

Chair Fitting Guide

Excel Medical Corporation

Use this guide to help you select the right chair and accessories for your application.

Name of person being fitted: _____ Height: _____ Weight: _____ Date: _____

Nursing Home-Skilled Intermediate Assisted Living Hospital Home Other

Facility: _____

Street Address _____ City _____ State _____ Zip Code: _____

Measured by: _____ Title: _____ Signature: _____

Directions: Please measure the following, then record below. (See illustration below.)

- A) _____ **Seat back height:** Sitting upright, measure distance from base of neck to base of spine.
- B) _____ **Seat depth:** Sitting upright, measure distance from back of buttocks to (underside of knee).
- C) _____ **Lower leg length:** Sitting with feet flat on floor and knees bent 90°, measure from bottom of leg to floor.
- D) _____ **Seat to top of head:** Sitting upright, measure distance from top of head to base of spine.
- E) _____ **Range of motion, Knee:** If motion is limited, measure range of motion for both knees. Begin with knee bent at right angle and record degrees of motion to fullest extension.
- F) _____ **Seat width:** Sitting upright on firm surface, measure width of buttocks.
- H) _____ **Arm Height to Seat:** With arm down and forearm straight, measure forearm to buttocks.

