



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

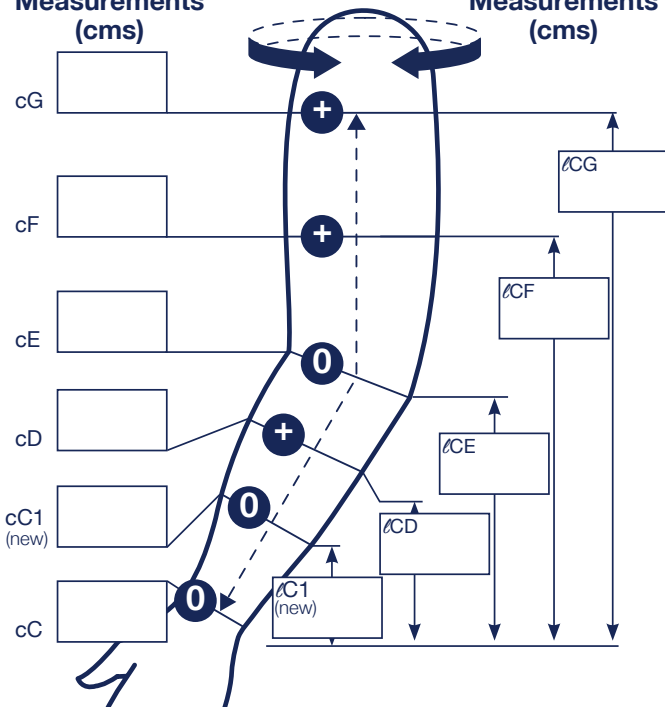


## JOBST CONFIDENCE UPPER EXTREMITY MEASUREMENT FORM

<b>Color</b> <input type="checkbox"/> Beige <input type="checkbox"/> Caramel <input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Red Heather <input type="checkbox"/> Anthracite Heather	<b>Styles</b> <input type="checkbox"/> CG1 <input type="checkbox"/> AG1	<b>Quantity/Class</b> Left	<b>CCL1</b> (15-21mmHg*)	<b>CCL2</b> (23-32 mmHg*)
		Right		
<b>Lateral Rise is 10% of circumference at G and is not adjustable (ex: if cG is 35cm then lateral rise is 3.5cm)</b>	<b>Elbow Options</b> <input type="checkbox"/> Elbow Comfort Zone <b>Elbow Bend Options</b> <input type="checkbox"/> Elbow 25 Degree (standard) <input type="checkbox"/> Elbow 45 Degree	<b>Decorative Options</b> <input type="checkbox"/> Decorative Line (Front of garment) <input type="checkbox"/> Patient Initials Max 2 letters (A-Z) _____	<b>Silicone Band</b> <input type="checkbox"/> No Silicone <input type="checkbox"/> SoftFit 2.5cm <input type="checkbox"/> 2.5cm Top <input type="checkbox"/> 2.5cm Inside 1/2	

**Circumference Measurements (cms)**

**Length Measurements (cms)**



### Measuring Guidelines

(Only applicable for Confidence)

See Arm Diagram for applicable tension at each landmark.

Apply lay-on measurement/no tension to every circumference on the hand, fingers and thumb. See JOBST Measuring Guidelines for complete measuring instructions.

0 no tension

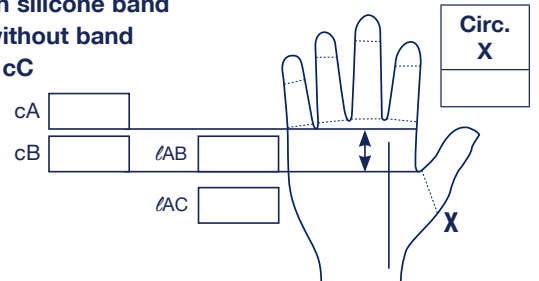
+ light tension

cG = 0 no tension with silicone band

cG = + light tension without band

ΔC1 = 5 to 7cm above cC

(ΔCG must be taken with the arm bent)



\* Design Pressure