



Seating MattersTM

PHYSICAL ASSESSMENT FORM

SERVICE USER DETAILS

Name: _____ Date: _____

D.O.B.: _____ Diagnosis: _____

ASSESSMENT DETAILS

Present at Assessment: _____

Occupation: _____

Centre: _____

NEURO-DEVELOPMENTAL STATUS

A: MUSCLE TONE

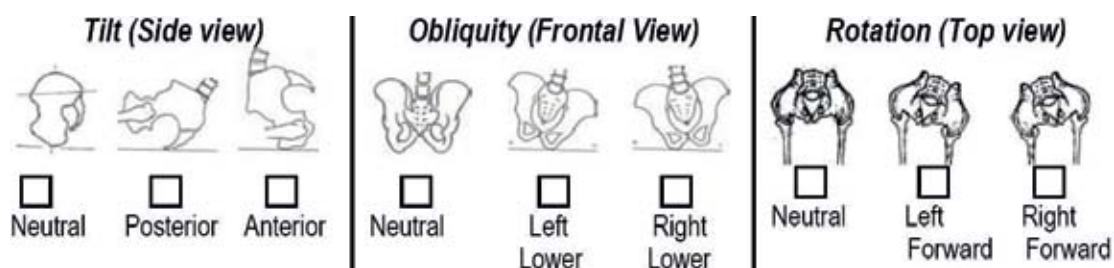
Trunk:	Hypotonic <input type="checkbox"/>	Normal <input type="checkbox"/>	Hypertonic <input type="checkbox"/>	Fluctuating <input type="checkbox"/>
Upper Limbs:	Hypotonic <input type="checkbox"/>	Normal <input type="checkbox"/>	Hypertonic <input type="checkbox"/>	Fluctuating <input type="checkbox"/>
Lower Limbs:	Hypotonic <input type="checkbox"/>	Normal <input type="checkbox"/>	Hypertonic <input type="checkbox"/>	Fluctuating <input type="checkbox"/>

B: REFLEXES (tick if present or observed)

Palmer Reflex	<input type="checkbox"/>	Tonic Labyrinthine Reflex	<input type="checkbox"/>
Gallant Response	<input type="checkbox"/>	Asymmetric Tonic Neck Reflex	<input type="checkbox"/>
Rooting Reflex	<input type="checkbox"/>	Symmetric Tonic Neck Reflex	<input type="checkbox"/>
Positive Support Reaction	<input type="checkbox"/>	Moro/Startle	<input type="checkbox"/>










SEATED IN CURRENT WHEELCHAIR AND SEATING

A: PELVIS



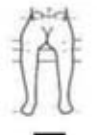



Comments:

B: TRUNK

Anterior / posterior			Scoliosis (Frontal View)			Rotation (Top view)		
								
<input type="checkbox"/> Neutral	<input type="checkbox"/> Thoracic Kyphosis	<input type="checkbox"/> Lumbar Lordosis	<input type="checkbox"/> Neutral	<input type="checkbox"/> Concave Right	<input type="checkbox"/> Concave Left	<input type="checkbox"/> Neutral	<input type="checkbox"/> L forward	<input type="checkbox"/> R forward
<input type="checkbox"/> Flat Lumbar Spine			Apex at: _____					

Comments:

C: LOWER EXTREMITIES

Thigh to Trunk angle:		Position (Frontal View)		Windswept (Top View)	
Left :	Right:				
_____	_____	<input type="checkbox"/> Neutral	<input type="checkbox"/> ABduct ⁿ	<input type="checkbox"/> Neutral	<input type="checkbox"/> Left
Degrees	Degrees L / R..... L / R		<input type="checkbox"/> Right	
		<input type="checkbox"/> External rotation : L / R			
		<input type="checkbox"/> Internal rotation: L / R			
Thigh to lower leg angle :		Lower leg to foot angle:		Foot position:	
Left	Right	Left	Right	Left	Right
_____	_____	_____	_____	<input type="checkbox"/> Inversion	<input type="checkbox"/> Inversion
Degrees	Degrees	Degrees	Degrees	<input type="checkbox"/> Eversion	<input type="checkbox"/> Eversion
		<input type="checkbox"/> Dorsi-flex	<input type="checkbox"/> Dorsi-flex		
		<input type="checkbox"/> Plantar-flex	<input type="checkbox"/> Plantar-flex.		

Comments:

D: UPPER EXTREMITIES

Shoulder positioning			Elbow and forearm position		Wrist and handgrip		
<input type="checkbox"/> Level	<input type="checkbox"/> asymmetry		<input type="checkbox"/> arm support	<input type="checkbox"/> no support	Wrist position: L R		
	Left	Right	Elbow flexion: (0°- 150°)		Flexion / extension: <input type="checkbox"/> <input type="checkbox"/>		
Elevated	<input type="checkbox"/>	<input type="checkbox"/>	Left: _____ Right: _____		Deviation (ulnar/ radial): <input type="checkbox"/> <input type="checkbox"/>		
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	Supination:		Hand grip		
Retracted	<input type="checkbox"/>	<input type="checkbox"/>	Left: <input type="checkbox"/> Right: <input type="checkbox"/>		left right		
Protracted	<input type="checkbox"/>	<input type="checkbox"/>	Pronation:		Palmer /gross grip <input type="checkbox"/> <input type="checkbox"/>		
Ext rotation	<input type="checkbox"/>	<input type="checkbox"/>	Left: <input type="checkbox"/> Right: <input type="checkbox"/>		Lateral pinch <input type="checkbox"/> <input type="checkbox"/>		
Int.rotation	<input type="checkbox"/>	<input type="checkbox"/>	Position Description:		Tripot pinch <input type="checkbox"/> <input type="checkbox"/>		
					Nil grip <input type="checkbox"/> <input type="checkbox"/>		

Comments:




E: HEAD & NECK

Cervical curve (side view)	Neck position (Frontal View)	Control
<input type="checkbox"/> Neutral	<input type="checkbox"/> Midline	<input type="checkbox"/> independent head control / and full ROM
<input type="checkbox"/> Flexion <input type="checkbox"/> Extension	<input type="checkbox"/> Lat flexion: L / R	<input type="checkbox"/> restricted head control
<input type="checkbox"/> Cervical hyperextension (Chin poke)	<input type="checkbox"/> Rotation: L / R	<input type="checkbox"/> restricted ROM:
		<input type="checkbox"/> absent head control

Comments:




SUPINE LYING

A: 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> Forwarded by : <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (to neutral / partial correction) </p>
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Comments:

B: 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"/> Flat Lumbar Spine <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"/> Concave Right <input type="checkbox"/> Concave Left </p> <p> <input type="checkbox"/> S-Curve Apex at: _____ <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>
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Comments:

C: HEAD & 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> AROM Flexⁿ _____ </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> AROM Left: _____ Right: _____ </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> <p> AROM Left: _____ Right: _____ </p>
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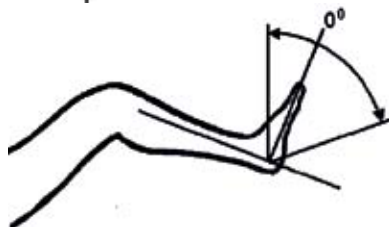
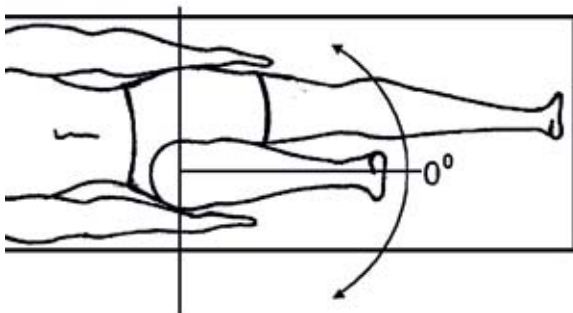
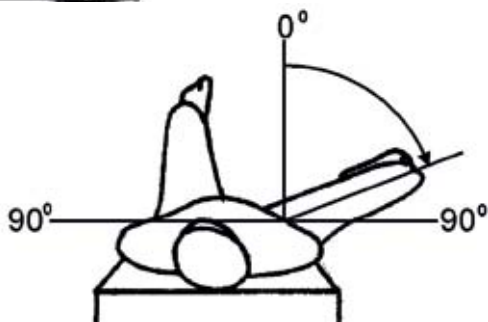
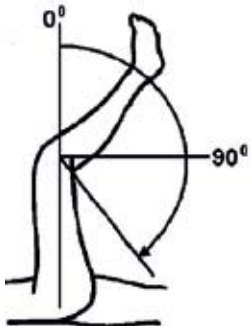
Comments:

D: UPPER EXTREMITIES

<p style="text-align: center;">Shoulder PROM</p> <p> <input type="checkbox"/> Level <input type="checkbox"/> asymmetry </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>PROM</th> <th>L</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>Flexion (to 90°)</td> <td></td> <td></td> </tr> <tr> <td>Protraction</td> <td></td> <td></td> </tr> <tr> <td>Abduction</td> <td></td> <td></td> </tr> <tr> <td>Adduction</td> <td></td> <td></td> </tr> <tr> <td>Ext rotation</td> <td></td> <td></td> </tr> <tr> <td>Int. rotation</td> <td></td> <td></td> </tr> </tbody> </table>	PROM	L	R	Flexion (to 90°)			Protraction			Abduction			Adduction			Ext rotation			Int. rotation			<p style="text-align: center;">Elbow and forearm PROM</p> <p>Elbow flexⁿ: PROM (0°- 150°)</p> <p> Left: _____ Right: _____ </p> <p>Description:</p>	<p style="text-align: center;">Wrist and hand</p> <p>Description:</p>
PROM	L	R																					
Flexion (to 90°)																							
Protraction																							
Abduction																							
Adduction																							
Ext rotation																							
Int. rotation																							

Comments:

E: LOWER EXTREMITIES IN LYING



Hip Flexion / Extension with knee bent/relaxed

RHS			LHS		
130	0	10	130	0	10

Observations: Fixed/Flexible/Corrects with effort, tone/Spasm that may impact on seating

Knee Flexion / Extension with Hip Flexed at 90°, or until Pelvis rolls

RHS			LHS		
120-150	0	0	120-150	0	0

Observations: Fixed/Flexible/Corrects with effort, tone/Spasm that may impact on seating

Hip Abduction / Adduction (Hip & Knee Flexed as above)

RHS			LHS		
50-80	0	20-30	50-80	0	20-30

Observations: Fixed/Flexible/Corrects with effort, tone/Spasm that may impact on seating

Hip Medially / Laterally Rotated (Hip & Knee Flexed)

RHS			LHS		
40-50	0	30-40	40-50	0	30-40

Observations: Fixed/Flexible/Corrects with effort, tone/Spasm that may impact on seating

Ankle Dorsiflexion / Plantarflexion (Hip & Knee Flexed)

RHS			LHS		
20-30	0	40-50	20-30	0	40-50

Observations: Fixed/Flexible/Corrects with effort, tone/Spasm that may impact on seating

Assessment of Hamstrings with legs together:

When Hips flexed to _____ °,

Knees extend to _____ °




Foot Inversion/Eversion (Hip & Knee Flexed as above)

RHS			LHS		

Observations: Fixed/Flexible/Corrects with effort, tone/Spasm that may impact on seating

SEATED ON PLINTH



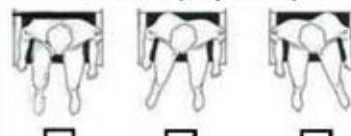
A: PELVIS

<i>Tilt</i>	<i>Obliquity</i>	<i>Rotation</i>
		
<input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior	<input type="checkbox"/> Neutral <input type="checkbox"/> Left Lower <input type="checkbox"/> Right Lower	<input type="checkbox"/> Neutral <input type="checkbox"/> Left forward <input type="checkbox"/> Right forward
<input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (to neutral / partial correction)	Lowered by: <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort: (to neutral / partial correction)	Forwarded by: <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (to neutral / partial correction)

Simulated Sitting:
Accommodations /
Corrections:

Outcomes:

B: TRUNK

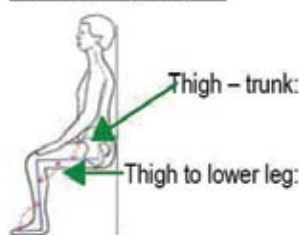
<i>Anterior / posterior</i>	<i>Scoliosis (Frontal View)</i>	<i>Rotation (Top view)</i>
		
<input type="checkbox"/> Neutral <input type="checkbox"/> Thoracic Kyphosis <input type="checkbox"/> Lumbar Lordosis	<input type="checkbox"/> Neutral <input type="checkbox"/> Concave Right <input type="checkbox"/> Concave Left	<input type="checkbox"/> Neutral <input type="checkbox"/> L forward <input type="checkbox"/> R forward
<input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort: (to neutral / partial correction)	<input type="checkbox"/> S-Curve Apex at: _____ <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort: (to neutral / partial correction)	<input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort: (to neutral / partial correction)

Simulated Sitting:
Accommodations /
Corrections:

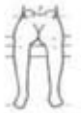


Outcomes:

C: LOWER EXTREMITIES




Initial Sitting Angles



Position (Frontal View)

Neutral	ABduct ⁿ	ADduct ⁿ
		
<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		
<input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort: (to neutral / partial correction)		

Windswept (Top View)

Neutral	Left	Right
		
<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: (to neutral / partial correction)		

Simulated Sitting Angles



D: HEAD & NECK

Cervical curve (side view)

<input type="checkbox"/> Neutral <input type="checkbox"/> flexion <input type="checkbox"/> extension <input type="checkbox"/> cervical hyperextension (Chin poke)
<input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort: (to neutral / partial correction)

Neck position (Frontal View)

<input type="checkbox"/> Midline <input type="checkbox"/> Lat flexion: L / R <input type="checkbox"/> Rotation: L / R
<input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort: (to neutral / partial correction)

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

Simulated Sitting:
Accommodations /
Corrections:

Outcomes:

E: UPPER EXTREMITIES

Shoulder positioning <input type="checkbox"/> Level <input type="checkbox"/> asymmetry Describe:	Elbow and forearm position Describe:	Hand and wrist positioning Describe:	Comments:

IDENTIFYING LEVEL OF RISK OF PRESSURE

HIGH RISK FACTORS

1. Does the Service User have a history of skin trauma? Yes ☒ No ☐

Location: _____

2. Does the Service User presently have a skin trauma? Yes ☒ No ☐

Location: _____

Stage / Grade:

- 1 ☒ Redness
- 2 ☒ Skin breakdown
- 3 ☒ Underlying tissue involvement
- 4 ☒ Sinus / bone infection

(For more detailed stage description please refer to references below 2 & 3)

3. Can the Service User do an independent weight shift? Yes ☒ No ☐

If yes: Is it effective? Yes ☒ No ☐

If yes: Is it consistent? Yes ☒ No ☐

If any of the diamonds above are ticked the Service User is a High Pressure-Risk user

MODERATE RISK FACTORS

1. Is the Service User very bony in the sitting position and is active? Yes ☒ No ☐

2. Does the Service User have atrophied muscle in the sitting surface and is active? Yes ☒ No ☐

3. Does the Service User have impaired/absent sensation on sitting/lying surface and is active? Yes ☒ No ☐

If any of the diamonds above are ticked the Service User is a Moderate Pressure-Risk user (unless already a High Pressure Risk user)

LOW RISK

If no diamonds in any of the above sections above are ticked the Service User is a Low Pressure-Risk user

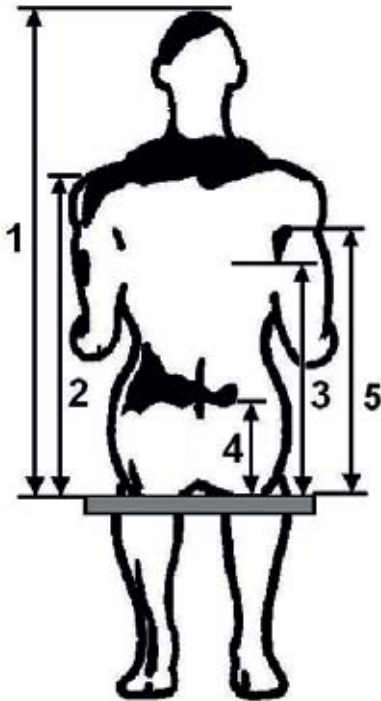
FINAL RISK: High ☐ Moderate ☐ Low ☐

1. National Pressure Ulcer Advisory Panel (NPUAP). (Last updated 11/2003). NPUAP Staging Report. <http://www.npuap.org/positn6.html>, referenced 10/06/2005.

2. Cook, A. M., & Hussey, S. M. (2002). Assistive Technology: Principles and Practice. (Second Edition). Mosby, Inc: St. Louis. Ch6, Pg189

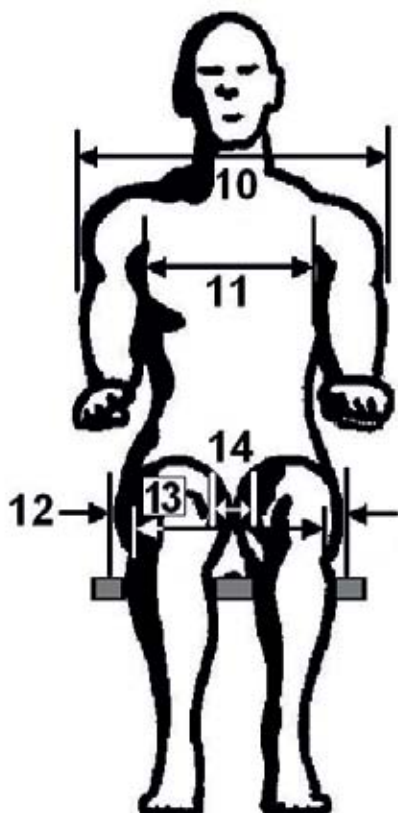
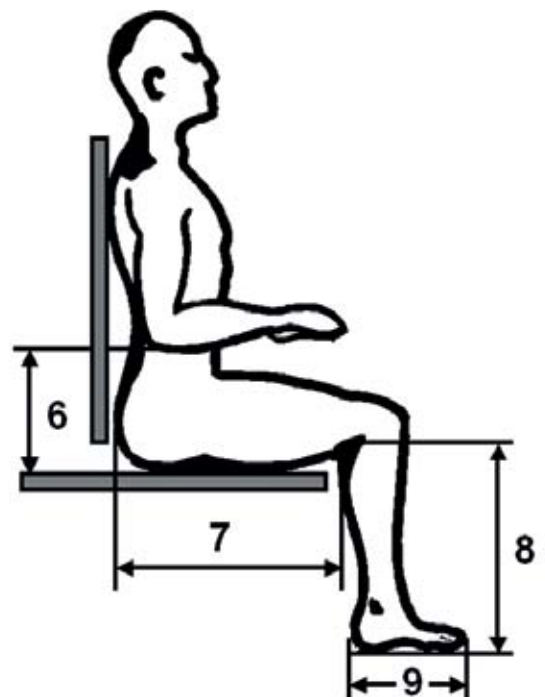
LINEAR MEASUREMENTS

A: BASIC MEASUREMENTS IN SITTING



Linear Body Measurement		Actual Measurement (cm)	
		R	L
1	Sitting Height		
2	Shoulder Height		
3	Scapula Height		
4	PSIS Height		
5	Axilla Height		

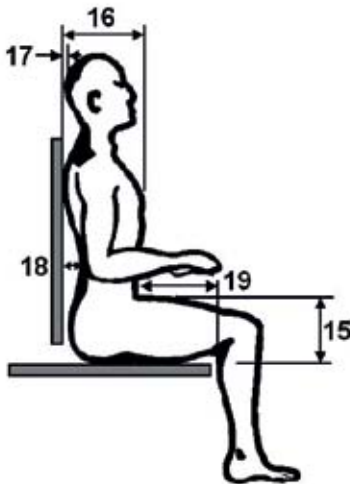
Linear Body Measurement		Actual Measurement (cm)	
		R	L
6	Elbow Height		
7	Buttock / Thigh Depth		
8	Lower Leg Length		
9	Foot Depth		



Linear Body Measurement		Actual Measurement (cm)	
		R	L
10	Shoulder Width		
11	Chest Width		
12	Hip Width		
13	External Knee Width		
14	Internal Knee Separation		

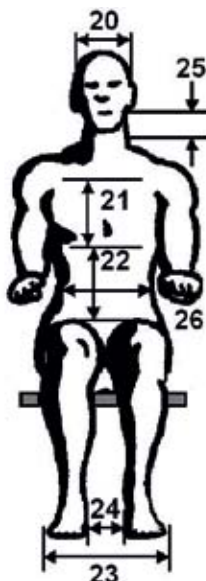
B: ADVANCED MEASUREMENTS IN SITTING

Additional Sagittal Plane measurements



Linear Body Measurement		Actual Measurement (cm)
15	Thigh Clearance	
16	Trunk Depth	
17	Occiput Depth	
18	Lumbar Depth	
19	Inner-Thigh Depth	

Additional Frontal Plane measurements



Linear Body Measurement		Actual Measurement (cm)
20	Head Width	
21	Sternal Length	
22	Abdominal Height	
23	External Foot Width	
24	Internal Foot Separation	
25	Occiput to C7	
26	Waist Width	

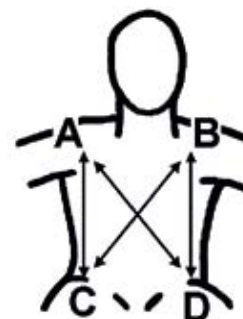
3. Definitions and diagrams of linear measures of body segments adapted from: ISO/CD 16840-1 Wheelchair Seating standard, Part 01: Terms and Definitions.

C: TRUNK SYMMETRY MEASUREMENTS

Sitting

A = Right Coracoid
B = Left Coracoid
C = Right ASIS
D = Left ASIS

AC = _____ cm
BD = _____ cm
AD = _____ cm
BC = _____ cm



Lying

A = Right Coracoid
B = Left Coracoid
C = Right ASIS
D = Left ASIS

AC = _____ cm
BD = _____ cm
AD = _____ cm
BC = _____ cm