

Upper Extremity Circumference Measurements

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

	CIRCUMFERENCES – Measurements were taken every _____ cm						
	R arm	L arm	R/L arm	R/L arm	R/L arm	R/L arm	R/L arm
Date							
MCP's							
WEBBED SPACE							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
FINGERS							
1							
2							
3							
4							
5							

Comments: