



Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

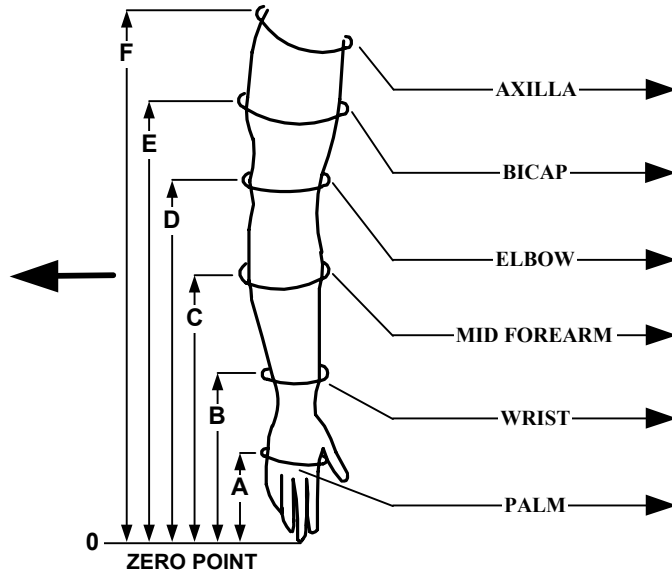
lymphapress® LYMPHA PRESS ARM & LEG MEASUREMENT FORM

* Length measured from Zero Point

* All Measurements in cm

Length

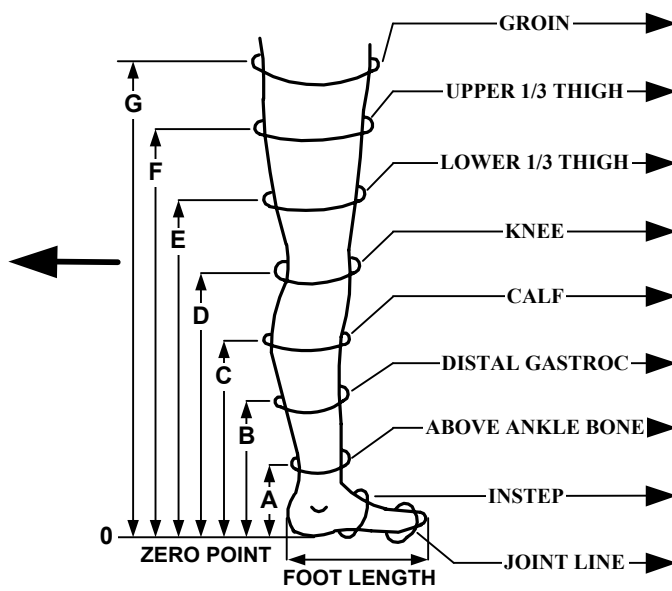
	Left	Right
F		
E		
D		
C		
B		
A		



Circumference

	Left	Right
AXILLA		
BICAP		
ELBOW		
MID FOREARM		
WRIST		
PALM		

	Left	Right
G		
F		
E		
D		
C		
B		
A		



	Left	Right
GROIN		
UPPER 1/3 THIGH		
LOWER 1/3 THIGH		
KNEE		
CALF		
DISTAL GASTROC		
ABOVE ANKLE BONE		
INSTEP		
JOINT LINE		

Accurate measuring is the key to perfect fit and best results