Therapist Support Laboratory

PO Box 1022
Collingwood, Victoria, 3066
Tel:03 9421 2880
Fax: 03 9421 1335
Website: www.tslaustralia.com.au
Email: tsl@tslaustralia.com.au

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.