



**BK BY MEASUREMENT / STANDARD BK
EVALUATION FORM**

Patient Data

Name: _____

Age: _____

Height: _____ Weight: _____

Side: Left ___ Right ___ Bilateral _____

Foot Size (cm): _____

Indicate Color Selection: White Caucasian Negroid Black

Ship To: _____

Date Needed By: _____

Today's Date: _____

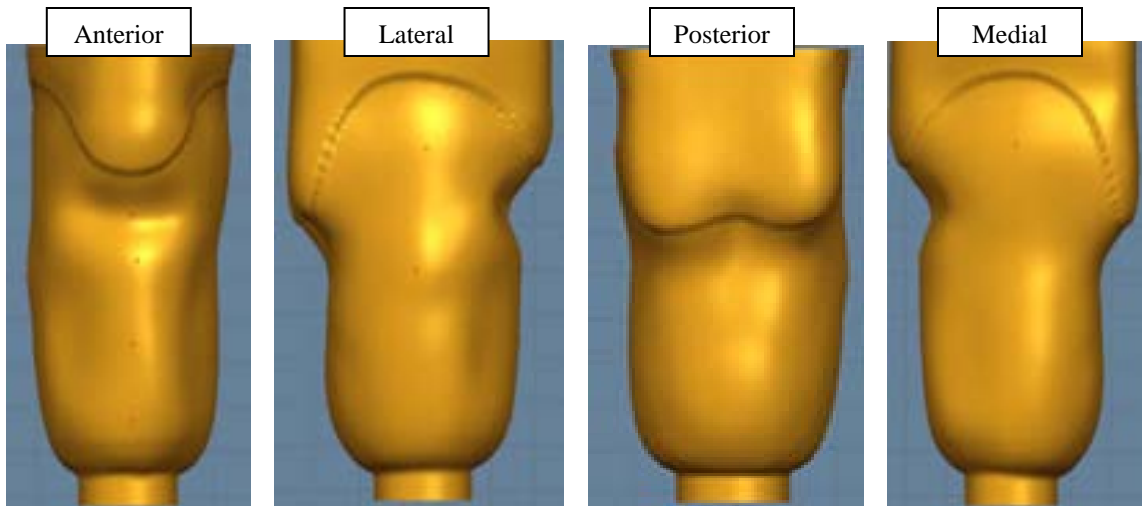
Location: _____

Gender: ___ Male ___ Female

Practitioner: _____

Liner Mfg., Style, Size: _____

***Please denote any trigger points, neuromas, or sensitive areas with an "X"**



Residual Limb Shape: _____ Cylindrical _____ Bulbous _____ Narrow

<p>**LENGTH MEASUREMENTS FROM KNEE CENTER (KC) ARE TAKEN ON THE LIMB SURFACE WITH A SOFT TAPE MEASURE.</p>	<p>*** THE "STANDARD" LENGTH IS TO BE TAKEN WITH A BK LENGTH GAUGE.</p>	<p>****APEX OF GASTROC LANDMARK IS LOCATED 1" PROXIMAL TO THE ANTERIOR DISTAL TIBIA.</p>
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SURFACE Length Measurements

KC to MPT _____
 KC to Tib. Tuber _____
 KC to Apex of Gastroc _____
 KC to Distal Tibia _____
 KC to Basket _____
 Basket Circumference _____

Circumference Measurements

Knee Center (KC) _____
 Mid-Patellar Tendon _____
 Tibia Tubercle _____
 Apex of Gastroc _____
 Distal Tibia _____

STANDARD Length Measurement

KC to Distal End _____

Dimensional Measurements

A-P _____
 M-L _____ PM-L _____