

Cycle measurement for order, fit & set up

NAME of recipient: \_\_\_\_\_

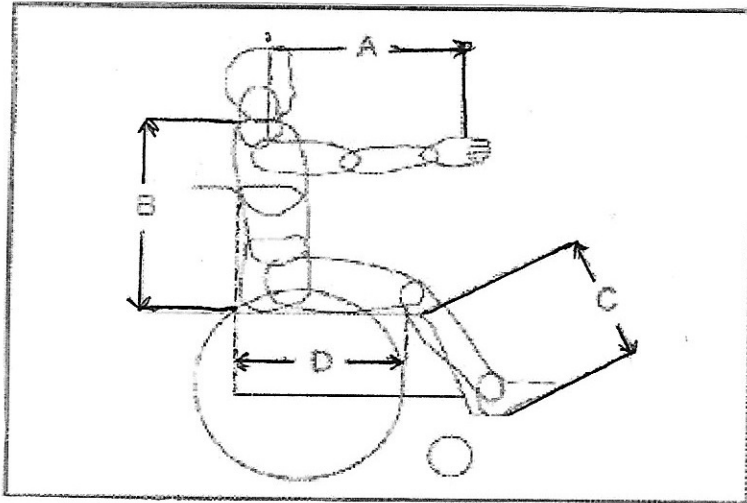
Age: \_\_\_\_\_ Weight in pounds: \_\_\_\_\_ Height in Feet/Inches: \_\_\_\_\_

Disability Level or Type: \_\_\_\_\_

Describe any impairment of arm or hand function use: \_\_\_\_\_

Is this person a candidate for a FOOT pedaled trike? (Primarily need more stable cycle but can pedal)  
YES            NO

See sketch below to get the following measures  
(measurements B and D may best be measured sitting in an L shape against a wall)



- \_\_\_\_\_ A. Top of shoulder to center of palm
- \_\_\_\_\_ B. Top of shoulder to seat
- \_\_\_\_\_ C. Lower leg length
- \_\_\_\_\_ D. Upper leg length
- \_\_\_\_\_ E. Hip width (side to side)
- \_\_\_\_\_ F. Circumference of head (for helmet sizing -NOT on diagram)

\*\*You MAY fill out and return this form by mail or email... OR you can simply reply with the measures.

Spina Bifida Association of Arizona    [office@sbaaz.org](mailto:office@sbaaz.org)    602.274.3323 – please call to confirm we received your measures.