



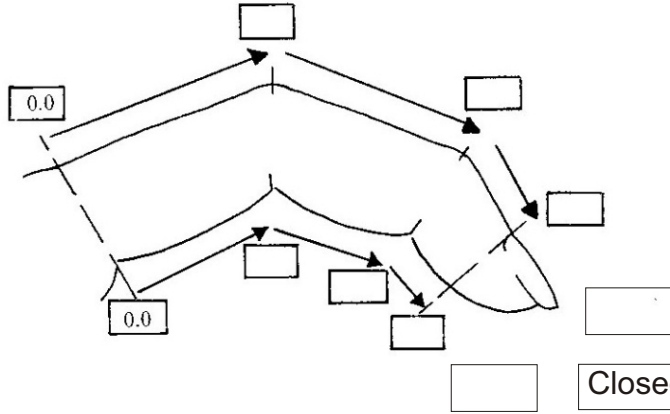
**CONFIDENTIAL**

**MEASURING FLEXED FINGERS FORM**

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

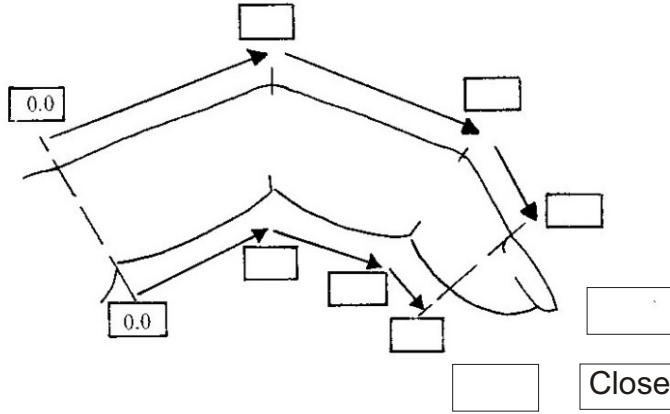
Left Hand	
Right Hand	

**Index**



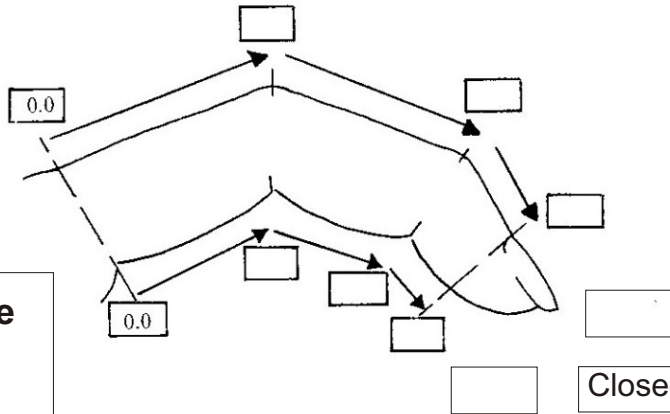
Fixed Flexion	
Some Extension	

**Middle**



Fixed Flexion	
Some Extension	

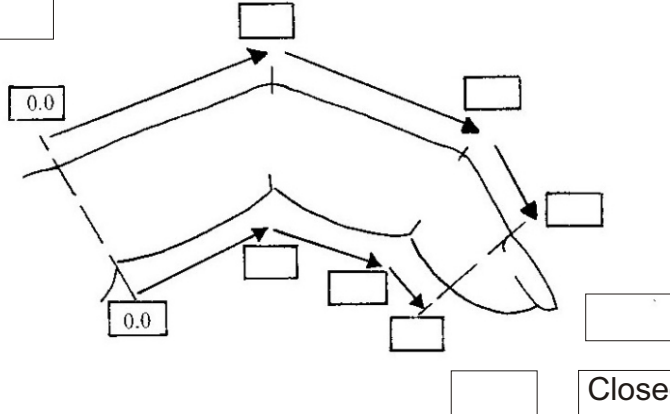
**Ring**



Fixed Flexion	
Some Extension	

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

**Little**



Fixed Flexion	
Some Extension	