





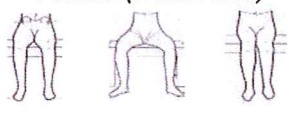

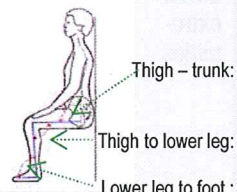
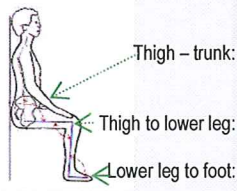
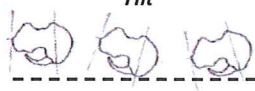







POSTURE IN CURRENT SEATING SYSTEM				
ASSESSMENT FOR:			DATE:	Problems /Comments
Pelvis	Tilt (Side view)  <input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior	Obliquity (Frontal View)  <input type="checkbox"/> Neutral <input type="checkbox"/> Left Lower <input type="checkbox"/> Right Lower Lowered by:	Rotation (Top view)  <input type="checkbox"/> Neutral <input type="checkbox"/> Left Forward <input type="checkbox"/> Right Forward	
Trunk	Anterior / posterior  <input type="checkbox"/> Neutral <input type="checkbox"/> Thoracic Kyphosis <input type="checkbox"/> Lumbar Lordosis <input type="checkbox"/> lumbar C-curve flattening	Scoliosis (Frontal View)  <input type="checkbox"/> Neutral <input type="checkbox"/> Convex Left <input type="checkbox"/> Convex Right Apex at:	Rotation (Top view)  <input type="checkbox"/> Neutral <input type="checkbox"/> L forward <input type="checkbox"/> R forward	
Hips	Thigh to Trunk angle: Left : _____ Right: _____ Degrees Degrees	Position (Frontal View)  <input type="checkbox"/> Neutral <input type="checkbox"/> ABduct ⁿ <input type="checkbox"/> ADduct ⁿ L / R L / R <input type="checkbox"/> External rotation : L / R <input type="checkbox"/> Internal rotation: L / R	Windswept (Frontal View)  <input type="checkbox"/> Neutral <input type="checkbox"/> Left <input type="checkbox"/> Right	Left: <u>Angles</u>  Right: 
Knees and Feet	Thigh to lower leg angle : Left _____ Right _____ Degrees Degrees	Lower leg to foot angle: Left _____ Right _____ Degrees Degrees <input type="checkbox"/> Plantar-flex <input type="checkbox"/> Plantar-flex. <input type="checkbox"/> Dorsi-flex <input type="checkbox"/> Dorsi-flex	Foot position: Left <input type="checkbox"/> neutral <input type="checkbox"/> Inversion <input type="checkbox"/> Eversion Right <input type="checkbox"/> nentral <input type="checkbox"/> Inversion <input type="checkbox"/> Eversion	
Head and neck	Cervical curve (side view) <input type="checkbox"/> Neutral <input type="checkbox"/> flexion <input type="checkbox"/> extension <input type="checkbox"/> cervical hyperextension (Chin poke)	Neck position (Frontal View) <input type="checkbox"/> Midline <input type="checkbox"/> Lat flexion: L / R <input type="checkbox"/> Rotation: L / R	Control <input type="checkbox"/> independent head control / and full ROM <input type="checkbox"/> restricted head control <input type="checkbox"/> restricted ROM: <input type="checkbox"/> absent head control	
Upper Limbs	Shoulder positioning <input type="checkbox"/> Level <input type="checkbox"/> asymmetry	Elbow and forearm position <input type="checkbox"/> arm support <input type="checkbox"/> no support :	Wrist and handgrip	

Summary / comments:

	<input type="checkbox"/> Photo taken
<input type="checkbox"/>	Consent obtained



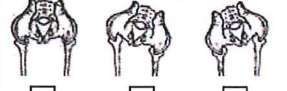



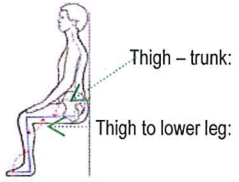
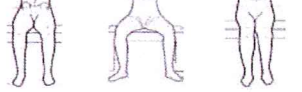

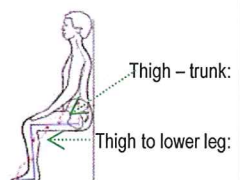
SUPINE MAT ASSESSMENT

ASSESSMENT FOR:		DATE:		Problems /Comments																
Pelvis	<p style="text-align: center;">Tilt</p>  <p> <input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior </p> <p> <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (to neutral / partial correction) </p>	<p style="text-align: center;">Obliquity</p>  <p> <input type="checkbox"/> Neutral <input type="checkbox"/> Left Lower <input type="checkbox"/> Right Lower </p> <p> Lowered by: <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort: (to neutral / partial correction) </p>	<p style="text-align: center;">Rotation</p>  <p> <input type="checkbox"/> Neutral <input type="checkbox"/> Left forward <input type="checkbox"/> Right forward </p> <p> <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (to neutral / partial correction) </p>	Comments																
Trunk	<p style="text-align: center;">Anterior / posterior</p>  <p> <input type="checkbox"/> Neutral <input type="checkbox"/> Thoracic Kyphosis <input type="checkbox"/> Lumbar Lordosis </p> <p> <input type="checkbox"/> lumbar C-curve flattening <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (to neutral / partial correction) </p>	<p style="text-align: center;">Scoliosis</p>  <p> <input type="checkbox"/> Neutral <input type="checkbox"/> Convex Left <input type="checkbox"/> Convex Right </p> <p> Apex at: <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (neutral/partial) </p>	<p style="text-align: center;">Rotation</p>  <p> <input type="checkbox"/> Neutral <input type="checkbox"/> Left forward <input type="checkbox"/> Right forward </p> <p> Forwarded by : <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (to neutral / partial correction) </p>																	
Lower extremities	<p>Angles</p> <p>Trunk to thigh angle: Flex hip to 90° or a lesser angle till ASIS rolls / pelvic tilts</p> <p>Thigh to lower leg angle: with hip flex ° at 90° or the trunk to thigh angle, extend knee from flexion till pelvis tilt / ASIS rolls.</p> <p>Lower leg to foot angle:</p> <p>Hip Abduction / Adduction:</p>	<p style="text-align: center;">Range of motions or report observations:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">LEFT</th> <th style="width: 25%;">Right</th> <th style="width: 25%;">Normal ROM</th> <th style="width: 25%;">Fixed / Flexible /Corrects with effort, Tone /Spasm that may impact on seating posture:</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Simulate to 90°</td> <td></td> </tr> <tr> <td></td> <td></td> <td>30 to 180</td> <td></td> </tr> <tr> <td></td> <td></td> <td>30 -135</td> <td></td> </tr> </tbody> </table> <p>Hip external / internal rotation:</p>	LEFT	Right		Normal ROM	Fixed / Flexible /Corrects with effort, Tone /Spasm that may impact on seating posture:			Simulate to 90°				30 to 180				30 -135		<p>Foot inversion/ eversion:</p>
LEFT	Right	Normal ROM	Fixed / Flexible /Corrects with effort, Tone /Spasm that may impact on seating posture:																	
		Simulate to 90°																		
		30 to 180																		
		30 -135																		
Head and neck	<p style="text-align: center;">Cervical curve:</p> <p>Resting posture:</p> <p> <input type="checkbox"/> Neutral <input type="checkbox"/> Cervical Flexion <input type="checkbox"/> cervical hyperextension </p>	<p style="text-align: center;">Lateral flexion:</p> <p>Resting posture:</p> <p> <input type="checkbox"/> Neutral <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort </p>	<p style="text-align: center;">Rotation:</p> <p>Resting posture:</p> <p> <input type="checkbox"/> Neutral <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort </p>																	
Upper extremities	<p style="text-align: center;">Shoulder PROM</p> <p> <input type="checkbox"/> Level <input type="checkbox"/> asymmetry </p>	<p style="text-align: center;">Elbow and forearm PROM</p>	<p style="text-align: center;">Wrist and hand</p> <p>Description:</p>																	

Summary / comments:

	<input type="checkbox"/> Photo taken
<input type="checkbox"/> Consent obtained	

SITTING MAT ASSESSMENT

ASSESSMENT FOR:		DATE:		SIMULATION & OUTCOME: (Describe direction and location of forces applied)	
Balance: <input type="checkbox"/> Hands- free sitter <input type="checkbox"/> Hands dependant sitter <input type="checkbox"/> *Propped sitter* (* for advance skill clinician /specialist only)					
Pelvis	Tilt (Side view)  <input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior	Obliquity (Frontal View)  <input type="checkbox"/> Neutral <input type="checkbox"/> Left Lower <input type="checkbox"/> Right Lower Lowered by:	Rotation (Top view)  <input type="checkbox"/> Neutral <input type="checkbox"/> Left forward <input type="checkbox"/> Right forward	Accommodations / corrections: Outcomes:	
Trunk	Anterior / posterior  <input type="checkbox"/> Neutral <input type="checkbox"/> Thoracic Kyphosis <input type="checkbox"/> Lumbar Lordosis <input type="checkbox"/> lumbar C-curve flattening <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (to neutral / partial correction)	Scoliosis (Frontal View)  <input type="checkbox"/> Neutral <input type="checkbox"/> Convex Left <input type="checkbox"/> Convex Right Apex at: <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (neutral/partial)	Rotation (Top view)  <input type="checkbox"/> Neutral <input type="checkbox"/> L forward <input type="checkbox"/> R forward	Accommodations / corrections: Outcomes:	
Lower extreme ties	Initial sitting angles 	Position (Frontal View)  <input type="checkbox"/> Neutral <input type="checkbox"/> ABduct ⁿ <input type="checkbox"/> ADduct ⁿ L / R L / R <input type="checkbox"/> External rotation : L / R <input type="checkbox"/> Internal rotation: L / R	Windswept (Frontal View)  <input type="checkbox"/> Neutral <input type="checkbox"/> Left <input type="checkbox"/> Right	Stimulated sitting angles:  Outcomes:	
Head and neck	Cervical curve (side view)	Neck position (Frontal View)	Control		Accommodations / corrections: Outcomes:
Upper Extremities	Shoulder positioning <input type="checkbox"/> Level <input type="checkbox"/> asymmetry Describe:	Elbow and forearm position Describe:	Hand and wrist positioning Describe:		Accommodations / corrections: Outcomes:

Summary / comments:

	<input type="checkbox"/> Photo taken
<input type="checkbox"/> Consent obtained	