**EVALUATION OF LEG LENGTH DIFFERENCE**

**Name:**

**Date of Birth:**

**Country:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Result** | |
| **Right** | **Left** |
| Leg length as measured from the anterior superior iliac spine to the medial malleoli | \_\_\_\_\_\_\_ cm | \_\_\_\_\_\_\_\_ cm |

Date:

Medical Practitioner name and title:

Medical Practitioner signature: