET AND PARTS ORDERED: _____

Scheduled for check socket _____
Notified for alignment _____
Scheduled for alignment _____
Notified for final _____
Scheduled for final _____

GAIT RESULT: _____ EXCELLENT
_____ Good
_____ Fair
_____ Poor

Date Delivered _____ Prosthetist _____



Hamstring Group
Gluteal Group
Rectus Femoris
Adductor Longus

Soft _____ Med. _____ Firm _____
Soft _____ Med. _____ Firm _____
Soft _____ Med. _____ Firm _____
Soft _____ Med. _____ Firm _____

M - L
Knee Diam. _____

Shoe Size _____

Heel Height _____

Measurements

Shoe on _____

Shoe off _____

Length of Foot _____

