

# Hands-On Postural Assessment for Seating

All measurements and observations must be documented according to findings from the hands-on seating assessment in sitting and supine performed by a trained clinician.

Additional documentation may be necessary for appropriate wheelchair provision.

Person being Assessed:

Assessment Date:

Clinician(s):

Family/Carer Present:

## History

Client's Age:

Gender: M

F

Other

Primary Diagnosis:

- Cerebral Palsy
- Spinal Cord Injury
- Stroke
- Traumatic Brain Injury
- Spina Bifida
- Multiple Sclerosis
- Intellectual Disability

Secondary Diagnosis:

- Cognitive Impairment
- Arthritis
- Osteoporosis
- Incontinence
- Scoliosis
- Dementia

Other/Comments:

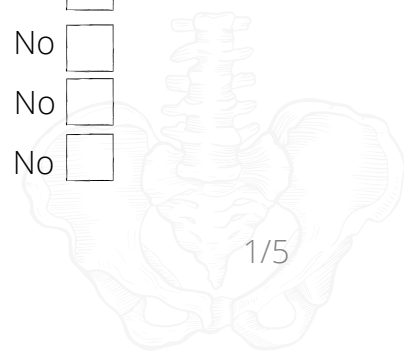
Surgical History:

- Hip surgery (dislocation, etc.)
- Spinal surgery (rods, fusion, etc.)
- Tendon release LE (HS, adductor, etc.)
- Total Joint Replacement (Hip / Knee)
- Unknown

Other/Comments:

Skin Integrity Risk Assessment:

- Does this individual have mobility and/or activity limitations? Yes  No
- Possibility of moisture buildup at the sitting surfaces? Yes  No
- Evidence of sensory perception limitations? Yes  No
- Evidence of high potential for friction and shear? Yes  No



*History/Interview Cont'd*

Respiratory dysfunction? Yes  No  SpO2:

Gastrointestinal dysfunction? Yes  No

No. of hospitalizations in last 6months: 0  1-3  >3

Pain? Yes  No

Comments:

Orthoses/Other Equipment:

Outcome Measures (ie FMA, WhOM)

Preferred Sleep Position:

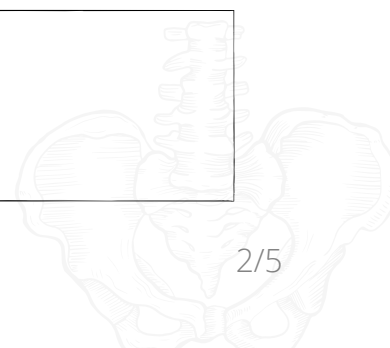
Reason for Assessment:

Client/Family/Caregiver Goals for Assessment:

Additional Comments (level of independence, transfer technique, activities/ hobbies, etc.):

Current Seating System:

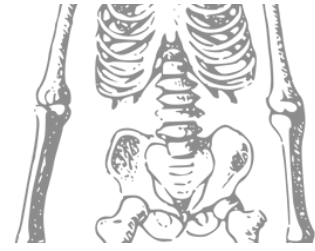
Gross Observations in current seating system (ie. posture, propulsion pattern, specialty controls, etc.):



## Assessing the Client in Their Current Seating System

### Pelvic-Ribs Relationship (Life Box):

- Rectangle/Square
- Triangle (closer together on one side than the other)
- Parallelogram (ribs and ASIS are not in line vertically)
- Flattened rectangle/ flat line (limited space between ASIS and ribs bilaterally)



### Pelvic Position

- Pelvic Rotation:  Neutral  L Rot (R fwd)  R Rot (L fwd)
- Pelvic Obliquity:  Neutral  L Obliquity (L low)  R Obliquity (R low)
- Pelvic Tilt:  Neutral  Anterior Tilt  Posterior Tilt

### Sitting Footprint

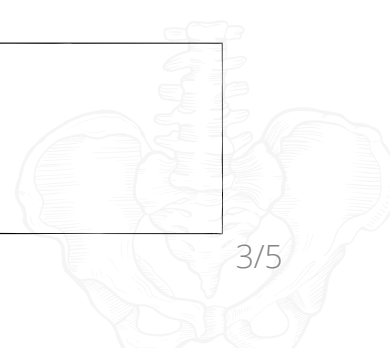
Identify areas of contact and loading for each area (0-3)

0 = no loading 1=minimal loading 2 = optimal loading 3 = excessive loading

	Right (0-3)	Left (0-3)	Midline (0-3)
Feet	<input type="text"/>	<input type="text"/>	Sacrum <input type="text"/>
Distal Femur	<input type="text"/>	<input type="text"/>	Lumbar Spine <input type="text"/>
Proximal Femur	<input type="text"/>	<input type="text"/>	Thoracic Spine <input type="text"/>
Greater Trochanter	<input type="text"/>	<input type="text"/>	Occiput <input type="text"/>
Ischial Tuberosity	<input type="text"/>	<input type="text"/>	
PSIS/Pelvis	<input type="text"/>	<input type="text"/>	
Posterolateral Ribs	<input type="text"/>	<input type="text"/>	
Scapula	<input type="text"/>	<input type="text"/>	
Shoulder	<input type="text"/>	<input type="text"/>	

Upper extremity loading?  Right Only  Left Only  Bilateral  Not present

Summary/Comments:



## Assessing Client in Supine on Plinth

### Pelvic-Ribs Relationship (Life Box):

- Rectangle/Square
- Triangle (closer together on one side than the other)
- Parallelogram (ribs and ASIS are not in line vertically)
- Flattened rectangle/ flat line (limited space between ASIS and ribs bilaterally)

### Pelvic Position in Supine

- Pelvic Rotation:  Neutral  L Rot (R fwd)  R Rot (L fwd)
- Pelvic Obliquity:  Neutral  L Obliquity (L low)  R Obliquity (R low)
- Pelvic Tilt:  Neutral  Anterior Tilt  Posterior Tilt

### Spinal Mobility in Supine:

#### Thoracic mobility

- Non-reducible kyphosis
- Non-reducible scoliosis
- Limited mobility
- Full mobility

#### Lumbar mobility

- Non-reducible lordosis
- Non-reducible scoliosis
- Limited mobility
- Full mobility

#### Comments:

### Angular Measurements

#### Right

#### Left

- Hip Flexion:
- Knee Flexion:
- Dorsiflexion:

#### Comments (transverse/frontal plane neutrality, pain, etc.)

Frontal Plane: R Hip

Frontal Plane: L Hip

- R hip able to achieve neutral
- R hip in adduction towards midline
- R hip in adduction past midline
- R hip in abduction away from midline

- L hip able to achieve neutral
- L hip in adduction towards midline
- L hip in adduction past midline
- L hip in abduction away from midline

### Mass Measurements:

#### Right

#### Left

- 10cm above patella:
- Groin:

### Linear Measurements:

Buttock/Thigh Depth:

Lower Leg Length:

Elbow Height:

Scapula/Axilla/Shoulder Height:

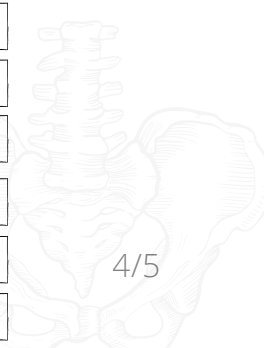
Max. Sitting Height:

Shoulder Width:

Chest Width:

Hip Width:

#### Comments:



## Translating the Findings

Summary of relevant clinical findings

Translation of knee flexion and hip flexion to thigh to lower leg and pelvic-thigh angles:

Identify key features of a seating system to provide necessary **skin protection, postural support, and stability for function** (seat cushion, back support, foot support, head support, etc.) as well as consequences (positive and negative) of potential solutions:

Has a seating solution been simulated?

No

Yes

If yes, describe simulation:

Client / Family / Caregiver Questions and Concerns:

Plan for Follow Up / Recommendations:

Therapist Signature:

