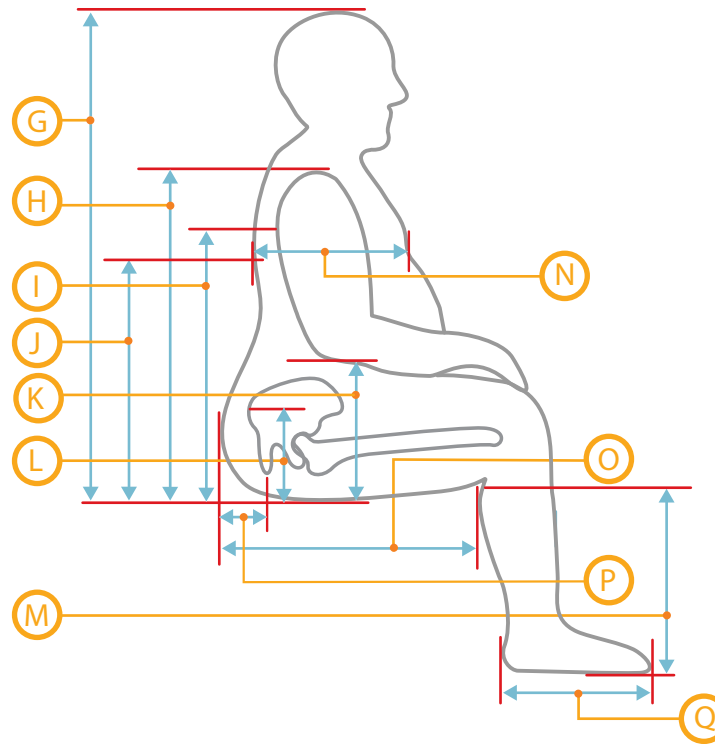
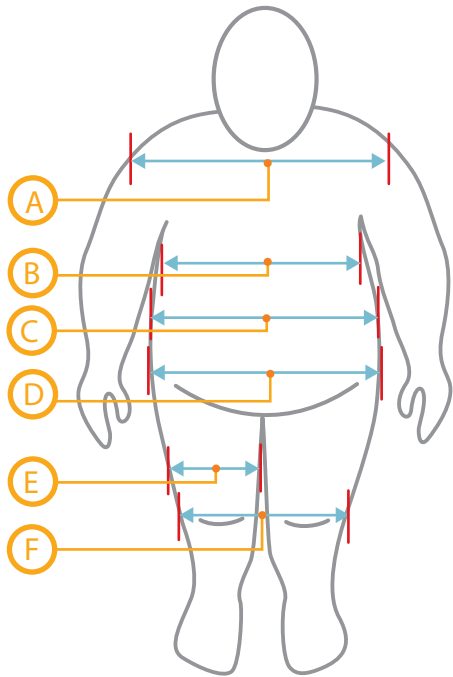


Bariatric Wheelchair Assessment Measuring Guide

CLIENT NAME _____

DATE _____



- A. SHOULDER WIDTH: _____
- B. CHEST WIDTH: _____
- C. WAIST WIDTH: _____
- D. HIP WIDTH: _____
- E. INDIVIDUAL KNEE WIDTH: _____
- F. EXTERNAL KNEE WIDTH: _____
- G. SITTING HEIGHT: _____
- H. SHOULDER HEIGHT: _____
- I. AXILLA HEIGHT: _____
- J. SCAPULA HEIGHT: _____
- K. ELBOW HEIGHT: _____
- L. PSIS HEIGHT: _____
- M. LOWER LEG LENGTH: _____
- N. TRUNK DEPTH: _____
- O. BUTTOCK THIGH: _____
- P. ISCHIAL DEPTH: _____
- Q. FOOT DEPTH: _____

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