

# BARIATRIC ANATOMICAL ASSESSMENT

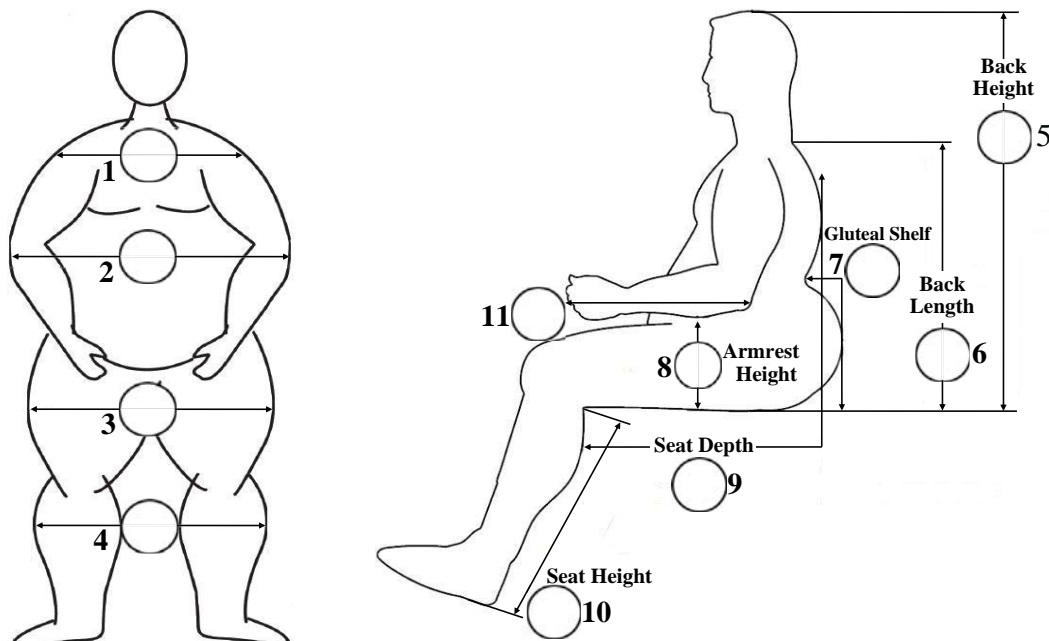
Assessor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please measure the patient at their widest points while sitting in an upright position and add 1"- 2" inches to obtain proper seat width. Please use a soft flexible measuring tape to avoid injuries such as skin tears. This sheet is used for the assessment of bariatric patients. For non-bariatric patients please use our standard Anatomical Assessment.

1. *Shoulder Width* - Measure the patient at the widest point of the upper arms/shoulders.
2. *Torso Width* - With the patient sitting in an upright position, measure across from lateral elbow to lateral elbow. This measurement will help ensure the proper width for the chair is obtained.
3. *Seat Width* - While sitting on a firm surface, measure the hips/thighs at the widest point.
4. *Calf Width* - Measure across the widest point from the knee/calf.
5. *Back Height* - Measure from the seating surface to the top of the head.
6. *Back Length* - Measure from the seating surface to the base of the neck.
7. *Gluteal Shelf* - Is measured from the patients back when seated upright to the extension of the gluteus.
8. *Armrest Height* - With the patient seated, place the shoulder in a neutral position and arm parallel to the floor, measure from the seating surface to the forearm.
9. *Seat Depth* - Is measured from the posterior (back) of the buttocks to the popliteal (underside of the knee.)
10. *Seat Height* - If the patient utilizes a cushion when in the chair, complete measurements with the cushion in the chair to obtain proper measurements. Measure from the base of the heel to the most prominent portion of the posterior (back of) thigh and add 1"- 2" inches to allow for clearance of the footrest.
11. *Armrest Length* - With the shoulder in a neutral position measure from the 90-degree angle (bend) at the elbow to the finger tips.

## CLIENT MEASUREMENTS: (Write Measurements inside of circles)



# BARIATRIC ANATOMICAL ASSESSMENT

Patient Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

To assist in determining the appropriate BRODA chair for your patient, please complete the questions below and provide any additional information you feel can aid us in selecting the appropriate chair.

**Location:**

Please provide width of doorway in inches (Standard ADA Accessible Doorway Width is 32") : \_\_\_\_\_

Types of surfaces: **Carpet** Y or N **Tile** Y or N **Transition Strips** Y or N **Other:** \_\_\_\_\_

**Posture/Function:**

Does the patient have decreased head and/or trunk control? Y or N

Does the patient require a full range of positioning (vertical to flat?) Y or N

**Skin Integrity:**

Does the patient have decreased skin integrity? Y or N

Does the patient have a history of pressure ulcers? Y or N

Does the patient present with boney prominences? Y or N

Does the patient have incontinence issues? Y or N

**Strength/Coordination/Motor Function:**

Is the patient caregiver dependent for ambulation needs? Y or N

Does the patient complete a stand pivot transfer to the chair? Y or N

Does the patient transfer with the use of a lift? Y or N

Can the patient propel themselves with use of their legs in seated position? Y or N

Can the patient propel themselves with use of their arms? Y or N

Please provide an explanation below for all questions answered with Yes, and any conditions that may require special accommodations.

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Assessment Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_