

Amtryke Adaptive Tricycle Request Form

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

Recipient's Name:	Date of Request:
	Age:
	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:
Will you need financial assistance to obtain the local chapter of the local chapter will you need financial assistance to obtain the local chapter will you need financial assistance to obtain the local chapter will you need financial assistance to obtain the local chapter will you need financial assistance to obtain the local chapter will you need financial assistance to obtain the local chapter will you need financial assistance to obtain the local chapter will you need financial assistance to obtain the local chapter will you need financial assistance to obtain the local chapter will you need financial assistance to obtain the local chapter will be a supplied that the local chapter will be a supplied to the local c	based on available funds and need. Individual placements of Amtryke adaptive
Tell us about the recipient*:	
*This information will be made nublic to help obta	ain funding. Please don't include information you don't want shared.
se made passe to help obta	
images preferred but we also accept profe	o us obtain a sponsor to help you pay for the Amtryke more quickly. Digita essionally printed glossy photos. No photocopies or folded images. MBUCS to use the image online and in print to help obtain a funding.
iignature:	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 rage 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 TM , 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 staring 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	d 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, 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.
- 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.



Amtryke Therapist Assessment Form

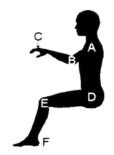
(must be signed off by a licensed PT, OT, or RT)

Rider's Name:			
Birth Month/Year:	Weight (lbs):	Heig	ght (inches):
Diagnosis:			
This information	is private and only utilized	to appropriately f	it the rider
Rider Information:			
	Safety Overview		
(some riders may benefit fro	om additional safety tools s	uch as rear steeri	ing to optimize safety)
Please select any of the below me	entioned conditions that yo	ur rider may prese	ent with:
Visual Impairment:	Yes	No	
Behavioral or Cognitive Conce	erns: Yes	No	
Uncontrolled Seizures:	Yes	No	
Significant endurance issues:	Yes	No	
TransferAbility : Independent	MinA ModA	MaxA	Dependent
Measurements: (these measurem	ents are crucial for approp	riate fit)	

Α	Acromion process
В	Lateral epicondyle of elbow
С	MCP Joints/Knuckles
D	Greater trochanter
Ε	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 (in	ches)	A to D:			
Legs (inc	hes				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:		



Rider Information Continued:

Evaluating Therapist Information: Therapist Name: Are you the treating therapist? Yes No Credentials: Completed AEFT Course? Yes No Phone: Email: Facility Name: State/Zip: Are you associated with an AMBUCS Chapter? Yes No If yes, please indicate: Therapist comments concerning the rider and family goals: Therapist comments concerning the rider and family goals: Therapist comments concerning the rider and family goals: 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: Date: Date: Date: Address: Phone: Address: City: Phone: Address: City:	Orthotics used:							
Therapist Name: Are you the treating therapist? Yes No Credentials: Completed AEFT Course? Yes No Phone: Email: Email: State/Zip: Address: State/Zip: Are you associated with an AMBUCS Chapter? Yes No If yes, please indicate: Therapist comments concerning the rider and family goals: Therapist comments concerning the rider and family goals: This request is directed to: 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: Date: Date: Date: Date: Date: Date: Definition Phone: Address: City: Phone: Address: City: Date: Designatory if necessary: Phone: Address: City: City: City: City: Cor Cor Cor City: Phone: Address: City: City: Cor Cor	Equipment:							
Therapist Name: Are you the treating therapist? Yes No Credentials: Completed AEFT Course? Yes No Phone: Email: Email: State/Zip: Address: State/Zip: Are you associated with an AMBUCS Chapter? Yes No If yes, please indicate: Therapist comments concerning the rider and family goals: Therapist comments concerning the rider and family goals: This request is directed to: 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: Date: Date: Date: Date: Date: Date: Definition Phone: Address: City: Phone: Address: City: Date: Designatory if necessary: Phone: Address: City: City: City: City: Cor Cor Cor City: Phone: Address: City: City: Cor Cor	Please list any comments about measurements:							
Credentials:	Evaluating Therapist Information:							
Credentials:	Therapist Name:	Are you the treating therapist? Yes No						
Phone:								
Facility Name: Address: Are you associated with an AMBUCS Chapter? Yes 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): Therapist Signature: Cosignatory if necessary: Shipping Information Name/Facility: Address: City:	Phone: Em	ail:						
Address:								
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Local AMBUCS Chapter:	Therapist comments concerning the rider and family	goals:						
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: Date:	Local AMBUCS Chapter:	ter)						
Date: Date	Amtryke. You assume no liability. If this form is being	completed by a PTA, COTA, or unlicensed RT or						
Date: Date	Therapist Name (printed):	Professional Designation:						
Cosignatory if necessary: Date: Shipping Information Name/Facility: Phone: Address: City:								
Name/Facility: Phone: Address: City:								
Address: City: State: Zip code:	Name/Facility:	Phone:						
State: Zip code:	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.

Amtryke Sizing Chart

TRYKE TYPE (How will the tryke be propelled?)	RIDER LEG LENGTH (Inches from center of hip to bottom ofshoe.)	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)
oot	15-21	13-17	AM-10	55	40	45	10	24	38	21
ω. Ψ	19-24	15-20	AM-12S	150	40	45	12	27	38	24
Hand & Foot	21-29	14-23	AM-12	150	47	45	12	36	60	32
Hai	24-36	18-27	AM-16	175	66	55	16	36	68	33
	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
Foot	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
75	up to 37	19-30	1020	250	67	74	20	41	69	30
Hand	up to 41	22-26	1024	250	72	85	24	45	75	32
	All trykes in	the Hand	& Foot sectio	n can	be conv	erted to	Hand tryk	es.		

A Center of Shoulder

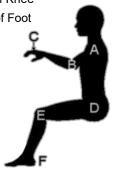
B Center of Elbow

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 = _____ Right A 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"



Generic Accessories

Fun Items	License Plate		Water Bottle	Water Bottle with Cage	
Leg and Foot Items	Foot cups (pair):		Pedal Blocks	: 1= ¾ inch	
	Small	Medium	Q	uantity	
Hand Items	Wrist Wraps (pair)		Wrist Brace/N	∕litt:	
	Xsmall:	Small:	Right	Left	
	Medium:	Large:	XXS	XS	
Safety/Position	H-harness=11.5" *not compatible with large wheelchair seat or recumbent seats Knee Adductor Strap		Small	Medium	

Generic accessories are compatible with most models.

Therapist notes or comments:		



Foot Tryke Specific Accessories:

Knee Separator: 2" 5"
(not compatible with blue bucket, grey bucket, or snappy seat)
9-inch Extender Tube 2" 5"
(used with knee separator)
Hi-Rise handlebars
5" (only 1412) 8" 12" 23"
1/2 " Exercise Pedals (cannot be used with pedal blocks and footcups)
Models:1412,1416, 1420, 1420XL
½" Expanding Pedals [Models: 1412, comes standard on 1416, 1420, 1420XL]
Rear steering kit with rear disk brake [Models: 1416, 1420, 1420XL]
(cannot be used with dual hand brake- caregiver activates rear brake)
Dual hand brake with rear disk brake [Models: 1416, 1420, 1420XL]
(single lever- rider activates front and rear brakes)
3-speed kit/coaster brake [Models: 1416, 1420, 1420XL]
(pedaling backward activates brake)
Calf & Leg supports [Models: 1416, 1420, 1420XL]
•

^{**}Please make sure to select generic accessories at beginning of form**

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

<u>1410</u>	1410 Foot Tryke-				
come	s standard with 10-inch wheel	s, fixed drive, and re	ear steering		
	Option 1: Standard seating	system: Blue bucke	t seat		
	Option 2: Snappy Seat syst	em			
	Accessories for Snappy: Laterals Head Rest				
	1410 Accessories:				
	Separator Cube				

ProS	<u>ProSeries 1412</u> Foot Tryke-					
Com	Comes standard with 12-inch wheels, fixed drive, and rear steering					
	Option 1: Standa	ard seating system: Me	edium Pommel Saddle	Seat and 1600 simple seat back		
	Seat options:	Bench Seat	Large Pommel	Saddle Seat		
	Option 2: 1400 F supports)	ProSeries Seat Back S	System- (push grip, bac	k pad, medium pommel and lateral		
	Seat options:	Bench Seat	Large Pommel	Saddle Seat		
	ProSeries Accessories:					
	Full Padded Back	k Head Rest	Lumbar Pad	Recumbent Post (10 deg)		
	Option 3: Gray Bucket Seat					
	Option 4: Snapp	y Seat System (be su	re of measurements)			



Snappy Seat Accessor	ies:		
Laterals	Head Rest	Separator Cube	
1412 Accessories:		•	
Front Handle B	rake Kit (cannot be used wi	th rear steer brake)	

	eries 1416 Foot Tryke				
Come	Comes standard with 16-inch wheels, fixed or freewheel drive				
			ProSeries Seat back syste	m- (push grip, back pad,	
	medium pommel sac	ldle seat and lateral su	ıpports)		
	Seat options:				
	Bench Seat	Large Pommel	Tractor Seat with brack	et Saddle Seat	
	ProSeries Accessorie	<u>es</u> :			
	Full Padded Back	Head Rest	Lumbar Pad Red	cumbent Post (10 deg)	
	Option 2: 1600 Simp	ole Seat back with Med	dium pommel saddle seat		
	Seat options:				
	Bench Seat	Large Pommel	Tractor Seat with brack	et Saddle Seat	
	Option 3: Gray Buck	ket Seat			

ProS	Series 1420 Foot Tryl	(e-			
Com	Comes standard with 20-inch wheels, fixed or freewheel drive				
		Seating System- 1400		/stem- (pus	h grip, back pad,
	large pommel saddl	e seat and lateral suppo	orts)		
	Seat options:				
	Bench Seat	Medium Pommel	Tractor Seat with	bracket	Saddle Seat
	ProSeries Accessor	<u>ies</u> :			
	Full Padded Back	Head Rest	Lumbar Pad	Recumben	t Post (10 deg)
	Option 2: 1600 Sim	ple Seat back with large	e pommel saddle seat		
	Seat options:				
	Bench Seat	Medium Pommel	Tractor Seat with b	racket	Saddle Seat
	Option 3: Gray Bud	скет Seat			

Comes standard with 20 inch wheels, fixed or freewheel drive

Option 1: Standard Seating System- 1400 ProSeries Seat back system- (push grip, back pad, large pommel saddle seat and lateral supports)



	Adaptive Tryke	s for Amazing People!		
Seat options:				
Bench Seat	Medium Pommel	Tractor Seat w	ith bracket	Saddle Seat
ProSeries Accessori	es:			
Full Padded Back	Head Rest	Lumbar Pad	Recumbe	nt Post (10 deg)
Option 2: 1600 Simple	ple Seat back with large	e pommel saddle se	eat	
Seat options:				
Bench Seat	Medium Pommel	Tractor Seat wi	th bracket	Saddle Seat
Option 3: Large Wh	eelchair Seat			
Wheelchair Accesso	<u>ries</u> :			
Swing Away Arms	Wheel	chair seat bar ends		
Option 4: Small Who	eelchair Seat			
Wheelchair Accesso	<u>ries</u> :			
Swing Away Arms	Wheel	chair seat bar ends		

Recumbent Tryke Specific Accessories:

E	xercise pedals
(ca	annot be used with pedal blocks and footcups)
XI	L exercise pedals
(ca	annot be used with pedal blocks and footcups)
9/	/16 expanding pedals
Ba	asket
(JT	T models only)
To	oe clips
(o	only compatible with standard bike pedals)
Di	ual Hand Brake

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

JT-2000 Recumbent Foot Tryke-
Comes standard with 14-speed shifter, rider must be able to brake, steer, and change gears
independently
JT-2300 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
TP-3000 Tadpole Recumbent Foot Tryke-
Comes standard with 7-speed shifter with under the seat steering, rider must be able to brake,
steer, and change gears independently



Rider's Name:

Hand and Hand-Foot Tryke Specific Accessories:

Knee Separator: 2" 5" (only on AM12 and AM16)
9-inch extender tube (used with knee separator) 2" 5"
Vertical Hand Grips [Models: AM10, AM12s, AM12, AM16]
9/16 th inch exercise pedals [Models: AM12s, AM12, AM16]
Foot platform→ converts Hand-Foot to Hand only (only compatible with AM10, AM12, AM12s, and AM16)

^{**}Please make sure to select generic accessories at beginning of form**

<u>Hand-Foot Trykes</u>: please check the box for your tryke selection.

AM-10 ⊦	AM-10 Hand-Foot Tryke-			
Comes	omes standard with 10 inch wheels, 2.5 inch crank arms, and rear steering kit			
	Option 1: Blue Bucket Seat			
	Option 2: Snappy Seat Sy	ystem		
	Snappy Accessories:			
	Head Rest	Laterals		
	AM-10 Accessories:			
	Separator Cube			

AM-12s	AM-12s Hand-Foot Tryke-				
Comes	Comes standard with 12 inch wheels, 3 inch crank arms, saddle seat, and rear steering kit				
	Option 1: 1600 Seat back with saddle seat				
	Seat Options	Bench Seat	Medium Pommel	Large Pommel	
	Coat Optiono.	Bonon Coat	Modium Formion	Large : emmer	
	Option 2: ProSeries 1400 Seat back system (push grip, back pad, saddle seat, and lateral supports)			ad, saddle seat, and lateral	
	Seat options:				
	Bench Seat	Medium Pomme	l Large Pom	nmel	
	ProSeries Accessories:				
	Full Padded Bacl	k Head Rest	Lumbar Pad		
	Option 3: Blue Bucket Seat				
	Blue bucket Acce	essories:	Separator Cube		



Option 4: Snappy Seat System		
Snappy Accessories:		
Head Rest	Laterals	Separator Cube

	AM-12 Hand-Foot Tryke:				
Comes	Comes standard with 12 inch wheels, 4 inch crank arms, and rear steering kit				
	Option 1: 1600 Seat back with saddle seat				
	Seat Options:	Bench Seat	Medium Pommel	Large Pommel	
	Option 2: ProSeries 1400 Seat back system (push grip, back pad, saddle seat, and lateral supports)				
	Seat options:				
	Bench Seat	Medium Pommel	Large Pomme	el	
	ProSeries Accessories:				
	Full Padded Back	d Head Rest	Lumbar Pad		
	Option 3: Gray Bucket Seat				
	Option 4: Snappy Seat System (please check measurements)				
	Snappy Accessories:				
	Head Rest	Laterals	Separat	or Cube	

	<u>1-16</u> Hand-Foot Tryke-				
Comes	mes standard with 16 inch wheels, 5 inch crank arm, and rear steering kit				
	Option 1: 1600 Seat back with saddle seat				
	Seat Options:	Bench Seat	Medium Pommel	Large Pommel	
		Tractor Seat			
	Option 2: ProSei	ries 1400 Seat back sy	stem (push grip, back pad,	saddle seat, and lateral	
	supports)				
	Seat options:				
	Daniel Ocea	M. E. D.	I D	To a share O a sh	
	Bench Seat	Medium Pommel	Large Pommel	Tractor Seat	
	Dro Carias Assess	porios			
	ProSeries Access	sories.			
	Full Padded Back	K Head Rest	Lumbar Pad		
	T ull I added Daci	i ileau i iest	Lumbar r au		
	Ontion 2. Cray F	Punkat Coat			
	Option 3: Gray E	oucker Sear			
	A 3 4 4 0 A				
	AM-16 Accessor	<u>ries:</u>	XL exercise pedals		



<u>Hand Cycles:</u> please check the box for your tryke selection.

1020 "J	<u>Iunior"</u> Hand Tryke-			
Comes	comes standard with 20 inch wheels and 3-speed drive train. Rider should be able to steer, brake, and			
change	gears independently.			
	Option 1: Small Wheelchair Seat			
	Seat Alternatives:	Large wheelchair seat		
	1020 Accessories:			
	Wheelchair seat bar ends	Swing away arms		

Comes	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		