MEASUREMENT FORM

INNOWALK PRO

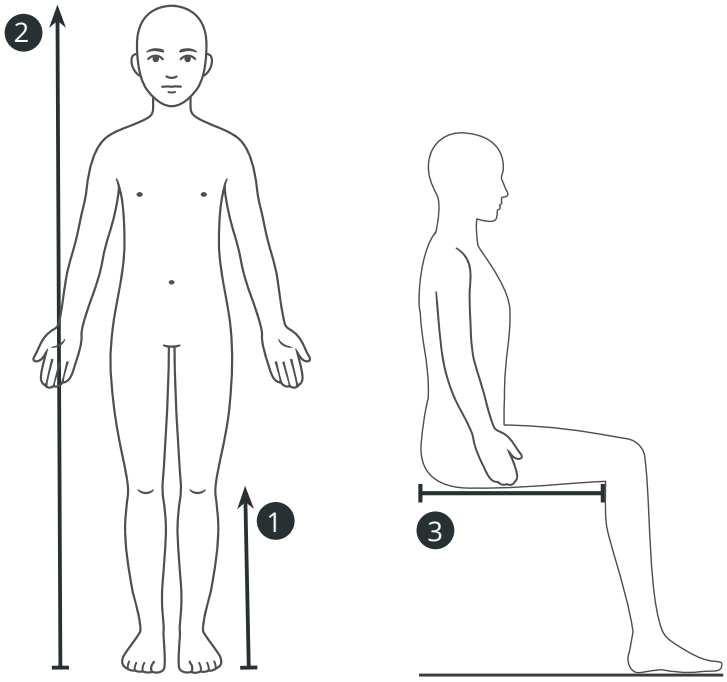
made for movement

User name		Date of measurement	

Physiotherapist	

Measurements		
Measurement 1 Lower leg (cm) Sole of shoe to centre of knee joint.		cm
Measurement 2 Overall height (cm)		cm
Measurement 3 Functional seat depth (cm) Back of knee to back of buttock.		cm

Diagnosis	
Relevant history	
Orthoses	
Other equipment	



Note

All measurements should be taken with footwear on.

Pre-screen checklist		Comments / action		
Seizures	○			
Known low bone mineral density	○			
Sensory impairment	○			
Leg length discrepency	○	SHORTER SIDE: RIGHT ○	LEFT ○	DIFFERENCE IN CM _____
Communication aids	○			

Personal settings

made for movement

Innowalk Pro M	○	Innowalk Pro L	○
User name		Date of measurement	
Physiotherapist			

Seating		Comments
Seat height		
Seat depth		
Spasm control (range 0-6)		
Tilt in space		

Chest support	Left	Right	Comments
HeighT			
Width			

Leg support	Left		Right		Comments
Foot plate position on ski					
Foot plate width position					
Leg support height					
Cam stop hyperextension block in use	Yes ○	No ○	Yes ○	No ○	
Leg length discrepency soles in use	Yes ○	No ○	Yes ○	No ○	

Guide-strap		Comments
Tension on Guide-strap		
Number loop on the guide-strap		

Hip support			Comments
	Left	Right	
Hip support height	○	○	
Hip support width	○	○	

Support equipment			Comments
Shoulder straps	Yes ○	No ○	
Tray	Yes ○	No ○	
Neck support	Yes ○	No ○	
Arm movement handles	Yes ○	No ○	
Hand fixation gloves	Yes ○	No ○	

Exercise prescription	Comments
Duration	
Time/session	
Time/week	
Min/max speed	