### SEATING AND POSITIONING EVALUATION SHORT FORM

**Current Position & Equipment**

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

<table>
<thead>
<tr>
<th>Manual/Power Chair (Circle)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mfg:</td>
<td></td>
</tr>
<tr>
<td>Model:</td>
<td></td>
</tr>
<tr>
<td>Width:</td>
<td></td>
</tr>
<tr>
<td>Depth:</td>
<td></td>
</tr>
<tr>
<td>Purchased From:</td>
<td></td>
</tr>
<tr>
<td>Funded By:</td>
<td></td>
</tr>
</tbody>
</table>

**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
- [ ] Medial trunk support
- [ ] Lateral hip support
- [ ] Chest Strap
- [ ] Lateral knee support
- [ ] Chest Strap
- [ ] Medial knee support
- [ ] Lateral knee support
- [ ] Cushion _______________________

### Mat 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 mace for range limitations. Circle both evaluation positions where applicable and note variable findings.

#### Head/Neck

<table>
<thead>
<tr>
<th>Supine/Sitting Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aligned</td>
</tr>
<tr>
<td>Lat Flexed</td>
</tr>
<tr>
<td>Forward Flexed</td>
</tr>
<tr>
<td>Hyper extended</td>
</tr>
<tr>
<td>Rotated to</td>
</tr>
</tbody>
</table>

#### 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**

**Obliquity**
- None
- Right lower by _____ (inches) Flexible Corrects with difficulty
- Left lower by _____ (inches) Flexible Corrects with difficulty

**Tilt**
- Neutral
- Anterior Fixed Flexible Corrects with difficulty
- Posterior Fixed Flexible Corrects with difficulty

**Rotation**
- None
- Left forward of left by _____ (inches) Fixed Flexible Corrects with difficulty
- Right forward of right by _____ (inches) Fixed Flexible Corrects with difficulty

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**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:**

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**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: [ ] Neutral Achieved Limited to: Fixed / Flexible [ ] Plantarflexion [ ] Dorsiflexion
- Left: [ ] Neutral Achieved Limited to: Fixed / Flexible [ ] Plantarflexion [ ] Dorsiflexion

**Sitting balance on table:**
- [ ] Hands free [ ] Hands Dependent [ ] None

**Demonstrates:**
- [ ] Righting reap [ ] Equilibrium reap [ ] Protective reap

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**Postural Control:**
- Head: [ ] Good [ ] Fair [ ] Poor [ ] None [ ] Fluctuates
- Trunk: [ ] Good [ ] Fair [ ] Poor [ ] None [ ] Fluctuates

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**General statement about tone. The client’s tone is:**

- Trunk: [ ] High [ ] Moderate [ ] Low [ ] Fluctuating [ ] Flaccid [ ] WNL
- Right UE: [ ] High [ ] Moderate [ ] Low [ ] Fluctuating [ ] Flaccid [ ] WNL
- Left UE: [ ] High [ ] Moderate [ ] Low [ ] Fluctuating [ ] Flaccid [ ] WNL
- Right LE: [ ] High [ ] Moderate [ ] Low [ ] Fluctuating [ ] Flaccid [ ] WNL
- Left LE: [ ] High [ ] Moderate [ ] Low [ ] Fluctuating [ ] Flaccid [ ] WNL

**Influence of tone:**

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**General Statement about muscle strength:**

- Trunk: [ ] Good [ ] Fair [ ] Poor [ ] Absent
- Right UE: [ ] Good [ ] Fair [ ] Poor [ ] Absent
- Left UE: [ ] Good [ ] Fair [ ] Poor [ ] Absent
- Right LE: [ ] Good [ ] Fair [ ] Poor [ ] Absent
- Left LE: [ ] Good [ ] Fair [ ] Poor [ ] Absent

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**Summary and Recommendations:**

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**Therapist Signature ___________________________ Date: ____________________**