

Lower Extremity Circumference Measurements

Patient Name: _____ Affected side: Right Left Bilateral
 Patient ID: _____ Diagnosis: _____
 Therapist: _____

	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
Date							
MTP's							
DORSUM OF FOOT							
LAT MALL 1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
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17							
18							

Comments: