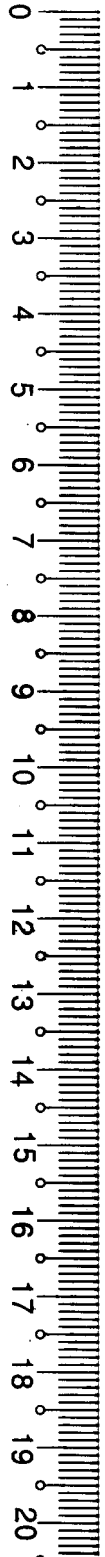




HAND/FOOT OUTLINE FORM

Patient Name _____ Date _____

Diagnosis _____ OT/Physio. Name _____



**When tracing the hand or foot outline, they must lay as flat as possible, so the web heights are accurate.
When tracing the hand outline, keep the middle finger and forearm in a vertical position.**