

AMTRYKE® ASSESSMENT FORM (MUST BE FILLED OUT COMPLETELY BY THERAPIST)

Using the list below circle the tryke and accessories needed. (view the products visit www.ambucs.org)

Name _____

AM-9XS with seat extender plate and 2 ½ inch crank arms

AM-9S small bucket seat

Wrist Wraps (pr): XXS XS S M L XL Wrist Brace Mitt: Right or Left XXS XS S M L XL Hand Wrap: 1 or 2
Toddler Foot-cups (pr) Pedal Block (1 equals 3/4-inch) _____ Knee adductor strap: S M L Vertical Hand Grips (pr)
Seat Extender Plate 2 ½ inch crank arms(pr) Pull/Steering bar Pedal Leveler Pulley Snappy Seat

AM-12 (12"front wheel hand and feet tryke)

OR **AM-16** (16"front wheel hand and feet tryke)

Choose Seating Option: **SADDLE SEAT/BACK REST** OR **BUCKET SEAT**

Wrist Wrap(pr): XXS XS S M L XL Wrist Brace Mitt: Right or Left XXS XS S M L XL Hand Wrap: 1 or 2
1400 ProSeries Seatback (includes push grip, backpad, 2 laterals) 1400 ProSeries Head Rest 1400 ProSeries Lumbar Pad
1400 ProSeries Full padded back H-Harness: 8 1/2 inch 11 ½ inch Full Padded back spacer kit
Pedal Block (1 equals 3/4-inch) _____ Medium or Large Foot-cup(pr) Knee separator Knee separator 9" extender tube
Knee adductor strap: S M L Vertical Hand Grips(pr) Stationary Foot Platform Push Bar
Pull/Steering Bar Pedal Leveler Toe Pulley Snappy Seat (AM-12 only) Bench Seat

1412 ProSeries (12" wheel foot tryke)

Choose Seating Option: **SADDLE SEAT/PLASTIC BACK REST WITH CHEST STRAPS** OR **BUCKET SEAT**

Wrist Wrap(pr): XXS XS S M L XL Wrist Brace Mitt: Right or Left XXS XS S M L XL
1400 ProSeries Seatback (includes push grip, backpad, 2 laterals) 1400 ProSeries Head Rest 1400 ProSeries Lumbar Pad
1400 ProSeries Full padded back H-Harness: 8 1/2 inch 11 1/2 inch Full Padded back spacer kit
Knee separator Knee adductor strap: S M L Pedal Leveler Toe Pulley Pull/Steering Bar Push Bar

1416 ProSeries (16" wheel foot tryke)

1420 ProSeries (20"wheel foot tryke)

Seating : saddle seat with 1400 ProSeries Seatback-(includes push grip, backpad, 2 laterals)

Wrist Wrap(pr): XXS XS S M L XL Wrist Brace Mitt: Right or Left XXS XS S M L XL Bench Seat Bucket Seat
1400 ProSeries Lumbar Pad 1400 ProSeries Head Rest 1400 ProSeries Full padded back H-Harness: 8 ½ inch 11 ½ inch
Knee separator Knee separator 9" extender tube Knee adductor strap: S M L Full Padded back spacer kit
Pedal Leveler Toe Pulley Pull/Steering bar Push Bar Padded wheel chair seat(1420 only)

2701, 20" Wheels

2721, 24" Wheels

Seating: saddle seat

Wrist Wrap(pr): XXS XS S M L XL Wrist Brace Mitt: Right or Left XXS XS S M L XL
½ Expanding Pedals(pr) 2700 Back Support with Pad and 2 Laterals Knee Adductor strap S M L ½ Exercise Pedals(pr)
Padded tractor seat Bench Seat 1400 ProSeries Handle Bar

AmTryke® Assessment Form (must be filled out completely by therapist)

Recipient's Name: _____

Age: _____ Weight: _____ lbs Height: _____ inches

Arm Length and Leg Length Measurements are critical to correct AmTryke® therapeutic tricycle selection. (Sizing charts are available www.ambucs.org) Please complete.

Arm Length (shoulder to mid knuckles) Right: _____ inches Left: _____ inches

Leg Length (inseam to bottom of shoe) Right: _____ inches Left: _____ inches

Head Circumference: _____ inches (helmet)

Special Consideration, ie: Leg length discrepancy, etc.

Desired outcome or goal:

Therapist Name: _____

Are you the treating therapist for this recipient? YES NO

Facility Name: _____

Is this Facility an AmTryke Demo Site? YES NO

Facility Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Therapists Comments Concerning Recipient: _____

Therapist Signature: _____ Date: _____

Ship to: _____ Attn: _____

Street Address: _____

City _____ State _____ Zip _____

Phone: _____

Please return a copy of this completed form to: AMBUCS™ Resource Center PO Box 5127 High Point, NC 27262 Phone Number: 888-AMTRYKE Fax Number: (336) 852-6830 Request form, Assessment form, and Liability waiver are required for AmTryke Placement

Please Complete Reverse Side© 2009 AMBUCS, All rights reserved