

Bike/Trike Fitting Evaluation Form

Client Info:

Rider's Name				
	Diagnosis	Developmental	Yes	No
		Physical	Yes	No
		Vision Impairment	Yes	No
		Hearing Impairment	Yes	No
Additional Info:				
Age:		Weight:		Height:
Caregiver's Name:				
Phone:			Email:	

Size of adaptive mobility device:

Seat				
Handlebars				
Pedals				
Frame	Upright	Recumbent		

Measurements: (inches)

Inseam:				
Seat to top of shoulder (measure user in a seated position):				
Foot length: -Right:		-Left:		
Arm length: -Right:		-Left:		

Motor Control:

Head control		-Does rider need head piece on seat back?		Yes	No	
Trunk control		-How high does the seat need to be?				
Does rider need neoprene butterfly chest strap?				Yes	No	
Lower Extremity control		-Secure feet with Velcro on footplates		-Foot cages		
Upper Extremity control		-Able to keep hands on handlebars?			Yes	No
		-Able to steer?			Yes	No
		-Does trike need rear steering for caregiver?			Yes	No

Range of Motion:

Lower Extremities:				Measurement: (degrees)	
Does the rider have enough hip flexion?		Yes	No		
hip extension?		Yes	No		
hip abduction?		Yes	No		
knee flexion?		Yes	No		
knee extension?		Yes	No		
ankle dorsiflexion?		Yes	No		
ankle plantarflexion?		Yes	No		
Upper Extremities:				Measurement: (degrees)	
Does the rider have enough shoulder flexion?		Yes	No		
shoulder adduction?		Yes	No		
elbow extension?		Yes	No		
wrist extension?		Yes	No		
finger flexion?		Yes	No		
grip?		Yes	No		

