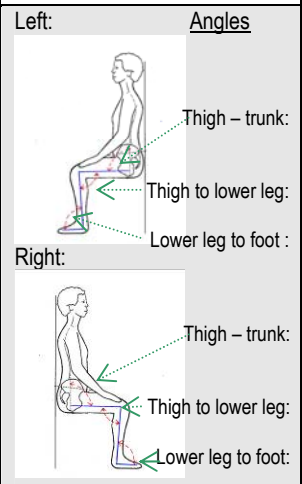






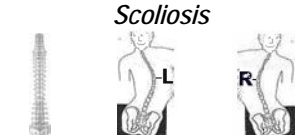

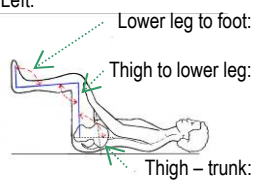
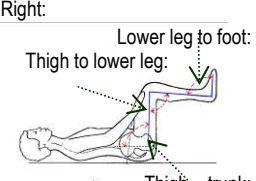
POSTURE IN CURRENT SEATING SYSTEM					
ASSESSMENT FOR:			DATE:	Problems /Comments	
Pelvis	Tilt (Side view) <input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior		Obliquity (Frontal View) <input type="checkbox"/> Neutral <input type="checkbox"/> Left Lower <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:	
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	
	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	
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	
	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 :	



Summary / comments:

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




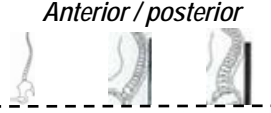


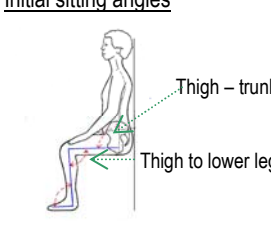


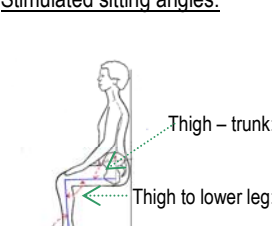
SUPINE MAT ASSESSMENT

ASSESSMENT FOR:	DATE:	Problems /Comments														
<p>Pelvis</p> <p style="text-align: center;"><i>Tilt</i></p>  <p> <input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior <input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (to neutral / partial correction) </p> <p style="text-align: center;"><i>Obliquity</i></p>  <p> <input type="checkbox"/> Neutral <input type="checkbox"/> Left Lower <input type="checkbox"/> Right Lower 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;"><i>Rotation</i></p>  <p> <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) </p>	<p>Trunk</p> <p style="text-align: center;"><i>Anterior / posterior</i></p>  <p> <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) </p> <p style="text-align: center;"><i>Scoliosis</i></p>  <p> <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) </p> <p style="text-align: center;"><i>Rotation</i></p>  <p> <input type="checkbox"/> Neutral <input type="checkbox"/> Left forward <input type="checkbox"/> Right forward Forwarded 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;">Comments</p>														
<p>Lower extremities</p> <p>Angles</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;"><i>Range of motions or report observations:</i></th> </tr> <tr> <th style="width: 33%;">LEFT</th> <th style="width: 33%;">Right</th> <th style="width: 33%;">Normal ROM</th> </tr> </thead> <tbody> <tr> <td colspan="3"> <i>Trunk to thigh angle:</i> Flex hip to 90° or a lesser angle till ASIS rolls / pelvic tilts </td> </tr> <tr> <td colspan="3"> <i>Thigh to lower leg angle:</i> with hip flexⁿ at 90° or the trunk to thigh angle, extend knee from flexion till pelvis tilt / ASIS rolls. </td> </tr> <tr> <td colspan="3"> <i>Lower leg to foot angle:</i> </td> </tr> </tbody> </table> <p> <input type="checkbox"/> Simulate to 90° <input type="checkbox"/> 30 to 180 <input type="checkbox"/> 30 -135 </p> <p> <i>Hip Abduction / Adduction:</i> <i>Hip external / internal rotation:</i> <i>Foot inversion/ eversion:</i> </p>	<i>Range of motions or report observations:</i>			LEFT	Right	Normal ROM	<i>Trunk to thigh angle:</i> Flex hip to 90° or a lesser angle till ASIS rolls / pelvic tilts			<i>Thigh to lower leg angle:</i> with hip flex ⁿ at 90° or the trunk to thigh angle, extend knee from flexion till pelvis tilt / ASIS rolls.			<i>Lower leg to foot angle:</i>			<p>Left:</p> <p style="text-align: center;">Lower leg to foot:</p>  <p>Right:</p> <p style="text-align: center;">Lower leg to foot:</p> 
<i>Range of motions or report observations:</i>																
LEFT	Right	Normal ROM														
<i>Trunk to thigh angle:</i> Flex hip to 90° or a lesser angle till ASIS rolls / pelvic tilts																
<i>Thigh to lower leg angle:</i> with hip flex ⁿ at 90° or the trunk to thigh angle, extend knee from flexion till pelvis tilt / ASIS rolls.																
<i>Lower leg to foot angle:</i>																
<p>Head and neck</p> <p style="text-align: center;"><i>Cervical curve:</i></p> <p>Resting posture: <input type="checkbox"/> Neutral <input type="checkbox"/> Cervical Flexion <input type="checkbox"/> cervical hyperextension </p> <p style="text-align: center;"><i>Lateral flexion:</i></p> <p>Resting posture: <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;"><i>Rotation:</i></p> <p>Resting posture: <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>Upper extremities</p> <p style="text-align: center;"><i>Shoulder PROM</i></p> <p><input type="checkbox"/> Level <input type="checkbox"/> asymmetry</p> <p style="text-align: center;"><i>Elbow and forearm PROM</i></p> <p style="text-align: center;"><i>Wrist and hand</i></p> <p>Description:</p>															


Summary / comments:

Photo taken

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* <small>(* for advance skill clinician / specialist only)</small>				
Pelvis	<p>Tilt (Side view)</p>  <p><input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior</p>	<p>Obliquity (Frontal View)</p>  <p><input type="checkbox"/> Neutral <input type="checkbox"/> Left Lower <input type="checkbox"/> Right Lower</p> <p>Lowered by:</p>	<p>Rotation (Top view)</p>  <p><input type="checkbox"/> Neutral <input type="checkbox"/> Left forward <input type="checkbox"/> Right forward</p>	Accommodations / corrections: Outcomes:
Trunk	<p>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</p> <p><input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (to neutral / partial correction)</p>	<p>Scoliosis (Frontal View)</p>  <p><input type="checkbox"/> Neutral <input type="checkbox"/> Convex Left <input type="checkbox"/> Convex Right</p> <p>Apex at:</p> <p><input type="checkbox"/> fixed <input type="checkbox"/> flexible <input type="checkbox"/> corrects with effort (neutral/partial)</p>	<p>Rotation (Top view)</p>  <p><input type="checkbox"/> Neutral <input type="checkbox"/> L forward <input type="checkbox"/> R forward</p>	Accommodations / corrections: Outcomes:
Lower extreme ties	<p>Initial sitting angles</p>  <p>Thigh – trunk: Thigh to lower leg:</p>	<p>Position (Frontal View)</p>  <p><input type="checkbox"/> Neutral <input type="checkbox"/> ABductⁿ <input type="checkbox"/> ADductⁿ</p> <p>..... L / R L / R</p> <p><input type="checkbox"/> External rotation : L / R <input type="checkbox"/> Internal rotation: L / R</p>	<p>Windswept (Frontal View)</p>  <p><input type="checkbox"/> Neutral <input type="checkbox"/> Left <input type="checkbox"/> Right</p>	<p>Stimulated sitting angles:</p>  <p>Thigh – trunk: Thigh to lower leg:</p> <p>Outcomes:</p>
Head and neck	<p>Cervical curve (side view)</p>	<p>Neck position (Frontal View)</p>	<p>Control</p>	Accommodations / corrections: Outcomes:
Upper Extremities	<p>Shoulder positioning</p> <p><input type="checkbox"/> Level <input type="checkbox"/> asymmetry</p> <p>Describe:</p>	<p>Elbow and forearm position</p> <p>Describe:</p>	<p>Hand and wrist positioning</p> <p>Describe:</p>	Accommodations / corrections: Outcomes:

Summary / comments:

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