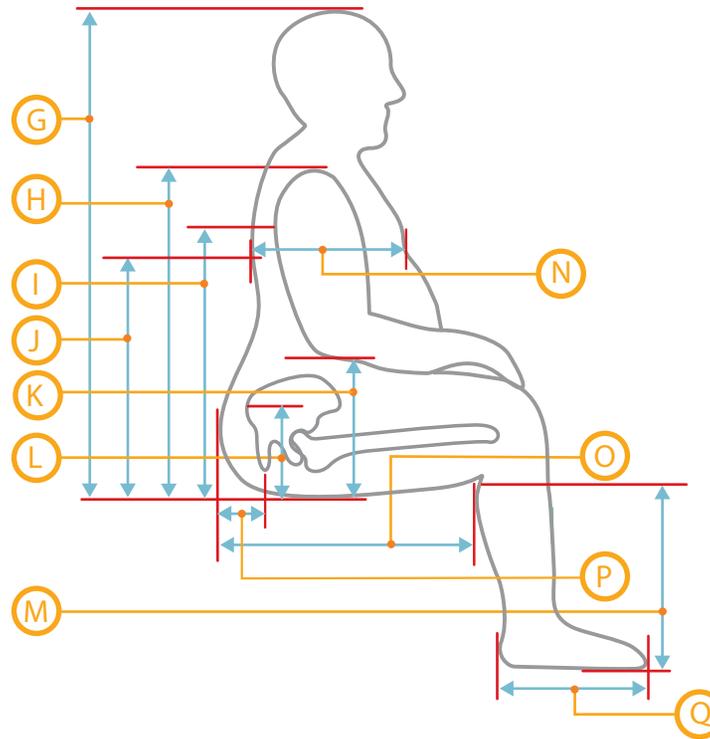
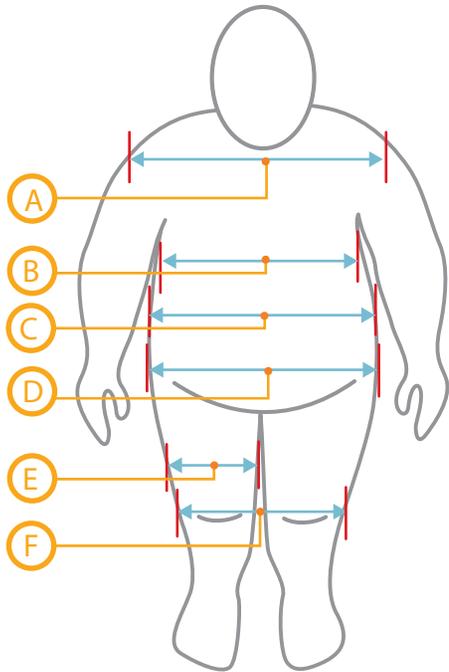


## Bariatric Wheelchair Assessment Measuring Guide

CLIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_



- A. SHOULDER WIDTH: \_\_\_\_\_
- B. CHEST WIDTH: \_\_\_\_\_
- C. WAIST WIDTH: \_\_\_\_\_
- D. HIP WIDTH: \_\_\_\_\_
- E. INDIVIDUAL KNEE WIDTH: \_\_\_\_\_
- F. EXTERNAL KNEE WIDTH: \_\_\_\_\_
- G. SITTING HEIGHT: \_\_\_\_\_
- H. SHOULDER HEIGHT: \_\_\_\_\_
- I. AXILLA HEIGHT: \_\_\_\_\_
- J. SCAPULA HEIGHT: \_\_\_\_\_
- K. ELBOW HEIGHT: \_\_\_\_\_
- L. PSIS HEIGHT: \_\_\_\_\_
- M. LOWER LEG LENGTH: \_\_\_\_\_
- N. TRUNK DEPTH: \_\_\_\_\_
- O. BUTTOCK THIGH: \_\_\_\_\_
- P. ISCHIAL DEPTH: \_\_\_\_\_
- Q. FOOT DEPTH: \_\_\_\_\_

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