

AmTryke Adaptive Tricycle Request Form

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

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

Secondary Contact Name: _____

Phone #: _____ Email: _____

Treating Therapist's Name: _____

Phone #: _____ Email: _____

Are you a first-time recipient of an AmTryke? Yes ____ No ____ If yes, which model and size do you currently have?

Do you have a place to store the AmTryke out of the weather? ☐ Yes ☐ No

Do you have a vehicle that will transport your AmTryke? ☐ Yes ☐ No

* If no, do you have a place to ride the AmTryke? ☐ Yes ☐ No

Iron City Trykes/Birmingham AMBUCS requires full funding for adult Amtrykes before we schedule any fittings. We will provide each accepted applicant with a fundraising link that can be shared with family, friends, and your community to assist with raising funds for the Amtryke. The amount needed is \$1500 and this can be achieved through grants, private/corporate donations, individual fundraising, etc.

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.

Tell Us about the recipient: _____

Please include a photo of the recipient to be added to the fundraising link and help us obtain a sponsor for the Amtryke. 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 funding.

Signature: _____ Date: _____

Individuals will not be considered for placement until all four forms are returned to AMBUCS: request form and waiver 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 AMBUCSTM, 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 the perfect tryke for your client from what might seem like a dizzying array of options. Remember you can always refer to our website, 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: Choose 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 Assessment Form

(Must be filled out completely by therapist or physician)

Recipient's Name: _____

Age: _____ Weight (lbs.):* _____ Height (inches):* _____

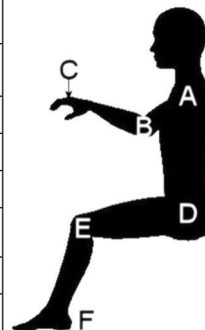
Diagnosis(es):* _____

*This private information is only used to help appropriately fit the rider.

Is the recipient ambulatory? ☐ Yes ☐ No

Right Handed ☐ Left Handed ☐

RIDER'S MEASUREMENTS				
Arm Measurements (inches)				Total Length
Left	A to B:		B to	
Right	A to B:		C: B	
Trunk	A to D:		to C:	
Leg Measurements (inches)				Total Length
Left	D to E:		E to	
Right	D to E:		F: E	



A	Center of Shoulder
B	Center of Elbow
C	Center of Digit Crease
D	Center of Hip
E	Center of Knee
F	Bottom of Foot

Arm Length & Leg Length Measurements are critical to correct Amtryke Selection

Sizing Chart is available online:
www.ambucs.org/riders/wish-list/sizing-chart/

Notes on Provided Measurements (if any):

--

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

Therapist Name: _____ Is this the treating therapist? ☐ Yes ☐ No

Credentials: _____

Phone: _____

Email: _____

Facility Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Does the recipient transfer independently? Yes _____ No _____ If not, how much assistance is needed? _____

Does the recipient stand independently? Yes _____ No _____ If not, how much assistance is needed? _____

Does the recipient walk independently? Yes _____ No _____ If not, how much assistance is needed? _____

Does the recipient have muscle tone issues? Yes _____ No _____ If yes, please list _____

Does the recipient have orthopedic concerns? Yes _____ No _____ If yes, please list _____

Does the recipient have sensory needs? Yes _____ No _____ If yes, special accommodations needed? _____

Has the recipient used an adaptive Tryke? Yes _____ No _____ If yes, which model and how much assistance was needed? _____

Any additional info? _____

By signing below, you are signifying that in your professional opinion this rider would benefit from an Amtryke. You assume no liability.

Therapist Signature: _____ Date: _____

Recipient's Name:

FOOT TRYKES

☐ **JT-2000 FOOT TRYKE** (Recumbent 14-Speed) – 50-FC-2000 (advanced riders only) Arm Length 20-28", Leg Length 30-41"
JT-2000 Accessories: ☐ Exercise Pedals ☐ XL Exercise Pedals ☐ Expanding Pedals ☐ Digital Speedometer
☐ Dual Hand Brake ☐ Toe Clips ☐ Basket

☐ **JT-2300-USS FOOT TRYKE** (Recumbent 14-Speed with Under Seat Steering) – 50-FC-2300-USS (advanced riders only)
Arm Length 20-28", Leg Length 30-41"
JT-2300-USS Accessories: ☐ Exercise Pedals ☐ XL Exercise Pedals ☐ Expanding Pedals ☐ Digital Speedometer
☐ Dual Hand Brake ☐ Toe Clips ☐ Basket

☐ **TP-3000 TADPOLE FOOT TRYKE** (Recumbent 24-Speed) – 50-FC-3000 (advanced riders only)
Arm Length 17-29", Leg Length 36-45"
Tadpole Accessories: ☐ Exercise Pedals ☐ XL Exercise Pedals ☐ Expanding Pedals
☐ Dual Hand Brake ☐ Toe Clips

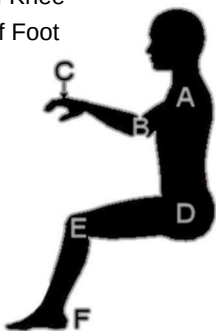
Therapist Assembly Notes or Comments (if any)

AmTryke Sizing Chart

TRYKE TYPE (How will the tryke be used?)	RIDER LEG LENGTH (to center of shoe) of hip to center of shoe)	RIDER ARM LENGTH (to center of digit crease)	MODEL	RIDER WEIGHT (Pounds)	RIDER MAX HEIGHT (Inches)	TRYKE WEIGHT (Pounds)	WHEEL SIZE (Inches)	TRYKE HEIGHT (inches)	TRYKE LENGTH (inches)	TRYKE WIDTH (Inches)
Hand & Foot	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
Foot	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
Hand	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
	All trykes in the Hand & Foot section can be converted to Hand trykes.									

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



RIDER'S MEASUREMENTS

Arm Measurements (inches) Total Length

Left A to B + B to C = A _____

Right to B + B to C = _____

Trunk A to D = _____

Leg Measurements (inches) Total Length

Left D to E + E to F = _____

Right D to E + E to F = _____

HELMET SIZING

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"