



## MEASURING FLEXED FINGERS FORM

CLIENT

SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_

☐ M

☐ F

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Index

0.0

0.0

Closed Tip

Left Hand

Right Hand

Fixed Flexion

Some Extension

Middle

0.0

0.0

Closed Tip

Fixed Flexion

Some Extension

Ring

0.0

0.0

Closed Tip

Fixed Flexion

Some Extension

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

Little

0.0

0.0

Closed Tip

Fixed Flexion

Some Extension