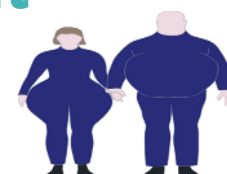




# How to measure a bariatric patient

Shapes can be difficult to measure. Measure the person - not the wheelchair.



<p><b>Seat Depth</b> Measure seat depth in both sides.</p> <p>Can the patient use legs for active movements? Then make sure to calculate it in the seat depth.</p> <p>There has to be enough space, so the patient can flex/extend the knee joint to create active “walking” movements in the wheelchair.</p> <p>Inches/cm: _____</p>	
<p><b>Full back height</b> Measure full back height.</p> <p>Inches/cm: _____</p>	
<p><b>Lower back support</b> Measure lower back support.</p> <p>Measure from the edge of the seat to the inferior angle of scapula.</p> <p>Inches/cm: _____</p>	
<p><b>Gluteal shelf height</b> Measure from the edge of the seat to the top of the gluteal shelf.</p> <p>Inches/cm: _____</p>	



**Gluteal shelf depth**

The depth may vary if there is a pelvic rotation.

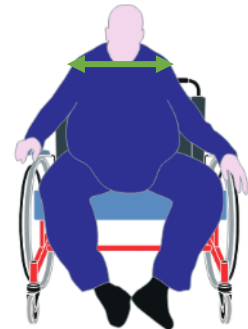
Inches/cm: \_\_\_\_\_



**Shoulder width**

Make sure the patient sits as straight as possible.

Inches/cm: \_\_\_\_\_



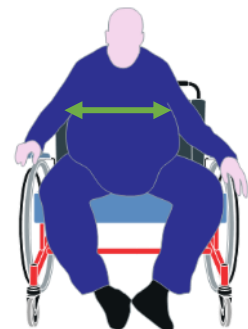
**Abdominal width**

Measure abdominal width but be aware of abdominal asymmetry.

Inches/cm: \_\_\_\_\_

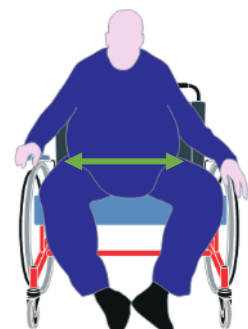
Is the abdominal tissue hard or soft?

- Hard
- Soft



**Hips width**

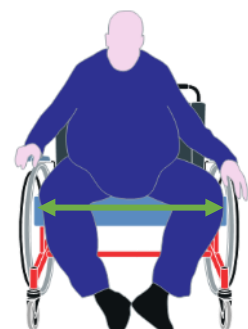
Inches/cm: \_\_\_\_\_



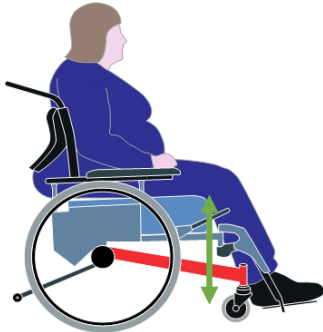

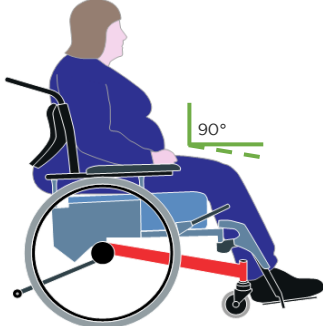
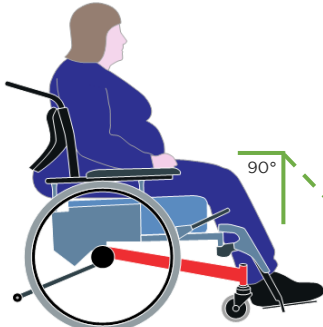

**Distance between knees**

Measure on the lateral side of the knees.




Inches/cm: \_\_\_\_\_





<p><b>Lower leg length</b> Does the patient wear shoes or not?</p> <p>Inches/cm with/without shoes: _____</p>	
<p><b>Ankle joint</b> Can the ankle joint reach neutral position?</p> <p><input type="checkbox"/> Inversion <input type="checkbox"/> Eversion <input type="checkbox"/> Increased plantar flexion <input type="checkbox"/> Increased dorsal flexion</p>	
<p><b>90° over the hip joint</b> Can the patient, passive or active, reach 90° over the hip joint?</p> <p>Note the range of motion of the hip joint.</p> <p>Right, degrees: _____ Left, degrees: _____</p>	
<p><b>Knee flexion</b> Note the range of motion.</p> <p>Right, degrees: _____ Left, degrees: _____</p>	
<p><b>Headrest</b> Does the patient have full head and neck control?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If not what kind of headrest does the patient need?</p> <p><input type="checkbox"/> Center headrest <input type="checkbox"/> Lateral headrest</p>	



<p><b>Patient transfer</b> How is patient transfers performed?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Self-independent (no equipment)</li><li><input type="checkbox"/> With standing transfer products</li><li><input type="checkbox"/> Sideways over armrest</li><li><input type="checkbox"/> Hoist</li></ul>	
<p><b>Propelling the wheelchair</b> How does the patient propel the wheelchair?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> With arms</li><li><input type="checkbox"/> With legs</li><li><input type="checkbox"/> With arms and legs</li><li><input type="checkbox"/> Need of electric propulsion</li></ul>	
<p><b>Armrest support</b> While seated and during transfers?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Full support</li><li><input type="checkbox"/> Elbow support</li></ul>	
<p><b>Weight</b> In kilos or lbs: _____</p>	

