**Lower Extremity Circumference Measurements**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affected side: Right Left Bilateral

Patient ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CIRCUMFERENCES – Measurements were taken every \_\_\_\_\_\_\_ cm** | | | | | | |
|  | **R leg L leg** | **R/L leg** | **R/L leg** | **R/L leg** | **R/L leg** | **R/L leg** | **R/L leg** |
| **Date** |  |  |  |  |  |  |  |
| **MTP’s** |  |  |  |  |  |  |  |
| **DORSUM OF FOOT** |  |  |  |  |  |  |  |
| **LAT MALL 1** |  |  |  |  |  |  |  |
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**Comments:**