

# Sitting Measurements

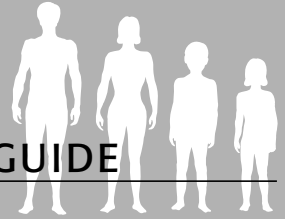
Client Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Diagnosis \_\_\_\_\_  
 Physician \_\_\_\_\_

**MEASUREMENTS IN INCHES:**

- A \_\_\_\_\_ Lower leg length (measured from the back of the knee to the floor)
- B<sup>1</sup> \_\_\_\_\_ Upper leg length (measured from the back of the knee to the back of the seat as the child leans forward slightly)
- B<sup>2</sup> \_\_\_\_\_ Upper leg length (measured from the front of the knee to the back of the seat as the child leans forward slightly)
- C<sup>1</sup> \_\_\_\_\_ Elbow height (measured from the bent elbow to the seat)
- C<sup>2</sup> \_\_\_\_\_ Elbow height (measured from the bent elbow to the floor)
- D \_\_\_\_\_ Shoulder height (measured from the shoulder to the seat)
- E \_\_\_\_\_ Upper body height (measured from the top of the head to the seat)
- F \_\_\_\_\_ Trunk width (measured at the widest location)
- G \_\_\_\_\_ Hip width (measured at the widest location)

NOTES: \_\_\_\_\_  
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**FIT RIGHT GUIDE**



**SITTING MEASUREMENTS:**

