

MEASUREMENT FORM

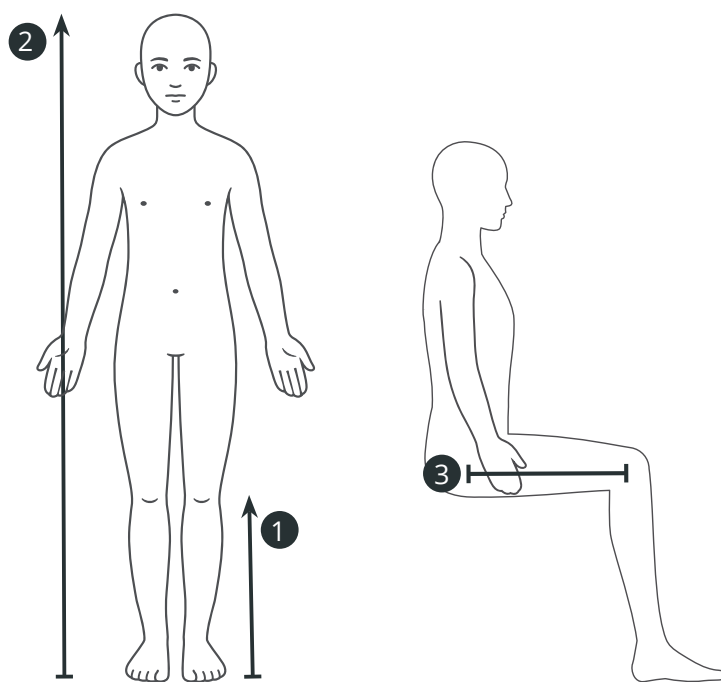
INNOWALK PRO

User name		Date of measurement	
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Physiotherapist	
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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) Centre of knee to centre of hip.		cm

Diagnosis	
Relevant history	
Orthoses	
Other equipment	



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! Note

All measurements should be taken with footwear on.

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

Innowalk Pro M		Innowalk Pro L	
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User name		Date of measurement	
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Physiotherapist	
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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 discrepancy soles in use	Yes	No	Yes	No	

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

Hip support	Comments
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	