

Proper Adaptive Bike/Trike Fitting for People with Motor Deficits

Size of adaptive mobility device:

Seat			
Handlebars			
Pedals			
Frame	<input type="checkbox"/>	Upright	<input type="checkbox"/>
		Recumbent	<input type="checkbox"/>

Measurements: (inches)

Inseam:			
Seat to top of shoulder:			
Foot length: -Right:		-Left:	
Arm length: -Right:		-Left:	

Safety:

Helmet			
Hip/Pelvis seatbelt			
Trunk belt			
Foot pedals/cages			
Vision			
Does child need a tandem trike	<input type="checkbox"/>	Or rear steer due to low vision?	<input type="checkbox"/>
Trach with ventilator?	<input type="checkbox"/>	Need a vent tray?	<input type="checkbox"/>
		Requires Oxygen Tank?	<input type="checkbox"/>

Motor Control:

Head control	-Does child need head piece on seat back?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Trunk control	-How high does the seat need to be?				
	Does child need neoprene butterfly chest strap?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lower Extremity control	-Secure feet with Velcro on footplates	<input type="checkbox"/>		-Foot cages	<input type="checkbox"/>
Upper Extremity control	-Able to keep hands on handlebars?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	-Able to steer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	-Does trike need rear steering for caregiver?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Range of Motion:

Lower Extremities:				Measurement: (degrees)	
Does the child have enough hip flexion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
hip extension?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
hip abduction?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
knee flexion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
knee extension?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
ankle dorsiflexion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
ankle plantarflexion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Upper Extremities:				Measurement: (degrees)	
Does the child have enough shoulder flexion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
shoulder adduction?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
elbow extension?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
wrist extension?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
finger flexion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
grip?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

