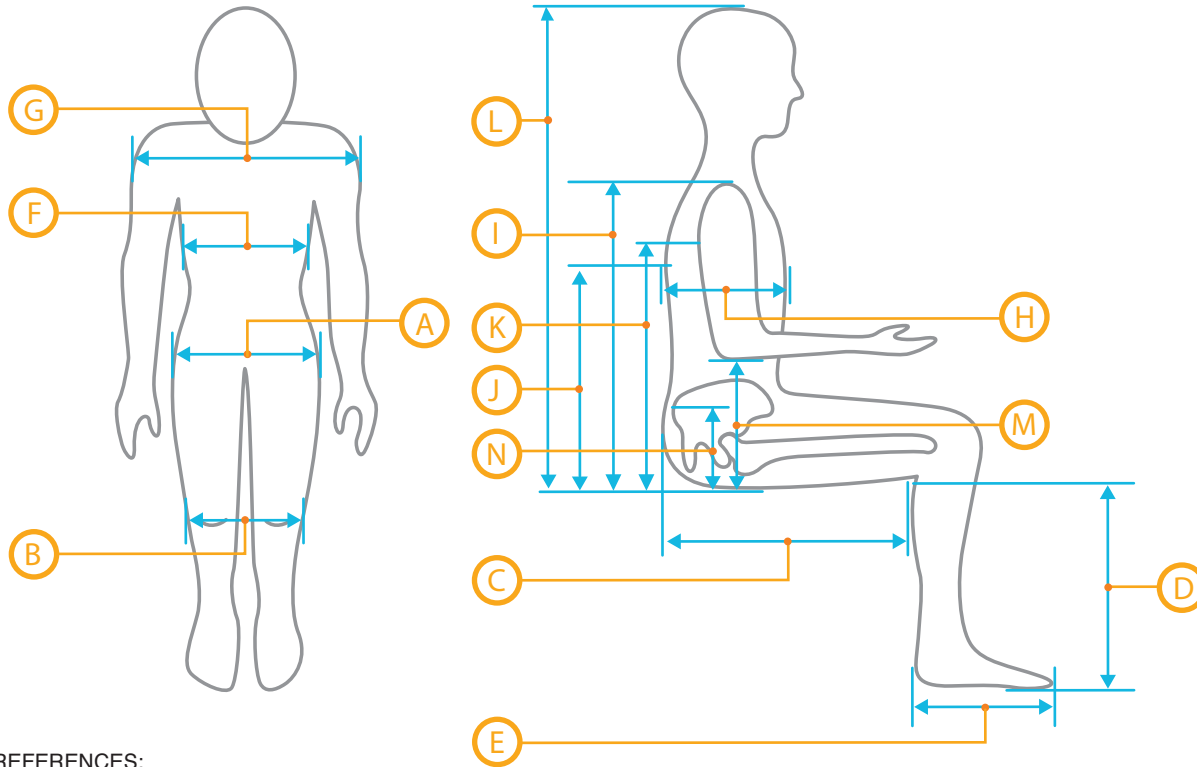


## Wheelchair Assessment Measuring Guide

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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