



# Amtryke Adaptive Tricycle Request Form

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

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

How did you hear about the Amtryke Adaptive 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 pay? \_\_\_\_\_

**Note:** Amtryke adaptive tricycles are distributed based on available funds and need. Individual placements of Amtryke adaptive tricycles are at the discretion of the local chapter or parent organization.

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: \_\_\_\_\_

**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.**

Please mail or email the completed forms to your local chapter:

AMBUCS LI - Debbie Metz 306 Jefferson Drive, Mastic Beach, NY 11950 631-767-4354 [debbiemetz23@gmail.com](mailto:debbiemetz23@gmail.com)

This Form, the Assessment Form and Tryke Selection Form must be received by your local chapter or the Resource Center before placement is considered.

# 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 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 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™, 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 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 understood this liability waiver.**

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

Adult Recipient Signature: \_\_\_\_\_

**If Recipient is Under Age 18**

Legal Guardian Name: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# 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](http://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.

**Step 4:** 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.

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This Form, Tryke Selection Form and the Request/Liability Waiver Form must be received by your local chapter or the Resource Center before placement is considered.



# Amtryke Therapist Assessment Form

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

Rider's Name: \_\_\_\_\_  
 Birth Month/Year: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Height (inches): \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

\*This information is private and only utilized to appropriately fit the rider\*

## Rider Information:

### Safety Overview

(some riders may benefit from additional safety tools such as rear steering to optimize safety)

Please select any of the below mentioned conditions that your rider may present with:

Visual Impairment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Behavioral or Cognitive Concerns:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Uncontrolled Seizures:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Significant endurance issues:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Transfer Ability  Independent  MinA  ModA  MaxA  Dependent

Measurements: (these measurements are crucial for appropriate fit)

A	Acromion process
B	Lateral epicondyle of elbow
C	MCP Joints/Knuckles
D	Greater trochanter
E	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 (inches)		A to D:		
Legs (inches)				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:

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All three forms must be completed fully for the request to be processed.



**Rider Information Continued:**

Orthotics used: \_\_\_\_\_

Equipment: \_\_\_\_\_

Please list any comments about measurements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Evaluating Therapist Information:**

Therapist Name: \_\_\_\_\_ Are you the treating therapist? Yes  No

Credentials: \_\_\_\_\_ Completed AEFT Course? Yes  No

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

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

Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Are you associated with an AMBUCS Chapter? Yes  No

If yes, please indicate: \_\_\_\_\_

Therapist comments concerning the rider and family goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request is directed to:

Local AMBUCS Chapter: Long Island 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): \_\_\_\_\_ Professional Designation: \_\_\_\_\_

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

Cosignatory if necessary: \_\_\_\_\_ Date: \_\_\_\_\_

**Shipping Information**

Name/Facility: AMBUCS LI -Debbie Metz Phone: 631-767-4354

Address: 306 Jefferson Drive City: Mastic Beach

State: NY Zip code: 11951

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.

Please mail or email the completed forms to your local chapter:

AMBUCS LI -Debbie Metz 306 Jefferson Drive Mastic Beach, NY 11951 631-767-4354 debbiemetz23@gmail.com

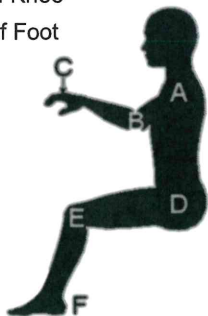
All three forms must be completed fully for the request to be processed.



# 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
<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
All trykes in the Hand & Foot section can be converted to Hand trykes.										

- 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"



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## Amtryke Selection

Rider's Name: \_\_\_\_\_

### Generic Accessories

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

Generic accessories are compatible with most models.

### Therapist notes or comments:



**Foot Tryke Specific Accessories:**

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

<b>1410</b> Foot Tryke- comes standard with 10-inch wheels, fixed drive, and rear steering	
<input type="checkbox"/>	<b>Option 1:</b> Standard seating system: Blue bucket seat
<input type="checkbox"/>	<b>Option 2:</b> Snappy Seat system Accessories for Snappy: Laterals <input type="checkbox"/> Head Rest <input type="checkbox"/>
<input type="checkbox"/>	<b>1410 Accessories:</b> Separator Cube <input type="checkbox"/>

<b>ProSeries 1412</b> Foot Tryke- Comes standard with 12-inch wheels, fixed drive, and rear steering	
<input type="checkbox"/>	<b>Option 1:</b> Standard seating system: Medium Pommel Saddle Seat and 1600 simple seat back Seat options: Bench Seat <input type="checkbox"/> Large Pommel <input type="checkbox"/> Saddle Seat <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 2:</b> 1400 ProSeries Seat Back System- (push grip, back pad, medium pommel and lateral supports) Seat options: Bench Seat <input type="checkbox"/> Large Pommel <input type="checkbox"/> Saddle Seat <input type="checkbox"/> <b>ProSeries Accessories:</b> Full Padded Back <input type="checkbox"/> Head Rest <input type="checkbox"/> Lumbar Pad <input type="checkbox"/> Recumbent Post (10 deg) <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 3:</b> Gray Bucket Seat
<input type="checkbox"/>	<b>Option 4:</b> Snappy Seat System (be sure of measurements)





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<b>Snappy Seat Accessories:</b>	
Laterals <input type="checkbox"/>	Head Rest <input type="checkbox"/> Separator Cube <input type="checkbox"/>
<b>1412 Accessories:</b>	
Front Handle Brake Kit (cannot be used with rear steer brake) <input type="checkbox"/>	

<b>ProSeries 1416</b> Foot Tryke-	
Comes standard with 16-inch wheels, fixed or freewheel drive	
<input type="checkbox"/>	<b>Option 1:</b> Standard Seating System- 1400 ProSeries Seat back system- (push grip, back pad, medium pommel saddle seat and lateral supports)  <u>Seat options:</u> Bench Seat <input type="checkbox"/> Large Pommel <input type="checkbox"/> Tractor Seat with bracket <input type="checkbox"/> Saddle Seat <input type="checkbox"/>  <u>ProSeries Accessories:</u> Full Padded Back <input type="checkbox"/> Head Rest <input type="checkbox"/> Lumbar Pad <input type="checkbox"/> Recumbent Post (10 deg) <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 2:</b> 1600 Simple Seat back with Medium pommel saddle seat  <u>Seat options:</u> Bench Seat <input type="checkbox"/> Large Pommel <input type="checkbox"/> Tractor Seat with bracket <input type="checkbox"/> Saddle Seat <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 3:</b> Gray Bucket Seat

<b>ProSeries 1420</b> Foot Tryke-	
Comes standard with 20-inch wheels, fixed or freewheel drive	
<input type="checkbox"/>	<b>Option 1:</b> Standard Seating System- 1400 ProSeries Seat back system- (push grip, back pad, large pommel saddle seat and lateral supports)  <u>Seat options:</u> Bench Seat <input type="checkbox"/> Medium Pommel <input type="checkbox"/> Tractor Seat with bracket <input type="checkbox"/> Saddle Seat <input type="checkbox"/>  <u>ProSeries Accessories:</u> Full Padded Back <input type="checkbox"/> Head Rest <input type="checkbox"/> Lumbar Pad <input type="checkbox"/> Recumbent Post (10 deg) <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 2:</b> 1600 Simple Seat back with large pommel saddle seat  <u>Seat options:</u> Bench Seat <input type="checkbox"/> Medium Pommel <input type="checkbox"/> Tractor Seat with bracket <input type="checkbox"/> Saddle Seat <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 3:</b> Gray Bucket Seat

<b>ProSeries 1420XL</b> Foot Tryke-	
Comes standard with 20 inch wheels, fixed or freewheel drive	
<input type="checkbox"/>	<b>Option 1:</b> Standard Seating System- 1400 ProSeries Seat back system- (push grip, back pad, large pommel saddle seat and lateral supports)



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<input type="checkbox"/>	<p><b>Seat options:</b></p> <p>Bench Seat <input type="checkbox"/>      Medium Pommel <input type="checkbox"/>      Tractor Seat with bracket <input type="checkbox"/>      Saddle Seat <input type="checkbox"/></p> <p><b>ProSeries Accessories:</b></p> <p>Full Padded Back <input type="checkbox"/>      Head Rest <input type="checkbox"/>      Lumbar Pad <input type="checkbox"/>      Recumbent Post (10 deg) <input type="checkbox"/></p>
<input type="checkbox"/>	<p><b>Option 2:</b> 1600 Simple Seat back with large pommel saddle seat</p> <p><b>Seat options:</b></p> <p>Bench Seat <input type="checkbox"/>      Medium Pommel <input type="checkbox"/>      Tractor Seat with bracket <input type="checkbox"/>      Saddle Seat <input type="checkbox"/></p>
<input type="checkbox"/>	<p><b>Option 3:</b> Large Wheelchair Seat</p> <p><b>Wheelchair Accessories:</b></p> <p>Swing Away Arms <input type="checkbox"/>      Wheelchair seat bar ends <input type="checkbox"/></p>
<input type="checkbox"/>	<p><b>Option 4:</b> Small Wheelchair Seat</p> <p><b>Wheelchair Accessories:</b></p> <p>Swing Away Arms <input type="checkbox"/>      Wheelchair seat bar ends <input type="checkbox"/></p>

**Recumbent Tryke Specific Accessories:**

<input type="checkbox"/>	Exercise pedals (cannot be used with pedal blocks and footcups)
<input type="checkbox"/>	XL exercise pedals (cannot be used with pedal blocks and footcups)
<input type="checkbox"/>	9/16 expanding pedals
<input type="checkbox"/>	Basket (JT models only)
<input type="checkbox"/>	Toe clips (only compatible with standard bike pedals)
<input type="checkbox"/>	Dual Hand Brake

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

<input type="checkbox"/>	<b>JT-2000</b> Recumbent Foot Tryke- Comes standard with 14-speed shifter, rider must be able to brake, steer, and change gears independently
<input type="checkbox"/>	<b>JT-2300</b> 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
<input type="checkbox"/>	<b>TP-3000 Tadpole</b> Recumbent Foot Tryke- Comes standard with 7-speed shifter with <u>under the seat steering</u> , rider must be able to brake, steer, and change gears independently



**Rider's Name:** \_\_\_\_\_

**Hand and Hand-Foot Tryke Specific Accessories:**

<input type="checkbox"/>	Knee Separator: 2" <input type="checkbox"/> 5" <input type="checkbox"/>
<input type="checkbox"/>	9-inch extender tube (used with knee separator) 2" <input type="checkbox"/> 5" <input type="checkbox"/>
<input type="checkbox"/>	Vertical Hand Grips [Models: AM10, AM12s, AM12, AM16]
<input type="checkbox"/>	9/16 <sup>th</sup> inch exercise pedals [Models: AM12s, AM12, AM16]
<input type="checkbox"/>	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\*\***

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

<b>AM-10 Hand-Foot Tryke-</b> Comes standard with 10 inch wheels, 2.5 inch crank arms, and rear steering kit	
<input type="checkbox"/>	<b>Option 1:</b> Blue Bucket Seat
<input type="checkbox"/>	<b>Option 2:</b> Snappy Seat System
<input type="checkbox"/>	Snappy Accessories: Head Rest <input type="checkbox"/> Laterals <input type="checkbox"/>
	<b>AM-10 Accessories:</b> Separator Cube <input type="checkbox"/>

<b>AM-12s Hand-Foot Tryke-</b> Comes standard with 12 inch wheels, 3 inch crank arms, saddle seat, and rear steering kit	
<input type="checkbox"/>	<b>Option 1:</b> 1600 Seat back with saddle seat
<input type="checkbox"/>	Seat Options: Bench Seat <input type="checkbox"/> Medium Pommel <input type="checkbox"/> Large Pommel <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 2:</b> ProSeries 1400 Seat back system (push grip, back pad, saddle seat, and lateral supports)
<input type="checkbox"/>	Seat options: Bench Seat <input type="checkbox"/> Medium Pommel <input type="checkbox"/> Large Pommel <input type="checkbox"/>
	ProSeries Accessories: Full Padded Back <input type="checkbox"/> Head Rest <input type="checkbox"/> Lumbar Pad <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 3:</b> Blue Bucket Seat
	Blue bucket Accessories: Separator Cube <input type="checkbox"/>





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<input type="checkbox"/>	<b>Option 4: Snappy Seat System</b>  <u>Snappy Accessories:</u> Head Rest <input type="checkbox"/> Laterals <input type="checkbox"/> Separator Cube <input type="checkbox"/>
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<b>AM-12 Hand-Foot Tryke:</b> Comes standard with 12 inch wheels, 4 inch crank arms, and rear steering kit	
<input type="checkbox"/>	<b>Option 1:</b> 1600 Seat back with saddle seat  <u>Seat Options:</u> Bench Seat <input type="checkbox"/> Medium Pommel <input type="checkbox"/> Large Pommel <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 2:</b> ProSeries 1400 Seat back system (push grip, back pad, saddle seat, and lateral supports)  <u>Seat options:</u> Bench Seat <input type="checkbox"/> Medium Pommel <input type="checkbox"/> Large Pommel <input type="checkbox"/>  <u>ProSeries Accessories:</u> Full Padded Back <input type="checkbox"/> Head Rest <input type="checkbox"/> Lumbar Pad <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 3:</b> Gray Bucket Seat
<input type="checkbox"/>	<b>Option 4:</b> Snappy Seat System (please check measurements)  <u>Snappy Accessories:</u> Head Rest <input type="checkbox"/> Laterals <input type="checkbox"/> Separator Cube <input type="checkbox"/>

<b>AM-16 Hand-Foot Tryke-</b> Comes standard with 16 inch wheels, 5 inch crank arm, and rear steering kit	
<input type="checkbox"/>	<b>Option 1:</b> 1600 Seat back with saddle seat  <u>Seat Options:</u> Bench Seat <input type="checkbox"/> Medium Pommel <input type="checkbox"/> Large Pommel <input type="checkbox"/> Tractor Seat <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 2:</b> ProSeries 1400 Seat back system (push grip, back pad, saddle seat, and lateral supports)  <u>Seat options:</u> Bench Seat <input type="checkbox"/> Medium Pommel <input type="checkbox"/> Large Pommel <input type="checkbox"/> Tractor Seat <input type="checkbox"/>  <u>ProSeries Accessories:</u> Full Padded Back <input type="checkbox"/> Head Rest <input type="checkbox"/> Lumbar Pad <input type="checkbox"/>
<input type="checkbox"/>	<b>Option 3:</b> Gray Bucket Seat
	<b>AM-16 Accessories:</b> XL exercise pedals <input type="checkbox"/>



**Hand Cycles:** please check the box for your tryke selection.

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

<b>1024 Hand Tryke-</b> Comes standard with 24 inch wheels and 3-speed drive train. Rider should be able to steer, brake, and change gears independently.	
<input type="checkbox"/>	<b>Option 1:</b> Large Wheelchair Seat Seat Alternatives: Small wheelchair seat <input type="checkbox"/>
	<b>1024 Accessories:</b> Wheelchair seat bar ends <input type="checkbox"/> Swing away arms <input type="checkbox"/>