**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** | **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** |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |
| **18**  |  |  |  |  |  |  |  |

**Comments:**