

PATIENT NAME \_\_\_\_\_ Spanish Instructions Required:

JAS Sales Representative \_\_\_\_\_

Step 1: Select Product Line	Step 2: Select Side
<input type="checkbox"/> JAS Rental (Durable)	<input type="checkbox"/> Left
<input type="checkbox"/> JAS EZ (Purchase)	<input type="checkbox"/> Right

Step 3: Choose Orthosis	Step 4: Take Measurements (Refer to Measurement Guide)
<input type="checkbox"/> Elbow	A, B, C, E, F, G, H (See Note 2)
<input type="checkbox"/> Extension Only	A, B, C, E, F, G, H (See Note 3)
<input type="checkbox"/> Pro/Sup	A, B, C, E, F, H, I, J (See Note 1)
<input type="checkbox"/> Wrist	B, C, G, I (See Note 1)
<input type="checkbox"/> Finger	D, J, K
<input type="checkbox"/> Shoulder	
<input type="checkbox"/> Body Mount (Mobile, ambulatory use)	A, B, C, E, F, G, H, L, M, N, O (See Note 1)
<input type="checkbox"/> Floor Mount (Non-mobile, stationary use)	A, B, C, E, F, G, H, M (See Note 1)

**Note 1:** Elbow flexed to 90°

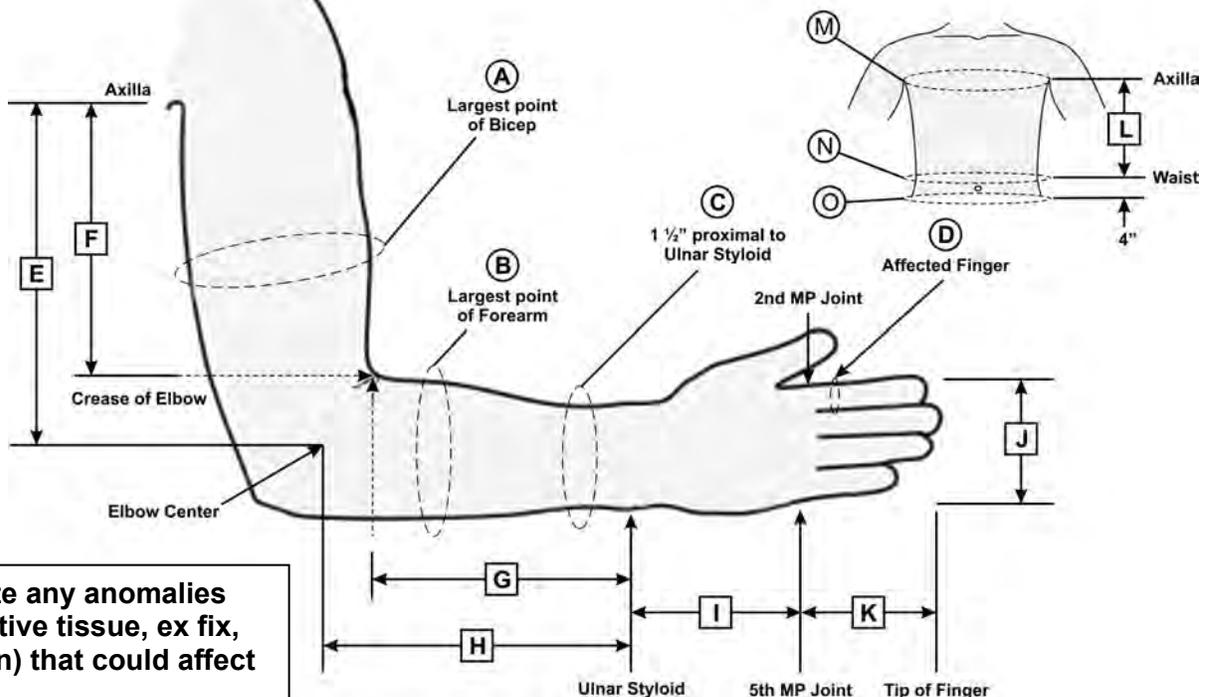
**Note 2:** Elbow flexed as far as possible

**Note 3:** Elbow extended as far as possible

### Step 5: Record Measurements (in inches) Below

_____	(A) Circumference: Largest point of Bicep
_____	(B) Circumference: Largest point of Forearm
_____	(C) Circumference: 1 ½" proximal to Ulnar Styloid
_____	(D) Circumference: Affected Finger proximal Phalanx
_____	(E) Length: Axilla to Medial Epicondyle
_____	(F) Length: Axilla to Crease of Elbow
_____	(G) Length: Crease of Elbow to Ulnar Styloid
_____	(H) Length: Lateral Epicondyle to Ulnar Styloid
_____	(I) Length: Ulnar Styloid to 5 <sup>th</sup> MP Joint
_____	(J) Length: Width of Hand across MP Joints
_____	(K) Length: Affected Finger MP Joint to tip of Finger
_____	(L) Length: Axilla to Waist
_____	(M) Circumference: Chest at Axilla
_____	(N) Circumference: Waist at Belly Button
_____	(O) Circumference: 4" below Belly Button

## Measurement Guide



Please note any anomalies (i.e.; sensitive tissue, ex fix, amputation) that could affect fitting.