

UPPER EXTREMITY DEVICES

Upper Extremity Measurement Chart – GL Devices

Patient Information:

Name: _____

Date of Birth: _____

Height: _____

Weight: _____

Device: _____

Side: Left Right

- _____ A Circumference: Largest point of Bicep
- _____ B Circumference: Largest point of Forearm
- _____ C Circumference: 1 1/2" (3.8 cm) proximal to Ulnar Styloid
- _____ D Circumference: Affected Finger proximal Phalanx
- _____ E Length: Axilla to Medial Epicondyle
- _____ F Length: Crease of Elbow to Ulnar Styloid
- _____ G Length: Lateral Epicondyle to Ulnar Styloid
- _____ H Length: Width of Hand across MP Joints
- _____ I Circumference: Chest at Axilla
- _____ J Circumference: Waist at Belly Button

