

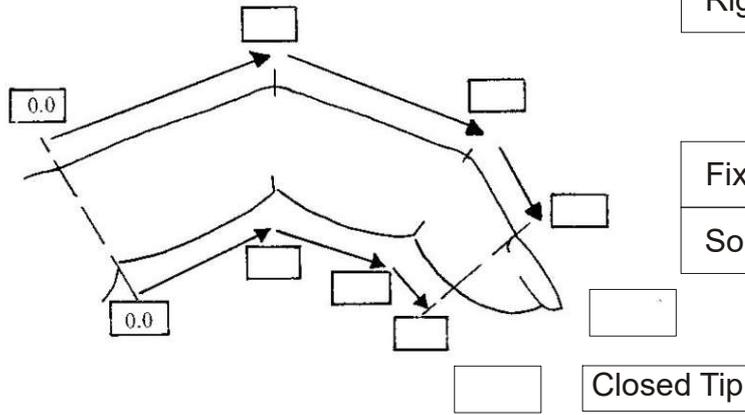


**CONFIDENTIAL**

**MEASURING FLEXED FINGER FORM**

CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_/\_\_\_/\_\_\_

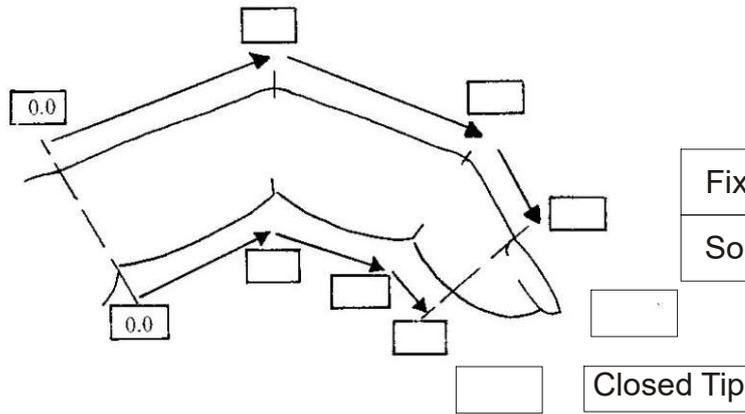
**Index**



Left Hand	
Right Hand	

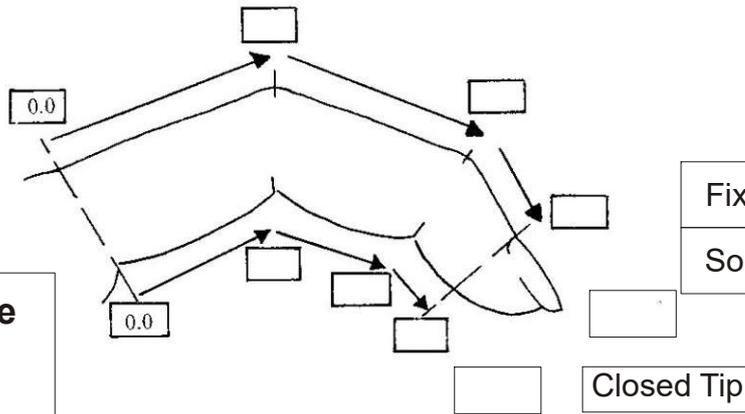
Fixed Flexion	
Some Extension	

**Middle**



Fixed Flexion	
Some Extension	

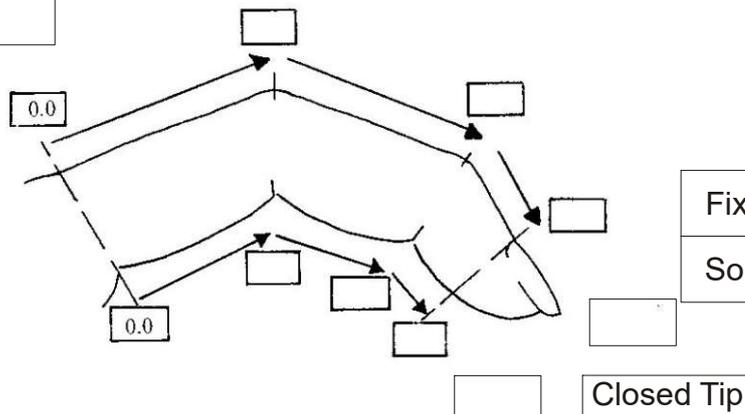
**Ring**



Fixed Flexion	
Some Extension	

**NB: Please also measure Finger Lengths on Hand Measurement Form as standard.**

**Little**



Fixed Flexion	
Some Extension	