



# Amtryke Adaptive Tricycle Request Form

(Must be filled out completely by adult rider or parent/guardian)

Recipient's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Email: \_\_\_\_\_

## If Recipient is Under Age 18

Parent/Guardian Name: \_\_\_\_\_  
**If different from above**  
Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Treating Therapist's Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the Amtryke Adaptive Tricycle? (Check all that apply)

Therapist  Website  AMBUCS Member  Other: \_\_\_\_\_

Will you need financial assistance to obtain the tricycle?  Yes  No

If yes, how much can you pay? \_\_\_\_\_

**Note:** Amtryke adaptive tricycles are distributed based on available funds and need. Individual placements of Amtryke adaptive tricycles are at the discretion of the local chapter or parent organization.

Tell us about the recipient\*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*This information will be made public to help obtain funding. Please don't include information you don't want shared.

Including a photo of the recipient will help us obtain a sponsor to help you pay for the Amtryke more quickly. Digital images preferred but we also accept professionally printed glossy photos. No photocopies or folded images. By including a photo, you are giving consent for AMBUCS to use the image online and in print to help obtain a funding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Individuals will not be considered for placement until all three forms are returned to AMBUCS: this form filled out by the recipient/guardian, as well as the Assessment Form and Tryke Selection Form filled out by the therapist.**

# Amtryke Adaptive Tricycle Waiver Form

(Must be filled out completely by adult rider or parent/guardian)

AMBUCS members nationwide are dedicated to creating opportunities for mobility and independence by providing Amtryke adaptive tricycles, offering educational scholarships to therapy students and performing various forms of community service.

**Purpose:** The Amtryke adaptive tricycle creates a feeling of freedom, builds self-esteem, strengthens muscles and improves motor coordination and range of motion—all while making exercise fun.

**Steering:** Initially, the rider may have difficulty turning or changing directions. Encourage the rider to go straight ahead, back up and slowly turn around. On many models there are three steering options for the Amtryke. On the front column of the tricycle you will find two holes for the steering pin. The top hole is straight steering, the bottom hole allows a 20-degree turning radius. Leaving the pin out gives the rider free steering.

## Safety Cautions

- Fast speeds and sharp turns can cause the Amtryke adaptive tricycle to tip or turn over.
- Always wear a helmet when riding an Amtryke. Use of other protective gear is highly recommended.
- Adult supervision required if used by younger or developmentally delayed riders.
- Use caution near vehicles, swimming pools and other bodies of water, hills, alleys and sloped driveways.
- Always wear shoes.
- Never allow more than one rider.
- Use of the steering pin is recommended to prevent over-steering or possible tip-overs.

*The information contained in this service is not intended nor implied by National AMBUCS™, Inc. to be professional medical advice by National AMBUCS, Inc. Always seek the advice of your physician, therapist or other qualified healthcare provider prior to starting any treatment or with any question you may have regarding a medical condition. Nothing contained in this document is intended by National AMBUCS, Inc. to be for medical diagnosis or treatment by National AMBUCS, Inc. or on behalf of National AMBUCS, Inc.*

*In no event shall National AMBUCS, Inc. be liable for any direct, indirect, incidental, consequential, special, exemplary, punitive, or any other monetary or other damages, personal injury or property damages, fees, fines, costs, attorney fees, or liabilities of any kind arising out of or relating in any way to this service or use of the Amtryke® adaptive tricycle, and/or content or information provided herein.*

I agree that the rider listed on the front of this document may be photographed. I also agree that the photos and recipient's name may be used in promotional efforts for National AMBUCS, Amtryke or the local AMBUCS chapter. I further grant AMBUCS the ability to use the photos and name for advertising/publicity purposes without additional compensation, except where prohibited by law. If anybody in my party does not want to be photographed under these same terms, I will let the photographer know as soon as possible.

**By signing below, I acknowledge that I have read and understood this liability waiver.**

Recipient's Name: \_\_\_\_\_

Adult Recipient Signature: \_\_\_\_\_

**If Recipient is Under Age 18**

Legal Guardian Name: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Individuals will not be considered for placement until all three forms are returned to AMBUCS: this form filled out by the recipient/guardian, as well as the Assessment Form and Tryke Selection Form filled out by the therapist.**

# Amtryke Evaluation Packet

(Must be filled out completely by therapist or physician)

Thanks for choosing an Amtryke adaptive tricycle! In order to accommodate the widest variety of people, Amtryke offers many tryke models and each can be customized in a variety of ways. Following the steps below will help you choose to the best tryke for your client from our wide variety of options. You can always refer to our website, [www.amtrykestore.org](http://www.amtrykestore.org), or the Amtryke catalogue for more information and product images.

**Step 1:** Fill out the Amtryke Assessment Form.

**Step 2:** Choose the way the tryke will be propelled: **Hand & Foot, Foot,** or **Hand**. Your choice should be based on the rider's ability and therapy goals.

**Foot trykes** were developed in response to requests from therapists for a traditional tricycle for riders with special needs.

**Hand & Foot trykes** improve coordination, strength and range of motion. Using all four extremities helps with weakness in any area, even general weakness, and can positively affect tone.

**Hand trykes** are designed for persons whose lower limbs lack function or those who need special therapy for the upper extremity.

**Step 3:** Take rider's measurements from the front of this Assessment Form and compare them to our Sizing Chart (the final page of this packet). This will narrow the choices considerably.

**Step 4:** Chose any adaptations and/or accessories needed by the rider. Each tryke model can only be customized in the ways noted in its own model section in the Tryke Selection Forms, or with accessories from the Generic Accessories section. If a customization option is not listed, it is because of design or other practical constraints in offering it on a particular model.

**Note:** The 1416, 1420, and 1420XL Foot Trykes offer two drive possibilities: **fixed** drive or **geared** drive. A **fixed** drive, commonly known as a 'fixie,' works on a mechanical level to help individuals make a full pedal rotation. The foot crank is constantly in motion for full therapeutic effect. Coasting is not possible with a positive drive; when limb motion stops, the bike does as well.

Riders of **geared** drive trykes must be able to make a complete pedal rotation on their own. This tryke is suitable for riders who need help with balance and a stable sitting position and who have the cognitive ability to steer successfully and apply the coaster brake or hand brake. The key feature of geared trykes is the ability to coast. This option is available under the **High Functioning Set Up**.



# Amtryke Therapist Assessment Form

(must be signed off by a licensed PT, OT, or RT)

Rider's Name: \_\_\_\_\_

Birth Month/Year: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Height (inches): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\*This information is private and only utilized to appropriately fit the rider\*

## Rider Information:

### Safety Overview

(some riders may benefit from additional safety tools such as rear steering to optimize safety)

Please select any of the below mentioned conditions that your rider by present with:

Visual Impairment:	Yes	No
Behavioral or Cognitive Concerns:	Yes	No
Uncontrolled Seizures:	Yes	No
Significant endurance issues:	Yes	No

Transfer Ability : Independent      MinA      ModA      MaxA      Dependent

Measurements: (these measurements are crucial for appropriate fit)

A	Acromion process
B	Lateral malleolus of elbow
C	Digit crease
D	Greater trochanter
E	Lateral joint line
F	Bottom of foot

Helmet Sizing	
Size	Measurement (head circumference)
Toddler (XS)	17.7"-19.3"
Child (S)	20.5"-21.7"
Youth (L)	20.9"-22.4"
Adult (XL)	22.4"-23.6"

Arms (inches)				Total Length
Left	A to B:		B to C:	
Right	A to B:		B to C:	
Trunk (inches)		A to D:		
Legs (inches)				Total Length
Left	D to E:		E to F:	
Right	D to E:		E to F:	



### Orthopedic Overview

Hip Status	Right	Left
Dislocated		
Subluxed		
Unclear		
Cleared		

Shoulder	Right	Left
Dislocated		
Subluxed		
Unclear		
Cleared		

Contractures (severity)		
Knee	R:	L:
Ankle	R:	L:
Elbow	R:	L:

Please mail, email, or fax completed form to your local chapter OR the AMBUCS Resource Center.

ARC: P.O. Box 5127, High Point, NC 27262 Email: [wishlist@ambucs.org](mailto:wishlist@ambucs.org) Fax: 336-852-6830

All three forms must be completed fully for the request to be processed.



**Rider Information Continued:**

Orthotics used: \_\_\_\_\_

Equipment: \_\_\_\_\_

Please list any comments about measurements: \_\_\_\_\_

\_\_\_\_\_

**Evaluating Therapist Information:**

Therapist Name: \_\_\_\_\_ Are you the treating therapist? Yes No

Credentials: \_\_\_\_\_ Completed AEFT Course? Yes No

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Are you associated with an AMBUCS Chapter? Yes No

If yes, please indicate: \_\_\_\_\_

Therapist comments concerning the rider and family goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This request is directed to:

Local AMBUCS Chapter: \_\_\_\_\_

National Wish List (AMBUCS Resource Center)

By signing below, you are signifying that in your professional opinion this rider would benefit from an Amtryke. You assume no liability. If this form is being completed by a PTA, COTA, or unlicensed RT or RTA, cosignatory is required due to evaluation component of this form.

Therapist Name (printed): \_\_\_\_\_ Professional Designation: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cosignatory if necessary: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Shipping Information**

Name/Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

The following forms must be received before an order is placed or wish list addition: family request/liability form, Amtryke Therapist Assessment form, and tryke selection form.

Please mail, email, or fax completed form to your local chapter OR the AMBUCS Resource Center.

ARC: P.O. Box 5127, High Point, NC 27262 Email: [wishlist@ambucs.org](mailto:wishlist@ambucs.org) Fax: 336-852-6830

All three forms must be completed fully for the request to be processed.



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## Amtryke Selection

Rider's Name: \_\_\_\_\_

### Generic Accessories

<b>Fun Items</b>	License Plate	Water Bottle with Cage		
<b>Leg and Foot Items</b>	Foot cups (pair):	Pedal Blocks: 1= ¾ inch		
	Small	Medium	_____ quantity	
<b>Hand Items</b>	Wrist Wraps (pair)	Wrist Brace/Mitt:		
	Xsmall:	Small:	Right	Left
	Medium:	Large:	Small	Medium
<b>Safety/Position</b>	H-harness=11.5"			

### Foot Tryke Specific Accessories:

	Knee Separator:      2"                      5"
	9-inch Extender Tube (used with knee separator)
	Hi-Rise handlebars 5" (only 1412)                      8"                      12"
	½ " Exercise Pedals (cannot be used with pedal blocks) Models:1412,1416, 1420, 1420XL
	½" Expanding Pedals [Models: 1412, comes standard on 1416, 1420, 1420XL]
	Disk brake with rear steer [Models: 1416, 1420, 1420XL]
	Disk brake with dual hand brake [Models: 1416, 1420, 1420XL]
	3-speed kit [Models: 1416, 1420, 1420XL]
	Calf & Leg supports [Models: 1416, 1420, 1420XL]
	Rear Steering Kit [ Any ProSeries Tryke]

**Foot Trykes:** please check the box for your tryke selection.

	<b>1410</b> Foot Tryke- comes standard with 10-inch wheels, fixed drive, and rear steering
	<b>Option 1:</b> Standard seating system: Blue bucket seat
	<b>Option 2:</b> Snappy Seat system
	Accessories for Snappy:                      Laterals                      Head Rest
	<b>1410 Accessories:</b>
	Separator Cube                      H-Harness: 11.5"



<b>ProSeries 1412</b> Foot Tryke- Comes standard with 12-inch wheels, fixed drive, and rear steering	
	<b>Option 1:</b> Standard seating system: Medium Pommel Saddle Seat and 1600 simple seat back  Seat options:      Bench Seat                      Large Pommel                      Saddle Seat
	<b>Option 2:</b> 1400 ProSeries Seat Back System- (push grip, back pad, medium pommel and lateral supports)  Seat options:      Bench Seat                      Large Pommel                      Saddle Seat  <u>ProSeries Accessories:</u>  Full Padded Back      Head Rest                      Lumbar Pad                      Recumbent Post (10 deg)
	<b>Option 3:</b> Gray Bucket Seat
	<b>Option 4:</b> Snappy Seat System (be sure of measurements)  Laterals                                      Head Rest                                      Separator Cube
	<b>1412 Accessories:</b> Front Handle Brake Kit (cannot be used with rear steering kit)

<b>ProSeries 1416</b> Foot Tryke- Comes standard with 16-inch wheels, fixed or freewheel drive	
	<b>Option 1:</b> Standard Seating System- 1400 ProSeries Seat back system- (push grip, back pad, medium pommel saddle seat and lateral supports)  <u>Seat options:</u>  Bench Seat                      Large Pommel                      Tractor Seat with bracket                      Saddle Seat  <u>ProSeries Accessories:</u>  Full Padded Back      Head Rest                      Lumbar Pad                      Recumbent Post (10 deg)
	<b>Option 2:</b> 1600 Simple Seat back with Medium pommel saddle seat  <u>Seat options:</u>  Bench Seat                      Large Pommel                      Tractor Seat with bracket                      Saddle Seat
	<b>Option 3:</b> Gray Bucket Seat

<b>ProSeries 1420</b> Foot Tryke- Comes standard with 20-inch wheels, fixed or freewheel drive	
	<b>Option 1:</b> Standard Seating System- 1400 ProSeries Seat back system- (push grip, back pad, medium pommel saddle seat and lateral supports)  <u>Seat options:</u>  Bench Seat                      Large Pommel                      Tractor Seat with bracket                      Saddle Seat  <u>ProSeries Accessories:</u>



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	Full Padded Back	Head Rest	Lumbar Pad	Recumbent Post (10 deg)
	<b>Option 2:</b> 1600 Simple Seat back with large pommel saddle seat			
	<u>Seat options:</u>			
	Bench Seat	Medium Pommel	Tractor Seat with bracket	Saddle Seat
	<b>Option 3:</b> Gray Bucket Seat			

<b>ProSeries 1420XL</b> Foot Tryke- Comes standard with 20 inch wheels, fixed or freewheel drive				
	<b>Option 1:</b> Standard Seating System- 1400 ProSeries Seat back system- (push grip, back pad, medium pommel saddle seat and lateral supports)			
	<u>Seat options:</u>			
	Bench Seat	Large Pommel	Tractor Seat with bracket	Saddle Seat
	<u>ProSeries Accessories:</u>			
	Full Padded Back	Head Rest	Lumbar Pad	Recumbent Post (10 deg)
	<b>Option 2:</b> 1600 Simple Seat back with large pommel saddle seat			
	<u>Seat options:</u>			
	Bench Seat	Medium Pommel	Tractor Seat with bracket	Saddle Seat
	<b>Option 3:</b> Large Wheelchair Seat			
	<u>Wheelchair Accessories:</u>			
	Swing Away Arms	Wheelchair seat bar ends		

**Recumbent Foot Trykes:** please check the box for your tryke selection.

<b>JT-2000</b> Recumbent Foot Tryke- Comes standard with 14-speed shifter, rider must be able to brake, steer, and change gears independently				
	<u>JT Accessories:</u>			
	XL exercise pedals	Basket	Toe clips	
	Dual Hand brake			

<b>JT-2300</b> Recumbent Foot Tryke- Comes standard with 14-speed shifter with <u>under the seat steering</u> , rider must be able to brake, steer, and change gears independently				
	<u>JT Accessories:</u>			
	XL exercise pedals	Basket	Toe clips	









**1024 Hand Tryke-**

Comes standard with 24 inch wheels and 3-speed drive train. Rider should be able to steer, brake, and change gears independently.

**Option 1:** Large Wheelchair Seat

Seat Alternatives: Small wheelchair seat

**1024 Accessories:**

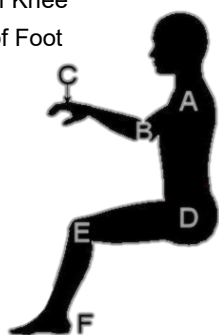
Wheelchair seat bar ends                      Swing away arms

**Therapist notes or comments:**

# Amtryke Sizing Chart

TRYKE TYPE (How will the tryke be propelled?)	RIDER LEG LENGTH (Inches from center of hip to bottom of shoe.)	RIDER ARM LENGTH (Inches from middle of shoulder to center of digit crease.)	MODEL	RIDER WEIGHT (Pounds)	RIDER MAX HEIGHT (Inches)	TRYKE WEIGHT (Pounds)	WHEEL SIZE (Inches)	TTRYKE HEIGHT (inches)	TRYKE LEGNTH (inches)	TRYKE WIDTH (Inches)
<b>Hand &amp; Foot</b>	15-21	13-17	AM-10	55	40	45	10	24	38	21
	19-24	15-20	AM-12S	150	40	45	12	27	38	24
	21-29	14-23	AM-12	150	47	45	12	36	60	32
	24-36	18-27	AM-16	175	66	55	16	36	68	33
<b>Foot</b>	15-21	12-20	1410	55	40	45	10	24	38	21
	23-28	16-24	1412	125	42	72	12	13	43	27
	26-32	16-24	1416	175	60	74	16	49	58	30
	29-35	20-30	1420	250	68	74	20	50	64	30
	30-45	22-34	1420XL	275	76	89	20	43	72	29
	30-41	20-28	JT-2000/ JT2300USS	250	74	80	20	48	72	32
	36-45	17-29	TP-3000	300	75	47	20	33	63-70	33
<b>Hand</b>	up to 37	19-30	1020	250	67	74	20	41	69	30
	up to 41	22-26	1024	250	72	85	24	45	75	32
<b>All trykes in the Hand &amp; Foot section can be converted to Hand trykes.</b>										

- A Center of Shoulder
- B Center of Elbow
- C Center of Digit Crease
- D Center of Hip (greater trochanter)
- E Center of Knee
- F Bottom of Foot



<b>RIDER'S MEASUREMENTS</b>	
<b>Arm Measurements (inches) Total Length</b>	
Left	A to B + B to C = _____
Right	A to B + B to C = _____
Trunk	A to D = _____
<b>Leg Measurements (inches) Total Length</b>	
Left	D to E + E to F = _____
Right	D to E + E to F = _____

<b>HELMET SIZING</b>	
Sizes	Head Circumference Inches
Toddler (XS)	17.7" – 19.3"
Child (S)	20.5" – 21.7"
Youth (L)	20.9" – 22.4"
Adult (XL)	22.4" – 23.6"