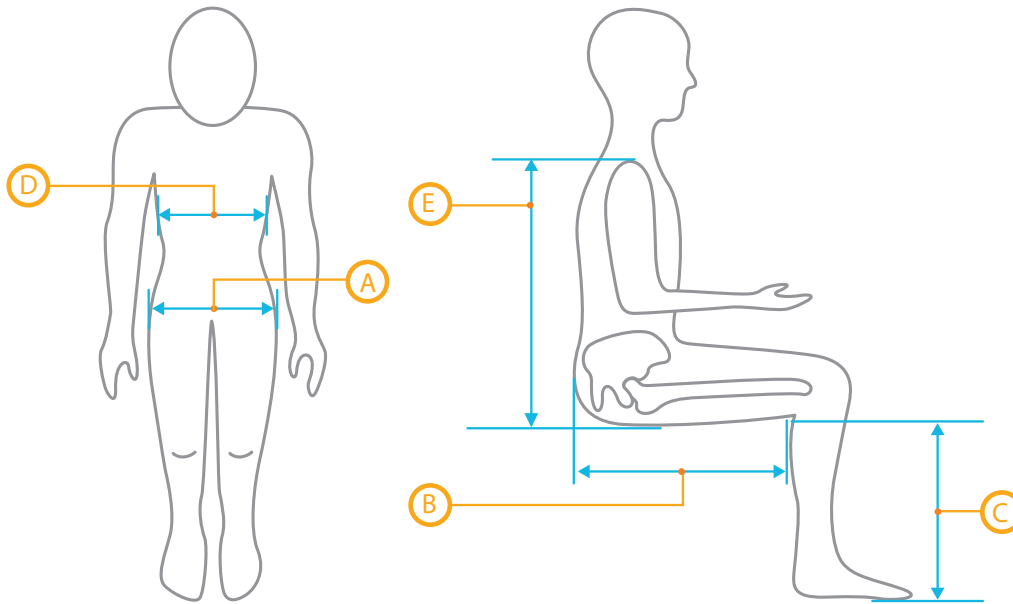


Wheelchair Assessment Measuring Guide

CLIENT NAME _____ DATE _____



A. HIP WIDTH: _____

B. SITTING DEPTH:

R: _____ L: _____

C. LOWER LEG LENGTH:

WITH SHOES: YES ___ NO: ___

D. CHEST WIDTH: _____

E. SHOULDER HEIGHT:

R: _____ L: _____

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