

UPPER EXTREMITY PROSTHETIC MEASUREMENTS

Name of Patient _____ Phone _____ Date _____
 Address _____ City _____ State _____
 Age _____ Sex _____ Height _____ Weight _____
 Prosthetist _____ Branch _____ Right _____ Left _____

COLOR NUMBER
 PROTHESIS TYPE _____

TERMINAL DEVICE

HOOK MODEL # _____ HAND MODEL # _____
 GLOVE SHADE _____ MANUFACTURER _____
 NAIL LENGTH
 SHORT MEDIUM LONG

WRIST UNIT

MODEL # _____

ELBOW UNIT

MODEL # _____
 LIFT ASSIST

SOCKET

SINGLE WALL LIGHTWEIGHT
 DOUBLE WALL STANDARD
 SPLIT HEAVY DUTY
 SPECIAL INST. _____

HINGE

DACRON
 LEATHER
 RIGID MODEL # _____

HARNESS

TYPE-SIZE ETC. _____

SHOULDER JOINT

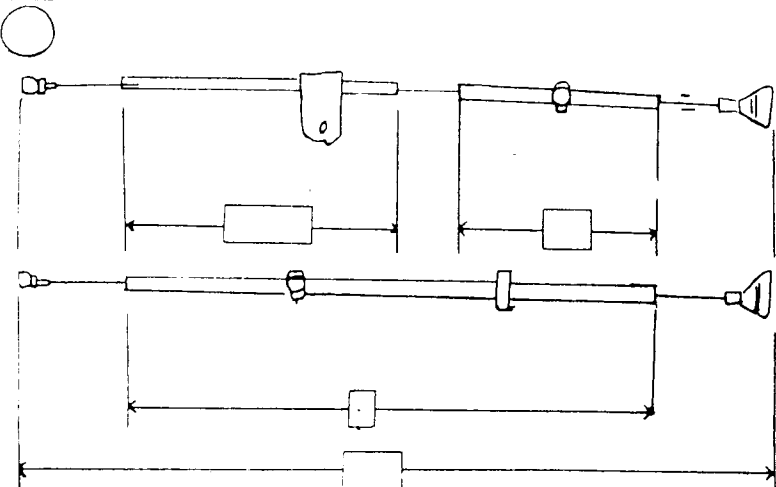
MODEL # _____

PROSTHETIC SOCK

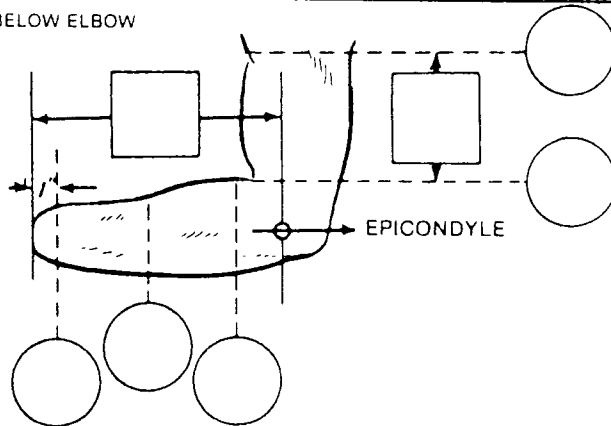
SIZE _____ PLY _____
 MATERIAL _____
 SHEATH _____

CABLE: SMALL STANDARD HEAVY DUTY
 TEFLON LINING

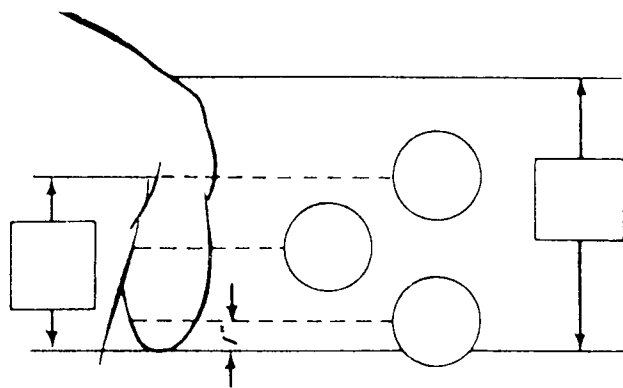
BALL SIZE



BELOW ELBOW



ABOVE ELBOW



CHEST CIRCUMFERENCE →

ACROMION

AXILLA

EPICONDYLE

STYLOID

THUMB TIP

