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## **MEASURING FLEXED FINGER FORM**

CONFIDENTIAL

DATE: \_\_\_/\_\_ CLIENT SURNAME: \_\_ GIVEN NAME: \_ Left Hand Right Hand Fixed Flexion Index Some Extension Closed Tip Fixed Flexion Middle Some Extension Closed Tip 0.0 Ring Fixed Flexion Some Extension **NB: Please also measure** Finger Lengths on Hand Closed Tip **Measurement Form as** standard. 0.0 Fixed Flexion Little Some Extension Closed Tip