



# Amtryke Adaptive Tricycle Veteran Request Form

(Must be filled out completely by Veteran)

Veteran's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

## Service Details

Rank: \_\_\_\_\_  
Unit Info: \_\_\_\_\_ Time in Service: \_\_\_\_\_  
Awards: \_\_\_\_\_  
Were you honorably discharged?  Yes  No  
Is your disability:  Combat duty related  Non-Combat duty related  Non duty related

Secondary Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Treating Therapist's Name: \_\_\_\_\_ Field/Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the Amtryke Therapeutic Tricycle? (Check all that apply)

Therapist  \_\_\_\_\_  AMBUCS Member  \_\_\_\_\_

Will you need financial assistance to obtain the tricycle?  Yes  No

If yes, how much can you pay? \_\_\_\_\_

**Note:** Amtryke therapeutic tricycles are distributed based on available funds, circumstances of injury and a hierarchy of need through the National Amtryke Advisory Board. Individual placements may also be made at the discretion of local AMBUCS chapters.

I agree to 'recycle' the Amtryke for use by another Veteran when I am no longer using it. I will return it to the organization that gave it to me or, if for whatever reason I can't, I will donate it to another Veteran who will use it.

Date of injury, diagnosis and how it occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Individuals will not be considered for placement until all three forms are returned to AMBUCS: this Request and Waiver Form filled out by the Veteran, 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 Veteran)

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.

## 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 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.

*The information contained in this document is not intended nor implied by National AMBUCS™, 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 I may be photographed by National AMBUCS. I also agree that my photo and name may be used in promotional efforts for National AMBUCS, Amtryke or the local AMBUCS chapter. I further grant National 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.**

Veteran's Name (printed): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Veteran's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, (veteran's signature) \_\_\_\_\_, pledge to return this Amtryke to \_\_\_\_\_ if I decide to no longer use it. I understand that it will be passed on to another Veteran who can benefit from using the Amtryke. If it is not possible to return it, I will donate it to another Veteran who will use it. I understand that under no circumstances am I authorized to sell the Amtryke.

**Individuals will not be considered for placement until all three forms are returned to AMBUCS: this Waiver and Request Form filled out by the Veteran, as well as the Assessment Form and Tryke Selection Form filled out by the therapist.**

# Amtryke Assessment Form

(Must be filled out completely by therapist)

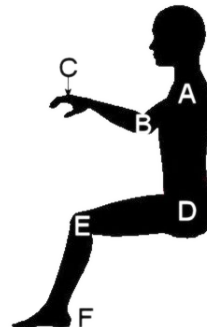
Recipient's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Weight (lbs.):\* \_\_\_\_\_ Height (inches):\* \_\_\_\_\_

Diagnosis(es):\* \_\_\_\_\_

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

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:	



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/](http://www.ambucs.org/riders/wish-list/sizing-chart/)

**Notes on Provided Measurements (if any):**

Helmet Sizing	
Size	Measurement (head circumference)
XXS	18.5" to 19.5"
XS	20.5" to 22"
S/M	22" to 23.6"
L/XL	23.6" to 25.75"

Therapist Name: \_\_\_\_\_ Is this the treating therapist?  Yes  No

Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this facility an Amtryke Evaluation Site?  Yes  No  Not Sure

Therapist comments concerning recipient or goals:

This request/assessment is directed to:

Local AMBUCS Chapter Name: \_\_\_\_\_

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.

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Ship Amtryke To

Name/Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please mail, email or fax completed form to your local chapter or the AMBUCS Resource Center

Springfield ABC - P.O. Box 1273 - Springfield, IL 62705 [amtrykes@gmail.com](mailto:amtrykes@gmail.com)

(800) 838-1845

[ambucs.org](http://ambucs.org)

This Request/Liability Waiver Form, Assessment Form and Tryke Selection Form must be received before placement is considered.

Recipient's Name:

### 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 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](http://www.amtrykestore.org), or the Amtryke catalogue for more information and product images.

**Step 1:** Fill out the first page of 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.

**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.

**Foot** trykes were developed in response to requests from therapists for a traditional tricycle for riders with special needs.

**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. (This will narrow the choices considerably)

**Step 4:** Choose a drive. (If it doesn't mention a choice, then ignore this step.)

Amtrykes come with two drive possibilities: **fixed** drive or **geared** drive. Tryke models have been carefully designed so the drive matches the therapeutic goals of the equipment; therefore all drives are not available on all trykes.

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.

**Step 5:** 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 the generic accessories listed below. If a customization option is not listed, it is because of design or other practical constraints in offering it on a particular model.*

<b>GENERIC ACCESSORIES</b> (not model specific)							
<b>Safety Items</b>	<input type="checkbox"/>	<b>License Plate</b>	<input type="checkbox"/>	<b>Water Bottle w Cage</b>	<input type="checkbox"/>	<b>Rearview Mirror</b>	
<b>Leg &amp; Foot Items</b>	<input type="checkbox"/>	<b>Foot Cups</b> (pair):	<input type="checkbox"/>	<b>Knee Adductor Strap:</b>	<input type="checkbox"/>	<b>Pedal Block</b> (1 = 3/4")	_____qty
		<input type="checkbox"/> Small	<input type="checkbox"/>	<input type="checkbox"/> Small	<input type="checkbox"/>		
		<input type="checkbox"/> Medium	<input type="checkbox"/>	<input type="checkbox"/> Medium	<input type="checkbox"/>		
<b>Hand Items</b>	<input type="checkbox"/>	<b>Variable Range of Motion Kit</b>	<input type="checkbox"/>	<b>Wrist Wraps</b>	<input type="checkbox"/>	<b>Wrist Brace Mitt:</b>	
		<i>(only for Hand &amp; Foot Cycles)</i>	<input type="checkbox"/>	<i>(Includes right &amp; left)</i>	<input type="checkbox"/>	<input type="checkbox"/> Right	<input type="checkbox"/> Left
			<input type="checkbox"/>	<input type="checkbox"/> X-Small	<input type="checkbox"/>	<input type="checkbox"/> XX-Small	<input type="checkbox"/> Medium
			<input type="checkbox"/>	<input type="checkbox"/> Small	<input type="checkbox"/>	<input type="checkbox"/> X-Small	
			<input type="checkbox"/>	<input type="checkbox"/> Medium	<input type="checkbox"/>	<input type="checkbox"/> Small	

Recipient's Name:

## FOOT TRYKES

**1420XL ProSeries FOOT TRYKE** (20" wheels, fixed/freewheel drive) – **50-FC-1420-XL** Arm Lgth 22-34", Leg Lgth 30-45"

**NEW: Standard with Large Pommel Saddle Seat and safety flag**

Option #1 – Standard Seating System: 1400 ProSeries Seat Back System (push grip, backpad, large pommel & 2 laterals)  
Seat Bottom Alternates:  Bench Seat  Tractor Seat w/ bracket  Medium Pommel Saddle Seat  Saddle Seat  
Trunk Support Options:  ProSeries Head Rest  ProSeries Full Padded Back  ProSeries Lumbar Pad  
 Recumbent 10 Degree Seat Post

Option #2 – Alternate Seating System: Large Pommel Saddle Seat/1600 Simple Seat Back  
Seat Bottom Alternates:  Bench Seat  Tractor Seat w/ bracket  Medium Pommel Saddle Seat  Saddle Seat

Option #3 – Alternate Seating System: Large Wheelchair Seat  
Wheelchair Seat Accessories:  Wheelchair Seat Bar Ends  Swing Away Arms

1420 XL Accessories:  Heavy-Duty Push Bar  Toe Pedal Pulley  H-Harness - 11.5"  
 Rear Steering Kit  Calf & Leg Supports  ½" Exercise Pedals  
 Hi-Rise Handlebars  12"  23"  
 Knee Separator:  2"  5"  9" extender tube

**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  Rearview Mirror

**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  Rearview Mirror

**TP-3000 TADPOLE FOOT TRYKE** (Recumbent 21-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  Rearview Mirror

## HAND TRYKES

**NEW: 1020 "Junior" HAND TRYKE** (20" wheels & 3-Speed drive train) **50-HC-1020** Arm length 19-30"

Option #1 – Standard Seating: Small Wheelchair Seat (3.5" narrower in width and depth)  
Seat Alternates:  Large Wheelchair Seat

1020 Accessories:  Wheelchair Seat Bar Ends  Swing-Away Arms  Seat-mounted brake & shifting kit

**1024 HAND TRYKE** – (24" wheels & 3-Speed drive train) **50-HC-1024** Arm length 22-26"

1024 Accessories:  Wheelchair Seat Bar Ends  Swing-Away Arms  Seat-mounted brake & shifting kit

Therapist Assembly Notes or Comments (if any):