

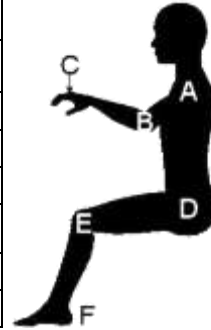
# Amtryke Assessment Form

(Must be filled out completely by therapist)

Recipient's Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Weight (lbs.):\* \_\_\_\_\_ Height (inches):\* \_\_\_\_\_  
 Diagnosis(es):\* \_\_\_\_\_

\*This private information is only used to help appropriately fit the rider.

RIDER'S MEASUREMENTS					
Arm Measurements (inches)					Total Length
Left	A to B:		B to C:		
Right	A to B:		B to C:		
Trunk	A to D:				
Leg Measurements (inches)					Total Length
Left	D to E:		E to F:		
Right	D to E:		E to F:		



A	Center of Shoulder
B	Center of Elbow
C	Center of Digit Crease
D	Center of Hip
E	Center of Knee
F	Bottom of Foot

**Arm Length & Leg Length Measurements are critical to correct Amtryke Selection**

Sizing Chart is available online:  
[www.ambucs.org/riders/wish-list/sizing-chart/](http://www.ambucs.org/riders/wish-list/sizing-chart/)

**Notes on Provided Measurements** (if any):

Helmet Sizing	
Size	Measurement (head circumference)
XXS	18.5" to 19.5"
XS	20.5" to 22"
S/M	22" to 23.6"
L/XL	23.6" to 25.75"

Therapist Name: \_\_\_\_\_ Is this the treating therapist?  Yes  No

Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this facility an Amtryke Evaluation Site?  Yes  No  Not Sure

Therapist comments concerning recipient or goals:

This request/assessment is directed to:

Local AMBUCS Chapter Name: Upstate SC Ambucs

National Wish List (AMBUCS Resource Center)

By signing below, you are signifying that in your professional opinion this rider would benefit from an Amtryke. You assume no liability.

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Ship Amtryke To			
<b>Name/Facility:</b> _____			<b>Phone:</b> _____
<b>Street Address:</b> _____			
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	

Please mail or email completed form to Upstate SC AMBUCS

Mailing address: P.O. Box 2634, Greenville, SC 29602 Email: [upstatescambucs@gmail.com](mailto:upstatescambucs@gmail.com)

This Form, Tryke Selection Form, and the Request/Liability Waiver Form must be received by Upstate SC AMBUCS before placement is considered.

Recipient's Name:

### Thanks for choosing an Amtryke therapeutic tricycle!

In order to accommodate the widest variety of people and disabilities, Amtryke offers many tryke models and each can be customized in a variety of ways. Following the steps below will help you choose to the perfect tryke for your client from what might seem like a dizzying array of options.

Remember you can always refer to our website, [www.amtrykestore.org](http://www.amtrykestore.org), or the Amtryke catalogue for more information and product images.

**Step 1:** Fill out the first page of the Amtryke Assessment Form.

**Step 2:** Choose the way the tryke will be propelled: **Hand & Foot, Foot, or Hand**. Your choice should be based on the rider's ability and therapy goals.

**Hand & Foot** trykes improve coordination, strength and range of motion. Using all four extremities helps with weakness in any area, even general weakness, and can positively affect tone.

**Foot** trykes were developed in response to requests from therapists for a traditional tricycle for riders with special needs.

**Hand** trykes are designed for persons whose lower limbs lack function or those who need special therapy for the upper extremity.

**Step 3:** Take rider's measurements from the front of this Assessment Form and compare them to our Sizing Chart. (This will narrow the choices considerably)

**Step 4:** Choose a drive. (If it doesn't mention a choice, then ignore this step.)

Amtrykes come with two drive possibilities: **fixed** drive or **geared** drive. Tryke models have been carefully designed so the drive matches the therapeutic goals of the equipment; therefore all drives are not available on all trykes.

A **fixed** drive, commonly known as a 'fixie,' works on a mechanical level to help individuals make a full pedal rotation. The foot crank is constantly in motion for full therapeutic effect. Coasting is not possible with a positive drive; when limb motion stops, the bike does as well.

Riders of **geared** drive trykes must be able to make a complete pedal rotation on their own. This tryke is suitable for riders who need help with balance and a stable sitting position and who have the cognitive ability to steer successfully and apply the coaster brake or hand brake. The key feature of geared trykes is the ability to coast.

**Step 5:** Chose any adaptations and/or accessories needed by the rider. *Each tryke model can only be customized in the ways noted in its own model section in the Tryke Selection Forms or with the generic accessories listed below. If a customization option is not listed, it is because of design or other practical constraints in offering it on a particular model.*

<b>GENERIC ACCESSORIES</b> (not model specific)			
<b>Fun Items</b>	<input type="checkbox"/> License Plate	<input type="checkbox"/> Water Bottle w Cage	<input type="checkbox"/> Mirror
<b>Leg &amp; Foot Items</b>	<input type="checkbox"/> Foot Cups (pair): <input type="checkbox"/> Small <input type="checkbox"/> Medium	<input type="checkbox"/> Knee Adductor Strap: <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium	<input type="checkbox"/> Pedal Block (1 = ¾") _____ qty
<b>Hand Items</b>	<input type="checkbox"/> Variable Range of Motion Kit <i>(only for Hand &amp; Foot Cycles)</i>	<input type="checkbox"/> Wrist Wraps <i>(Includes right &amp; left)</i> <input type="checkbox"/> X-Small <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Medium	<input type="checkbox"/> Wrist Brace Mitt: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> XX-Small <input type="checkbox"/> Medium <input type="checkbox"/> X-Small <input type="checkbox"/> Small

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Mailing address: P.O. Box 2634, Greenville, SC 29602 Email: [upstatescambucs@gmail.com](mailto:upstatescambucs@gmail.com)

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