

Amtryke Evaluation Packet

(Must be filled out completely by therapist or physician)

Thanks for choosing an Amtryke adaptive tricycle! In order to accommodate the widest variety of people, 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 best tryke for your client from our wide variety of options. You can always refer to our website, www.amtrykestore.org, or the Amtryke catalogue for more information and product images.

Step 1: Fill out the Amtryke Assessment Form.

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

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

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.

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 (the final page of this packet). This will narrow the choices considerably.

Step 4: 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 accessories from the Generic Accessories section. If a customization option is not listed, it is because of design or other practical constraints in offering it on a particular model.

Note: The 1416, 1420, and 1420XL Foot Trykes offer two drive possibilities: **fixed** drive or **geared** drive. 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. This option is available under the **High Functioning Set Up**.

Amtryke Assessment Form

(Must be filled out completely by therapist or physician)

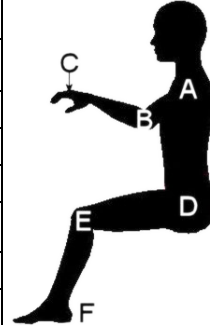
Recipient's Name: _____

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/

Notes on Provided Measurements (if any):

Helmet Sizing

Size	Measurement (head circumference)
Toddler (XS)	17.7" – 19.3"
Child (S)	20.5" – 21.7"
Youth (L)	20.9" – 22.4"
Adult (XL)	22.4" – 23.6"

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: _____

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

Name/Facility: _____	Phone: _____
Street Address: _____	
City: _____	State: _____ Zip: _____