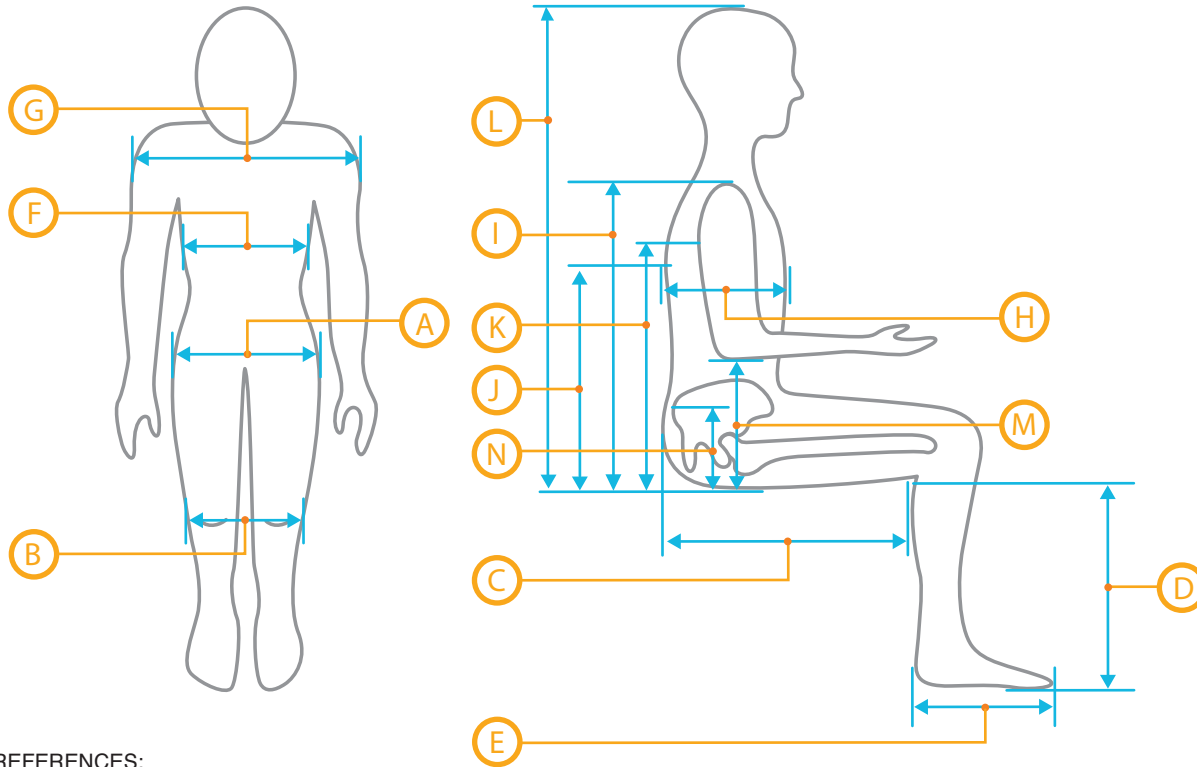


Wheelchair Assessment Measuring Guide

CLIENT NAME _____ DATE _____



- A. HIP WIDTH: _____
- B. EXTERNAL KNEE WIDTH: _____
- C. BUTTOCK/THIGH DEPTH:
R _____ L _____
- D. LOWER LEG LENGTH: _____
WITH SHOES: YES ___ NO ___
- E. FOOT SIZE: _____
- F. CHEST WIDTH: _____
- G. SHOULDER WIDTH: _____
- H. CHEST DEPTH: _____
- I. SHOULDER HEIGHT:
R _____ L _____
- J. SCAPULA (INTERIOR ANGLE) HEIGHT:
R _____ L _____
- K. AXILLA HEIGHT:
R _____ L _____
- L. SITTING HEIGHT: _____
- M. ELBOW HEIGHT:
R _____ L _____
- N. PSIS HEIGHT: _____

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