



# HAND MEASUREMENT CHART

Bio-Concepts Custom Pressure Garments are available only under Physician's Order



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PLEASE DO NOT WRITE IN MARGINS

Patient Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date \_\_\_\_\_

Garment color \_\_\_\_\_

Insert \_\_\_\_\_

Lining \_\_\_\_\_

Left hand zipper:  Dorsal  Palmar  Ulnar  Radial  
 With hook & loop zipper stop tab

Right hand zipper:  Dorsal  Palmar  Ulnar  Radial  
 With hook & loop zipper stop tab

Glove and Gauntlet zippers normally open at the proximal end of the garment and extend to just proximal to the knuckles (MCPs).

Finger/thumb tips closed  Finger/thumb tips open

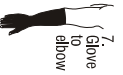
Refer to the Bio-Concepts Measuring Manual for detailed procedures, additional instructions, and example measuring charts.

Additional instructions or comments:

## CIRCLE ITEMS ORDERED

Bio-Concepts Use Only:

F =



**HAND TRACINGS ARE REQUIRED for all Gloves, Gauntlets, & Mittens**

Use the UPPER EXTREMITY CHART

for adding sleeves to gloves & gauntlets.

REQUIRED MEASUREMENTS

Gloves: All

Mittens: All, except C thru J

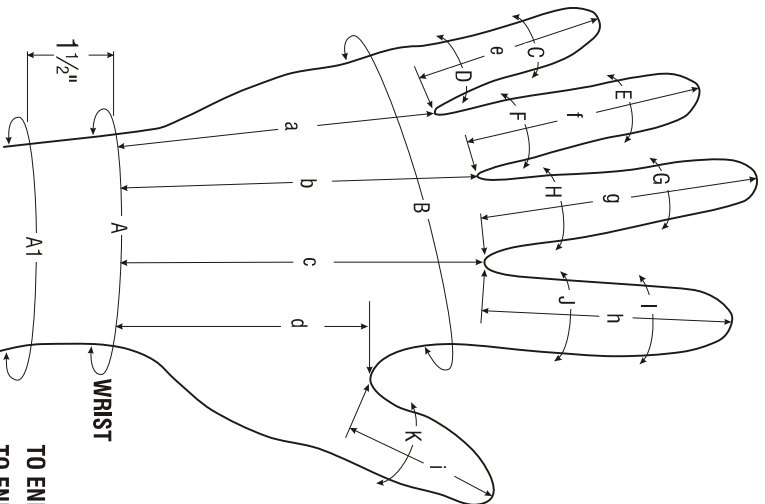
Gauntlet: A1, A, B, K, d, & i

Refer to the Bio-Concepts Measuring Manual for instructions on measuring contracted fingers.

Use the hand tracing to illustrate special features & options.

NOTE:

Always take distances (a-i) from a hand tracing not from the patient



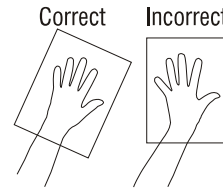
	LEFT HAND	RIGHT HAND
A1		
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
a		
b		
c		
d		
e		
f		
g		
h		
i		

TO END OF FINGER  
 TO END OF GLOVE FOR OPEN TIPS

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**REQUIRED in conjunction with HAND MEASUREMENT CHART • Position and trace patient's hand within outline**

Patient \_\_\_\_\_ Date \_\_\_\_\_



If the glove is to have open finger tips, mark the desired ends of the fingers on the tracing with tic marks.



Please do not send a hand tracing without a scale

0.8x4.00

Draw a 3-inch long line in this box

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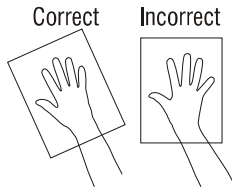
Take measurements a-i on the Hand Measurement Chart from the hand tracing.

Place wrist crease on this line

**REQUIRED in conjunction with HAND MEASUREMENT CHART • Position and trace patient's hand within outline**

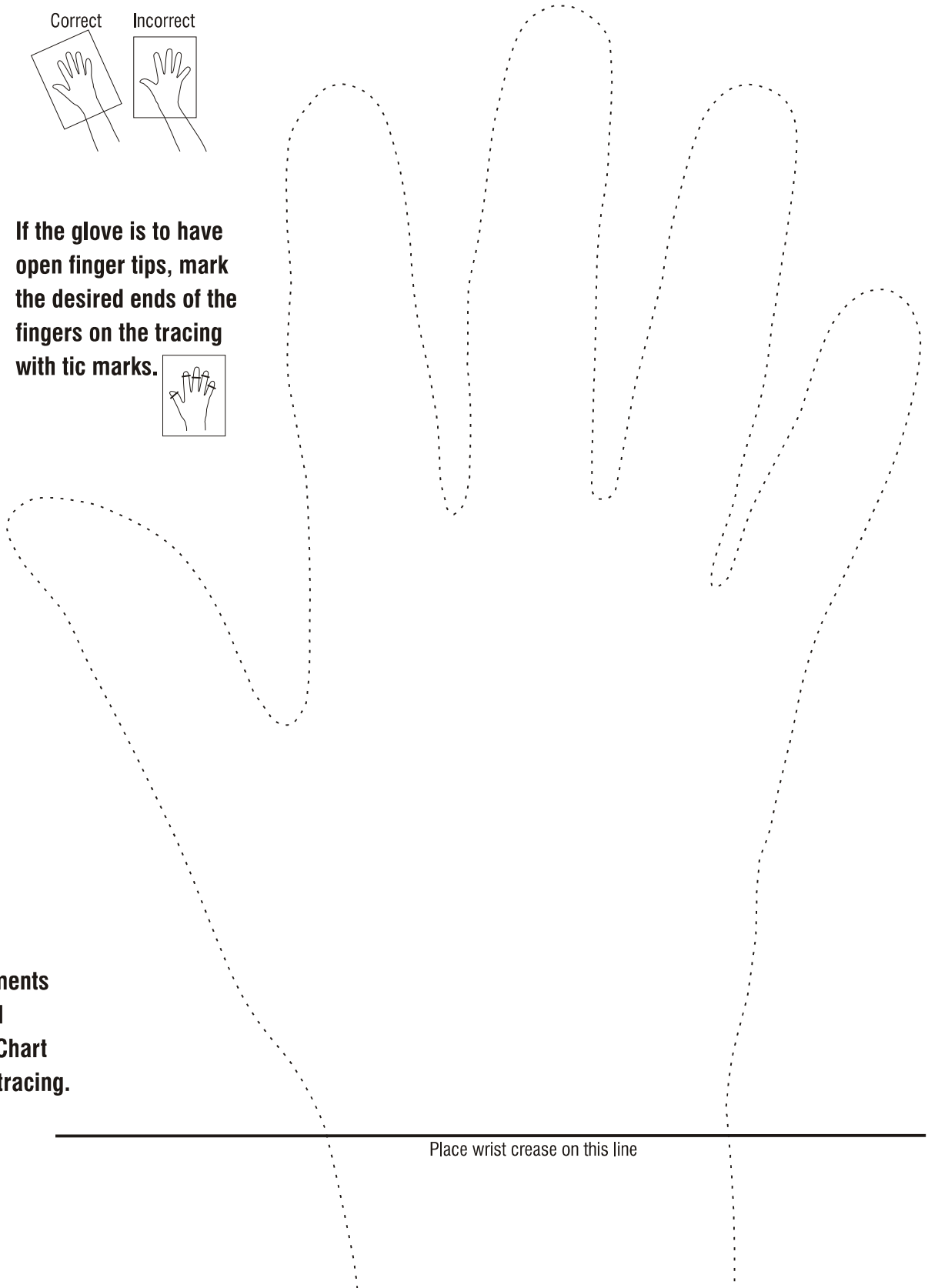
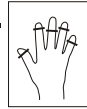
Patient \_\_\_\_\_ Date \_\_\_\_\_

0.8x4.00



Draw a 3-inch long line in this box

If the glove is to have open finger tips, mark the desired ends of the fingers on the tracing with tic marks.



PLEASE DO NOT WRITE IN MARGINS

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PLEASE DO NOT WRITE IN MARGINS

Take measurements  
a-i on the Hand  
Measurement Chart  
from the hand tracing.

Place wrist crease on this line