

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)

B¹ _____ **Upper leg length** (measured from the back of the knee to the back of the seat as the child leans forward slightly)

B² _____ **Upper leg length** (measured from the front of the knee to the back of the seat as the child leans forward slightly)

C¹ _____ **Elbow height** (measured from the bent elbow to the seat)

C² _____ **Elbow height** (measured from the bent elbow to the floor)

D _____ **Shoulder height** (measured from the shoulder to the seat)

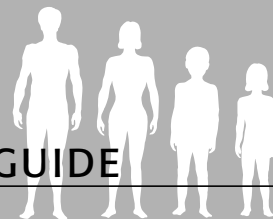
E _____ **Upper body height** (measured from the top of the head to the seat)

F _____ **Trunk width** (measured at the widest location)

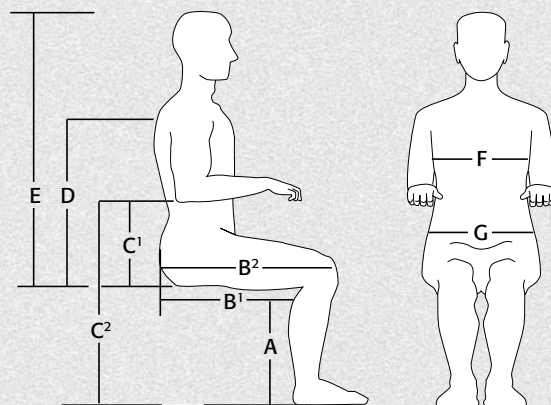
G _____ **Hip width** (measured at the widest location)

NOTES: _____

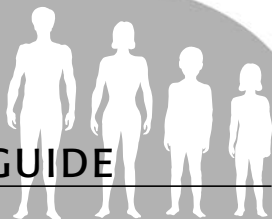
FIT RIGHT GUIDE



SITTING MEASUREMENTS:

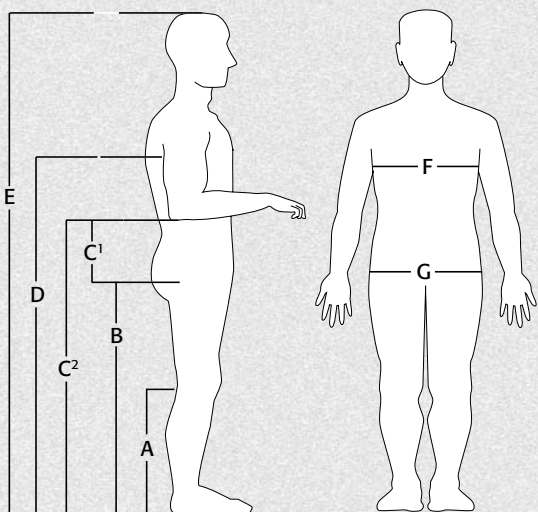


FIT RIGHT GUIDE



Standing Measurements

STANDING 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 ____ Leg length (measured from the hip bone to the floor)
- C¹ ____ Elbow height (measured from the bent elbow to the hip)
- C² ____ Elbow height (measured from the bent elbow to the floor)
- D ____ Chest height (measured from the armpit to the floor)
- E ____ Full body height (measured from the top of the head to the floor)
- F ____ Trunk width (measured at the widest location)
- G ____ Hip width (measured at the widest location)

NOTES: _____

