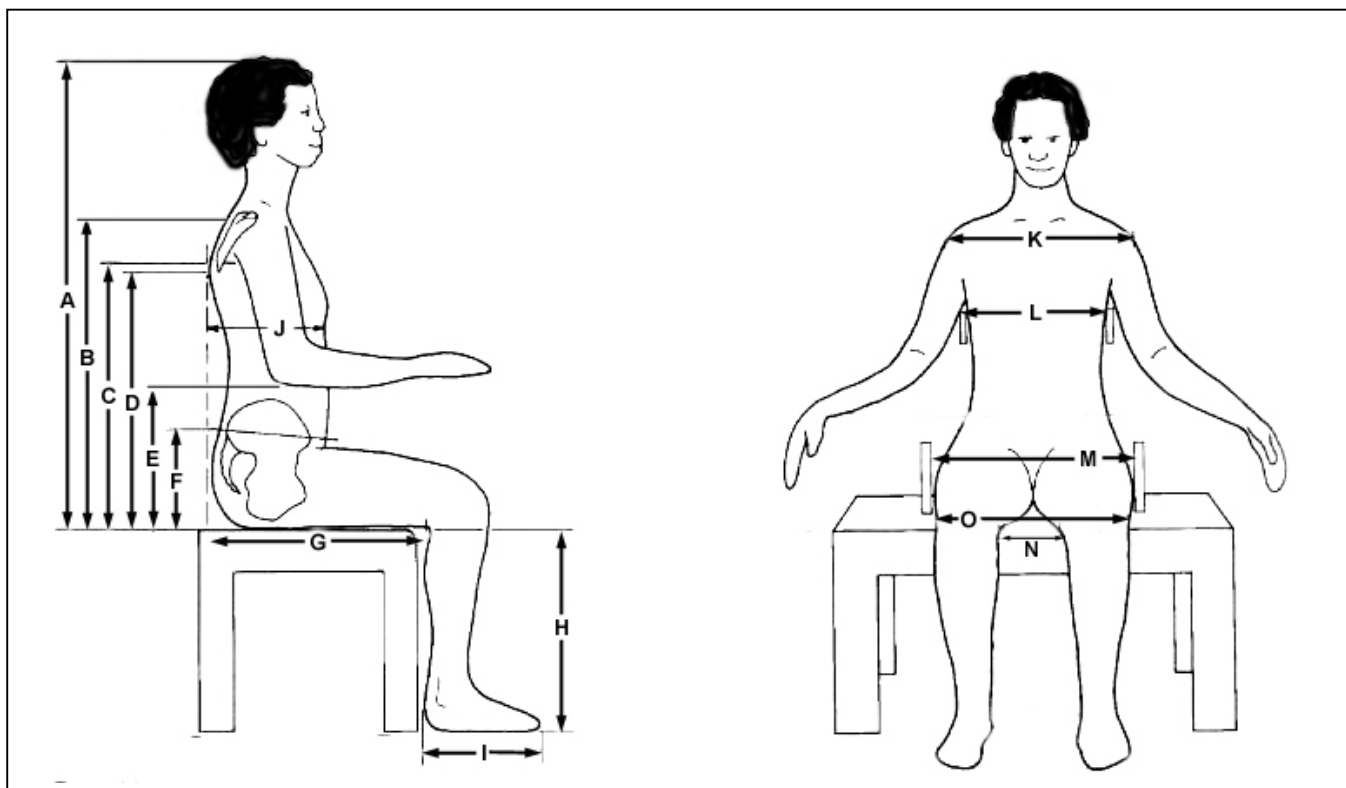


# GTK Rehab

Rehabilitation Technology Supplier  
Referral form cont.



## TO MEASURE:

Client should be supported in upright sitting on a firm surface with feet flat.  
Please provide 'BODY' not 'WHEELCHAIR' measurements.

ACTUAL BODY MEASUREMENTS (mm)			ACTUAL BODY MEASUREMENTS (mm)		
A		mm	I		mm
B	SS to top of shoulder		J		
C	SS to armpit		K	Shoulder width	
D			L	Chest width	
E			M	Hip width *	
F			N		
G	Behind knee to backrest		O		
H	Heel to back of knee		-	Widest mmt. if asymmetrical	

**Note:** SS = Seat Surface  
mmt. = Measurement  
PSIS = Posterior Superior Iliac Spine

\* (greater trochanter to greater trochanter)

**If measured in supine please indicate.**