

PATIENT NAME \_\_\_\_\_

Spanish Instructions Required:

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

**Step 1: Select Product Line**

- JAS (Rental)
- JAS EZ (Purchase)
- JAS Dynamic (Rental)

**Step 3: Select Side**

- Left
- Right

**Step 2: Select Direction**

- Extension
- Flexion
- Supination
- Pronation

**Step 4: Patient Information**

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Step 5: Choose Orthosis**

- Elbow
- Pro/Sup
- Wrist
- Finger

**Step 6: Take Measurements**  
(Refer to Measurement Guide)

- A, B, C, E, F, G, H, (See Note 1)
- A, B, C, E, F, H, I, J (See Note 2)
- B, C, G
- D, J, K

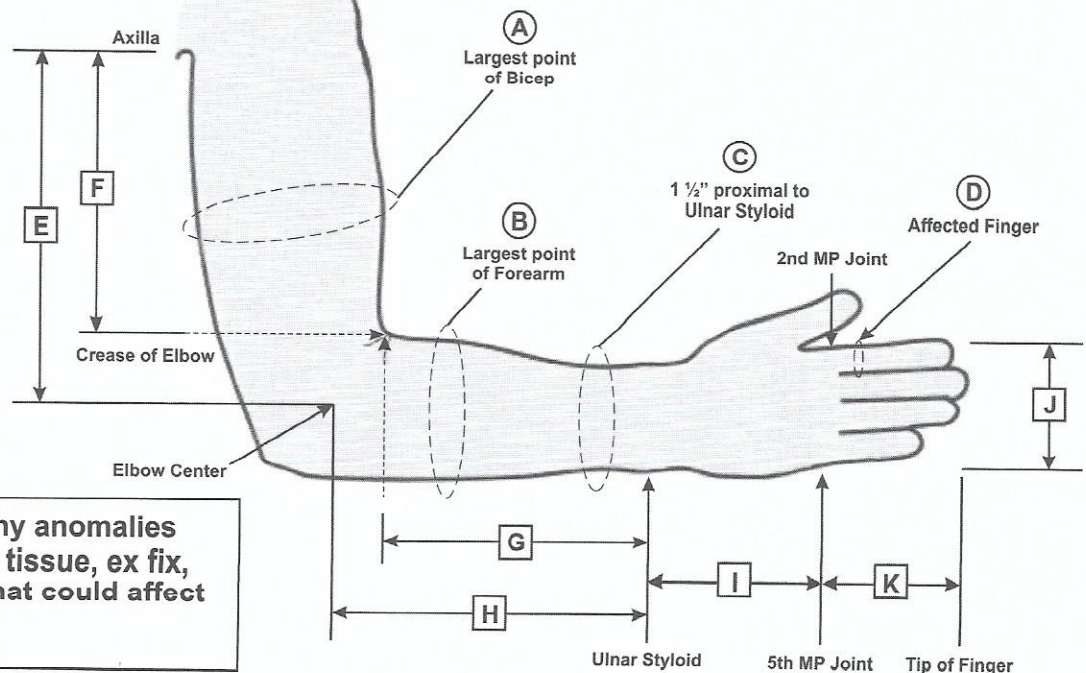
**Step 7: Record Measurements (in inches) Below**

- \_\_\_\_\_ (A) Circumference: Largest point of Bicep
- \_\_\_\_\_ (B) Circumference: Largest point of Forearm
- \_\_\_\_\_ (C) Circumference: 1 1/2" 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

**Note 1:** If extension, extend as far as possible  
If flexion, flex as far as possible

**Note 2:** Elbow flexed to 90°

## Measurement Guide



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