

ANATOMICAL ASSESSMENT

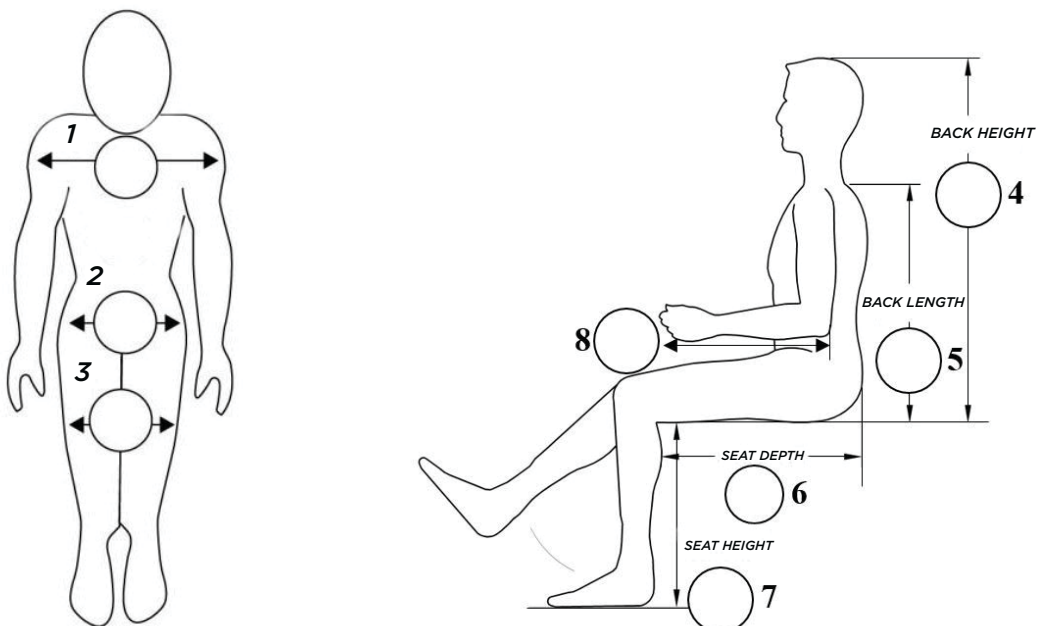
Contact Name: _____ Phone: _____ Date: _____

Patient Name: _____ Height: _____ Weight: _____

Please measure the patient at their widest points while sitting in an upright position and add 1"- 2" inches to obtain proper seat width. Please use a soft flexible measuring tape to avoid injuries such as skin tears. This sheet is used for patients weighing up to 350lbs. For patients weighing more than 350lbs, please use our Bariatric Anatomical Assessment.

1. *Shoulder Width* – Measure the patient at the widest point of the shoulders.
2. *Seat Width* - While sitting on a firm surface, measure the width of the hips/thighs at the widest point.
3. *Width at knee* - Measure across the widest point of the knees.
4. *Back Height* - Measure from the seating surface to the top of the head.
5. *Back Length* - Measure from the seating surface to the base of the neck.
6. *Seat Depth* - Is measured from the posterior (back) of the buttocks to the popliteal (underside of the knee).
7. *Seat Height* - If the patient utilizes a cushion when in the chair, complete measurements with the cushion in the chair to obtain proper measurements. With feet flat on the floor & knees bent at 90°, measure from the floor to the underside of the knee and add 1"- 2" inches to allow for clearance of the footrest.
8. *Armrest Length*- With the shoulder in a neutral position measure from the 90-degree angle at the elbow to the finger tips.

CLIENT MEASUREMENTS: (Write Measurements inside of circles)



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Patient Name: _____ Height: _____ Weight: _____

To assist in determining the appropriate BRODA chair for your patient, please complete the questions below and provide any additional information you feel can aid us in selecting the appropriate chair.

Location:

Please provide width of doorway in inches (Standard ADA Accessible Doorway Width is 32") : _____

Types of surfaces: **Carpet** Y or N **Tile** Y or N **Transition Strips** Y or N **Other:** _____

Posture/Function:

Does the patient have decreased head and/or trunk control? Y or N

Does the patient require a full range of positioning (vertical to flat?) Y or N

Skin Integrity:

Does the patient have decreased skin integrity? Y or N

Does the patient have a history of pressure ulcers? Y or N

Does the patient present with boney prominences? Y or N

Does the patient have incontinence issues? Y or N

Strength/Coordination/Motor Function:

Is the patient caregiver dependent for ambulation needs? Y or N

Does the patient complete a stand pivot transfer to the chair? Y or N

Does the patient transfer with the use of a lift? Y or N

Can the patient propel themselves with use of their legs in seated position? Y or N

Can the patient propel themselves with use of their arms? Y or N

Provide an explanation below for all questions answered with Yes, and any conditions that may require special accommodations:

Assessment Completed by: _____ Phone: _____ Date: _____