



## The Application Process

1. Please fill out the Request, Waiver, and Assessment Form (attached).
2. Please send a photo of the rider for our internal documentation.
3. Please email the fully completed form and photo to [vtambucs@gmail.com](mailto:vtambucs@gmail.com).
4. A representative from VT AMBUCS will work with you and your local therapist to complete the bike selection form below. Using your form, we will coordinate a trial bike (if necessary), help you fill out an order form for the correct tryke and accessories, and set up your fundraising page.

[FOOT TRYKE  
ORDER FORM](#)

[HAND TRYKE  
ORDER FORM](#)

[HAND & FOOT TRYKE  
ORDER FORM](#)

5. Once the correct tryke has been selected, we will order the tryke and start fundraising.
6. Please share the fundraising campaign with your friends, family, work, and social groups. If your work has a matching donation program, please let us know.
7. Once the tryke arrives, a representative will build and deliver your tryke, and make sure it fits.
8. You then enjoy the fun and freedom of riding a bike!
9. If you outgrow your tryke, we require that the tryke be returned to our program so it can be passed onto the next rider! If you need the next size up, the process starts again at number 1!



# Amtryke Therapeutic Tricycle Request Form

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

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

## 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: \_\_\_\_\_

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

Therapist  Website  AMBUCS Member  Other: \_\_\_\_\_

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

If yes, how much can you contribute or donate? \_\_\_\_\_

Does your work have a matching donation program that we may contact?  Yes  No

**Note:** Amtryke therapeutic tricycles are distributed based on available funds and need. We fund raise as an organization for all bike recipients and depend on community partnerships to raise awareness about our organization for donations. Individual placements of **Amtryke therapeutic tricycles** are at the discretion of the local chapter. **VT AMBUCS requires recipients return AMTRYKES to us when out grown or no longer used so they can be outfitted for other riders. You may get one of these gently used bikes if available.**

Tell us about the recipient\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*This information will be made public to help obtain funding. Please don't include information you don't want shared.

Including a photo of the recipient will help us obtain a sponsor to help you pay for the Amtryke more quickly. 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 a funding.

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

# Amtryke Therapeutic 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 for people with disabilities by providing Amtryke therapeutic tricycles, offering educational scholarships to therapy students and performing various forms of community service.

**Purpose:** The Amtryke therapeutic tricycle was designed for people with disabilities. It 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 therapeutic 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™, 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. or the Vermont Chapter 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® therapeutic 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 Vermont 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.

I do not wish for myself, my child or family members to be photographed.

**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: \_\_\_\_\_

Recipient's Name:

# Amtryke Assessment Form

Thanks for choosing an Amtryke therapeutic tricycle!

In order to accommodate the widest variety of people and disabilities, 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>Fun Items</b>	<input type="checkbox"/> License Plate	<input type="checkbox"/> Water Bottle w Cage	<input type="checkbox"/> Mirror
<b>Leg &amp; Foot Items</b>	<input type="checkbox"/> Foot Cups (pair): <input type="checkbox"/> Small <input type="checkbox"/> Medium	<input type="checkbox"/> Knee Adductor Strap: <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium	<input type="checkbox"/> Pedal Block (1 = 3/4") _____ qty
<b>Hand Items</b>	<input type="checkbox"/> Variable Range of Motion Kit <i>(only for Hand &amp; Foot Cycles)</i>	<input type="checkbox"/> Wrist Wraps <i>(Includes right &amp; left)</i> <input type="checkbox"/> X-Small <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Medium	<input type="checkbox"/> Wrist Brace Mitt: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> XX-Small <input type="checkbox"/> Medium <input type="checkbox"/> X-Small <input type="checkbox"/> Small

# Amtryke Assessment Form

(Must be filled out completely by therapist)

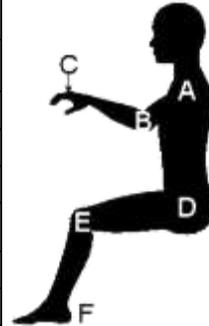
Recipient's Name: \_\_\_\_\_

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: \_\_\_\_\_

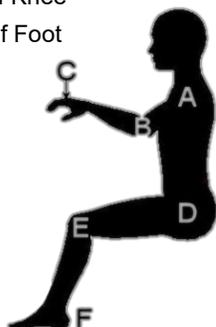
Ship Amtryke To			
Name/Facility: _____	Phone: _____		
Street Address: _____			
City: _____	State: _____	Zip: _____	

The Request Form, Liability Waiver Form, and Tryke Selection Form must be received before placement is considered.  
 Please email completed packet to [vtambucs@gmail.com](mailto:vtambucs@gmail.com).

# Amtryke Sizing Chart

TRYKE TYPE (How will the tryke be propelled?)	RIDER LEG LENGTH (Inches from center of hip to bottom of shoe.)	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)
<b>Hand &amp; Foot</b>	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
	32-46	18-30	AM-20	250	74	80	20	45	72	32
<b>Foot</b>	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
<b>Hand</b>	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
	up to 41	22-26	HP-1000	250	74	83	Front 16 Rear 20	45	72	32
<b>All trykes in the Hand &amp; Foot section can be converted to Hand trykes – except the AM-20.</b>										

- 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	
<b>Arm Measurements (inches) Total Length</b>	
Left	A to B + B to C = _____
Right	A to B + B to C = _____
Trunk	A to D = _____
<b>Leg Measurements (inches) Total Length</b>	
Left	D to E + E to F = _____
Right	D to E + E to F = _____

HELMET SIZING	
<b>Youth Sizes</b>	<b>Head Circumference Inches</b>
XXS	18.5 to 19.5
XS	20.5 to 22
S/M	22 to 23.6
L/XL	23.6 to 25.75
<b>Adult Sizes</b>	<b>Head Circumference Inches</b>
S/M	22 to 23.6
L/XL	23.6 to 25.75

Updated 10/29/18

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