SPIO®

Fingers / Wrist-Hand Orthosis
Custom Measurement Form

Date _____

Name (Patient) _____ Age _____

Contact Name _____

Contact Phone _____ Contact Email _____

Measurement Key

Length = [ ]

Circumference = ( )

Measurements should be in centimeters. All boxes must be filled in.

Ring finger (B)
_____cm — Line B

_____cm (Line B1) _____cm (Line B2) _____cm (Line B3)

Middle finger (C)
_____cm — Line C

_____cm (Line C1) _____cm (Line C2) _____cm (Line C3)
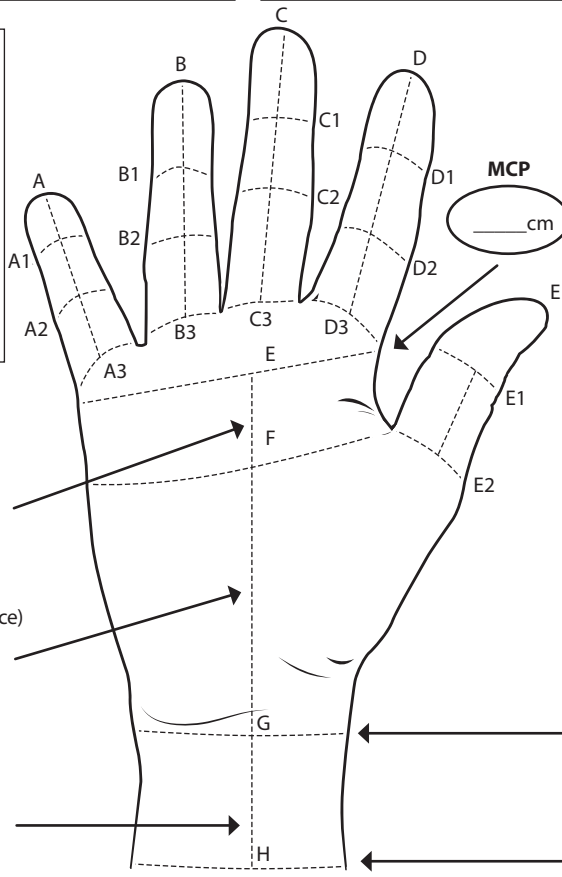
Pinky (A)
_____cm — Line A1
_____cm — Line A
_____cm — Line A2
_____cm — Line A3

Index Finger (D)
_____cm — Line D1
_____cm — Line D2
_____cm — Line D
_____cm — Line D3

Thumb (E)
_____cm — Line E1
_____cm — Line E2
_____cm — Line E

MCP
_____cm

Wrist (at crease) **to MCP**
_____cm — Line E - G

Wrist (at crease) **to Palm** (at web-space)
_____cm — Line F - G

Glove End (standard 5-7cm)
_____cm — Line G - H

Wrist (at crease)
_____cm

Glove End
_____cm

ALL MEASUREMENT FIELDS ARE REQUIRED.

Quantity
[ ]

Options

Fingers	OPEN	CLOSED

Additional Comments

Please include a copy of the SPIO Order Form along with your custom measurement form.