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LOWER 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

Extension Dorsiflexion
 Flexion Plantarflexion

Step 5: Choose Orthosis	Step 6: Take Measurements <small>(Refer to Measurement Guide)</small>
<input type="checkbox"/> Knee	A, B, C, D, E, F <i>(See Note 1)</i>
<input type="checkbox"/> Ankle	C, D, F, G
<input type="checkbox"/> Toe	G, H

Step 3: Select Side

Left
 Right

Step 4: Patient Information

Height _____
 Weight _____

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

Measurement Guide

~ **Note 1:** Patient in sitting position
 ~ **Note 2:** Please make sure E & F measurements are recorded correctly

Circumference

Length

