

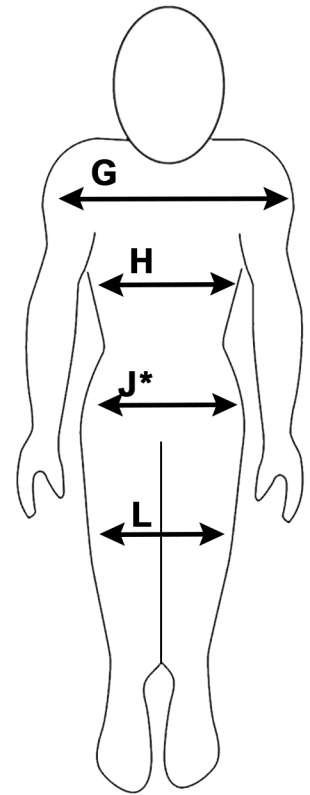
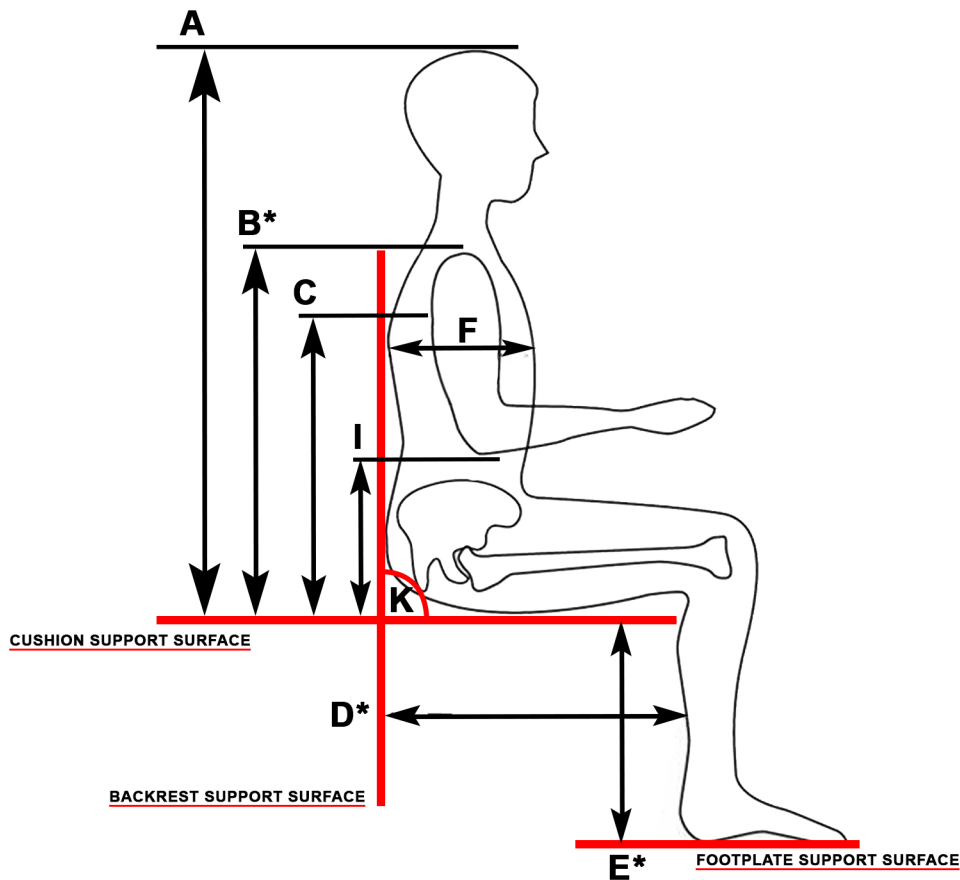
# Wheelchair Measurements Form

Clients Name: \_\_\_\_\_

Therapist: \_\_\_\_\_



Active Mobility



<b>A</b>	Top of head to Cushion support surface _____mm	<b>E</b>	Footplate to top of cushion _____mm	<b>I</b>	Armrest Height _____mm
<b>B</b>	Top of shoulders to Cushion support surface _____mm	<b>F</b>	Trunk depth _____mm	<b>J</b>	Hip width _____mm
<b>C</b>	Armpit to Cushion support surface _____mm	<b>G</b>	Shoulder width _____mm	<b>K</b>	Backrest angle _____°
<b>D</b>	Seat Depth (Backrest support surface to front of seat cushion) _____mm	<b>H</b>	Chest width _____mm	<b>L</b>	Width at knees (outside measurement) _____mm

Notes:

\* Indicates mandatory fields - you must submit these dimensions. All measurements from support surfaces.

Photos tell 1000 words :)