



CHAIR WORKSHEET



CLIENT INFORMATION

TiLite recommends that the client is evaluated by a certified rehab Specialist.

First Name: _____

Last Name: _____

Age: _____

Diagnosis: _____

Funding Source: _____

TiFIT®: TAILORED INDIVIDUALIZED FRAME

SEAT WIDTH (A) Measure from outside of seat tube at back post to the outside of the opposite seat tube at back post. _____”

SEAT DEPTH (B) Measure from front of back post to the front edge of seat sling: _____”

CUSTOM FRAME DEPTH (M): _____” Frame Depth Longer or Shorter Than Seat Depth.

FRONT SEAT HEIGHT (C) Measure from floor to top of seat tube at beginning of bend. _____”

REAR SEAT HEIGHT (D) Measure from floor to top of seat tube at back post. _____”

SEAT TO FOOTREST (E)/FOOTRESTS Measure from front edge of seat sling to top rear of footrest. Standard Footrests Measurement must be at least 2” shorter than Front Seat Height (C). _____”

SEAT BACK HEIGHT (F) Measure from top of back post to top of seat tube at rear of frame. _____”

SEAT BACK ANGLE (G) Measure angle from front of back post to floor. _____°

CENTER OF GRAVITY (H) Measure from front of back post at the seat tube to the center of the rear axle. _____”

FRONT SEAT WIDTH (SEAT TAPER) (I) Measure from inside of front frame tube to inside of opposite front frame tube. _____”

FOOTREST WIDTH (J) or (V) Select either a Standard Front End (J) if no Seat Taper (I) is selected or a V-Front End (V) if a Seat Taper (I) is selected.

FE1 STANDARD FRONT END (J) Measure from inside of front frame tube to inside of opposite front frame tube. _____”

FE2 V-FRONT END (V) Measure from inside of front frame tube to inside of opposite front frame tube 2-1/2” above footrest. _____”

REAR WHEEL SPACING (K)/PLUGS Measure from outside of seat back post to inside of rear tire. _____”

CAMBER (L)/CAMBER TUBES

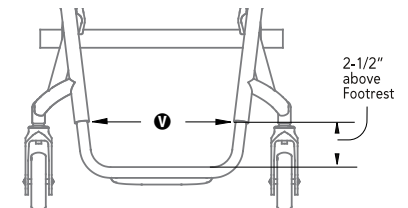
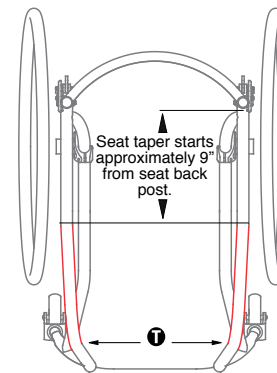
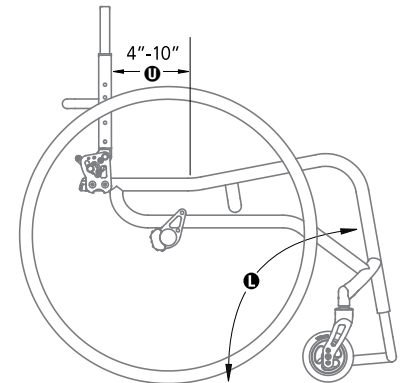
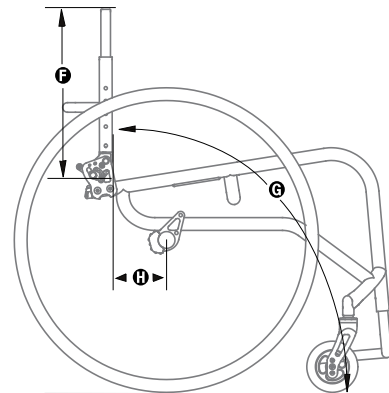
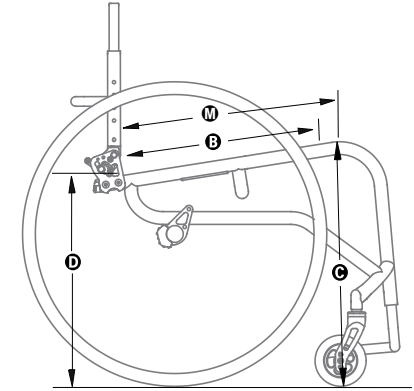
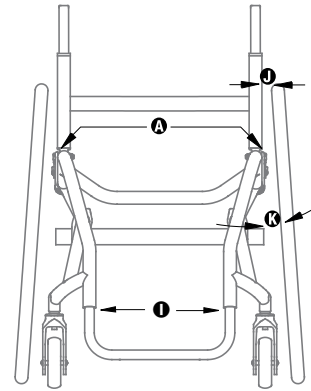
CBR1 0° 2° 4° 6° 8° 12° 15° 18°

FRONT ANGLE (L) Measure from frame front to floor.

FA1 60° 65° 70° 75° 80° 85° 90°

ERGONOMIC SEAT (U) Measure from front of back post to beginning of upward bend of seat tube.

ERG1 4” 5” 6” 7” 8” 9” 10”





CHAIR WORKSHEET



TiFIT®: OPTIONAL MEASUREMENTS

OVERALL FOOTPRINT W Measure from front edge of footrest to the furthest point rearward on chair (i.e. this is usually the apex rear wheel parallel to the hub or wheels of anti tip.) _____”

WHEELBASE X Measure from center line of front wheel to the center line of rear wheel: _____”

OVERALL FRAME LENGTH V Measure from front edge of footrest to front edge of back post. _____”

CASTER WIDTH Z Measure from center line of caster barrel on left to center line of caster barrel on right. _____”

