

PATIENT NAME _____ Date: _____

SEATING AND POSITIONING EVALUATION SHORT FORM

Current Position & Equipment

If the client has no personal mobility or seating equipment, to Mat Evaluation

Manual/Power Chair (Circle)

Mfg: _____
 Model: _____
 Width: _____(Inches) Depth: _____(Inches)
 Purchased From: _____ Date: _____
 Funded By: _____

PROBLEMS: [] Outgrown [] Disrepair
 [] Doesn't accommodate limited ROM [] Insufficient Support
 [] Does not lift [] Cannot vary seat/back angle
 [] User cannot manage functionally [] Other _____

Accessories: [] Foot controllers [] Ant. Chest Support [] Lap belt
 [] Lateral trunk support [] Lateral hip support [] Chest Strap
 [] Medial knee support [] Anterior knee support [] Headrest
 [] Foot Controllers [] Lateral knee support [] Cushion _____

Mat Evaluation

Sitting Evaluation

Based on the information from the supine mat evaluation. The client is placed in short sitting on the mat table, bench, or a planar simulator with accommodation made for range limitations. Circle both evaluation positions where applicable and note variable findings.

Head/Neck **Supine/Sitting Evaluation**
 Aligned []
 Lat Flexed [R] [L] [] Fixed [] Flexible [] Corrects with difficulty
 Forward Flexed [] [] Fixed [] Flexible [] Corrects with difficulty
 Hyper extended [] [] Fixed [] Flexible [] Corrects with difficulty
 Rotated to [R] [L] [] Fixed [] Flexible [] Corrects with difficulty

Shoulders **Supine/Sitting Evaluation**
 Level []
 Elevated [R] [L] [] Fixed [] Flexible [] Corrects with difficulty
 Depressed [R] [L] [] Fixed [] Flexible [] Corrects with difficulty
 Retracted [R] [L] [] Fixed [] Flexible [] Corrects with difficulty
 Protracted [R] [L] [] Fixed [] Flexible [] Corrects with difficulty
 Subluxed [R] [L] [] Fixed [] Flexible [] Corrects with difficulty

Trunk **Supine/Sitting Evaluation**
 Straight []
 Scoliosis; Apex on [R] [L] [] Fixed [] Flexible [] Corrects with difficulty
 Kyphosis [] Mid Thoracic [] Fixed [] Flexible [] Corrects with difficulty
 [] Up. Thoracic [] Fixed [] Flexible [] Corrects with difficulty
 Lumbar space [] Norm
 [] Flat [] Fixed [] Flexible [] Corrects with difficulty
 [] Lordotic [] Fixed [] Flexible [] Corrects with difficulty
 Rib cage [] Even
 Fwd on: [R] [L] [] Fixed [] Flexible [] Corrects with difficulty
 Lower on: [R] [L] [] Fixed [] Flexible [] Corrects with difficulty

Pelvis

Supine/Sitting Evaluation

Obliquity	<input type="checkbox"/> None			
	<input type="checkbox"/> Right lower by ____ (inches)	<input type="checkbox"/> Flexible	<input type="checkbox"/> Corrects with difficulty	
	<input type="checkbox"/> Left lower by ____ (inches)	<input type="checkbox"/> Flexible	<input type="checkbox"/> Corrects with difficulty	
Tilt	<input type="checkbox"/> Neutral			
	<input type="checkbox"/> Anterior	<input type="checkbox"/> Fixed	<input type="checkbox"/> Flexible	<input type="checkbox"/> Corrects with difficulty
	<input type="checkbox"/> Posterior	<input type="checkbox"/> Fixed	<input type="checkbox"/> Flexible	<input type="checkbox"/> Corrects with difficulty
Rotation	<input type="checkbox"/> None			
	<input type="checkbox"/> Left forward of left by ____ (inches)	<input type="checkbox"/> Fixed	<input type="checkbox"/> Flexible	<input type="checkbox"/> Corrects with difficulty
	<input type="checkbox"/> Right forward of right by ____ (inches)	<input type="checkbox"/> Fixed	<input type="checkbox"/> Flexible	<input type="checkbox"/> Corrects with difficulty

Lower Extremity Range of Motion for Sitting

Hip:	Flexion:	Right _____	Left _____	Fixed / Flexible
	Abduction:	Right _____	Left _____	Fixed / Flexible
	Adduction	Right _____	Left _____	Fixed / Flexible
	Int. Rotation	Right _____	Left _____	Fixed / Flexible
	Ext Rotation	Right _____	Left _____	Fixed / Flexible
	Note Influence of tone:	_____		

Popliteal Angle	Right:	When hip is at ____ degrees, knee extends to ____ degrees of full extension
	Left:	When hip is at ____ degrees, knee extends to ____ degrees of full extension

Knee Range:	Right:	From ____ degrees to ____ degrees	Fixed / Flexible
	Left:	From ____ degrees to ____ degrees	Fixed / Flexible

Ankle:	Right:	<input type="checkbox"/> Neutral Achieved	Limited to:	Fixed / Flexible	<input type="checkbox"/> Plantarflexion	<input type="checkbox"/> Dorsiflexion
	Left:	<input type="checkbox"/> Neutral Achieved	Limited to:	Fixed / Flexible	<input type="checkbox"/> Plantarflexion	<input type="checkbox"/> Dorsiflexion
	Sitting balance on table:	<input type="checkbox"/> Hands free	<input type="checkbox"/> Hands Dependent		<input type="checkbox"/> None	
	Assistance from examiner:	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum	<input type="checkbox"/> None	
	Demonstrates:	<input type="checkbox"/> Righting reap	<input type="checkbox"/> Equilibrium reap		<input type="checkbox"/> Protective reap	

Postural Control:	Head:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None	<input type="checkbox"/> Fluctuates
	Trunk:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None	<input type="checkbox"/> Fluctuates

General statement about tone. The client's tone is:

Trunk:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Flaccid	<input type="checkbox"/> WNL
Right UE:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Flaccid	<input type="checkbox"/> WNL
Left UE:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Flaccid	<input type="checkbox"/> WNL
Right LE:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Flaccid	<input type="checkbox"/> WNL
Left LE:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Flaccid	<input type="checkbox"/> WNL
Influence of tone:	_____					

General Statement about muscle strength:

Trunk:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Absent
Right UE:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Absent
Left UE:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Absent
Right LE:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Absent
Left LE:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Absent

Summary and Recommendations:

Therapist Signature _____

Date: _____