

# Seating Assessment Form

Client Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ DOB: \_\_\_\_\_

Funding Body: \_\_\_\_\_ Weight: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Mobility and Seating Related Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 1: Medical Background

Cause:  Injury  Health Condition

Impairment:  Physical  Neurological  Cognitive  Psychosomatic  Sensory

Condition:  Stable  Deteriorating  Fluctuating

History/Onset \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_

Medical Precautions (i.e. hip subluxation, epilepsy): \_\_\_\_\_

Other Related Assessments (i.e. home mods assessment, functional capacity): \_\_\_\_\_  
\_\_\_\_\_

## Pressure Injury History and Risk

History of Pressure Injury (PI):  Yes  No

Sensation:  Intact  Impaired  Absent

Is there a current PI:  Yes  No

Stage: \_\_\_\_\_ Staged by: \_\_\_\_\_

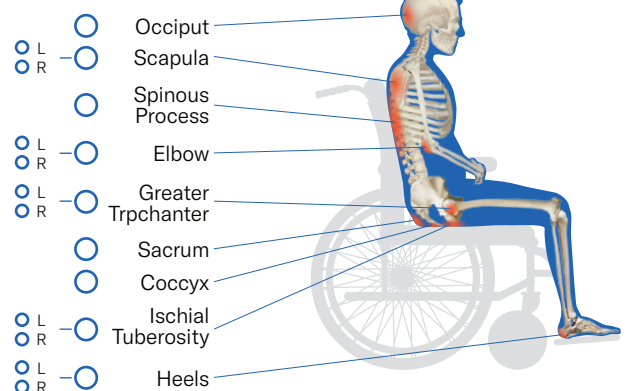
Seating Related:  Yes  No  Unknown

Identified Risk Factors Related to Current Seating or Positioning:  Yes  No

Current Management Strategies and AT: \_\_\_\_\_  
\_\_\_\_\_

Requires Referral to Wound Care Specialist:  Yes  No

## Location:



Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seating Base (choose)

Power

Manual

## Section 2: Current Mobility Base (Manual)

### Manual Wheelchair Type

 Folding Rigid Tilt in Space

Manufacturer/Model: \_\_\_\_\_

Power Add-on:  Front mounted  Main wheel  Rear mounted

Seat Dimensions \_\_\_\_\_ Front STF \_\_\_\_\_ Rear STF \_\_\_\_\_

Other: \_\_\_\_\_

Age of Current Wheelchair Base: \_\_\_\_\_ Condition: \_\_\_\_\_

Current Wheelchair Base:  Meets Needs  No Longer Meets Needs

Client Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Propulsion:  Independent Full-Time  Independent Part-time

Requires Assistance  Dependent

Foot Propel Left  Foot Propel Right

## Section 2: Current Mobility Base (Power)

### Drive Wheel Configuration:

Front Wheel Drive

Mid Wheel Drive

Rear Wheel Drive



Manufacturer/Model \_\_\_\_\_

Seat Width: \_\_\_\_\_ Seat Depth: \_\_\_\_\_ Access: \_\_\_\_\_

#### Seat Functions:

- 1.  Tilt                      Degrees: \_\_\_\_\_
- 2.  Recline                       Power                       Manual
- 3.  Elevating Leg Rests                       Power                       Manual
- 4.  Elevate
- 5.  Anterior Tilt                      Degrees: \_\_\_\_\_
- 6.  ActiveReach®
- 7.  Stand

Age of Current Wheelchair Base: \_\_\_\_\_ Condition: \_\_\_\_\_

Current Wheelchair Base:                       Meet Needs                       No Longer Meets Needs

Client Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 2: Current Seating and Mobility Base (Seating)

Cushion: \_\_\_\_\_ Cushion Size: \_\_\_\_\_ Other: \_\_\_\_\_

Cushion:  Meets Needs  Does Not Meet Needs

Backrest: \_\_\_\_\_ Backrest Size \_\_\_\_\_

If Applicable, Backrest Hardware:  Removable  Fixed  Dynamic

Laterals:  Yes  No If Yes...  Swing away  Fixed  Integrated

Backrest:  Meets Needs  Does Not Meet Needs

Other: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Accessories

Hardrest:  Yes  No Additional Information: \_\_\_\_\_

Pelvic Support:  Yes  No If Yes...  2 Point  4 Point

Additional Mounting Information: \_\_\_\_\_

Anterior Trunk Support:  Yes  No Additional Information: \_\_\_\_\_

Other Accessories:  Ankle Huggers  Foot Cups  Tray Other: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 3: Functional Assessment

### MAT Part One CURRENT SEATED POSITION

#### Pelvis

Sagittal Plane:  Neutral  Posterior Pelvic Tilt  Anterior Pelvic Tilt

Additional Information: \_\_\_\_\_

Frontal Plane:  Neutral  Right Obliquity  Left Obliquity

Additional Information: \_\_\_\_\_

Transverse Plane:  Neutral  Right Rotation  Left Rotation

Additional Information: \_\_\_\_\_

#### Lower Extremities

Hip:  Neutral  Abducted  R  L  Adducted  R  L

Neutral  Externally Rotated  R  L  Internally Rotated  R  L

Neutral  Wind Sweeping  R  L

Feet:  Neutral  Eversion  R  L  Inversion  R  L

Neutral  Plantarflexed  R  L  Dorsiflexed  R  L

Additional Information: \_\_\_\_\_

#### Spine

Frontal Plane:  Neutral  Scoliosis Primary Curvature:  Convex Right  Convex Left

Additional Information: \_\_\_\_\_

Sagittal Plane:  Neutral  Thoracic Kyphosis  Lumbar Lordosis

Additional Information: \_\_\_\_\_

#### Cervical

Frontal Plane:  Neutral  Left Lateral Flexion  Right Lateral Flexion

Sagittal Plane:  Neutral  Flexed  Extended  Hyperextended

Transverse Plane:  Neutral  Left Rotation  Right Rotation

#### Shoulder Complex

Left:  Protracted  Retracted  NAD Additional Information: \_\_\_\_\_

Left Position:  Low  High  NAD \_\_\_\_\_

Right:  Protracted  Retracted  NAD \_\_\_\_\_

Right Position:  Low  High  NAD \_\_\_\_\_

**Function - Activities****Self-Care**

Eating  Independent  Partial Assistance  Dependent

Level of Assistance: \_\_\_\_\_

Grooming  Independent  Partial Assistance  Dependent

Level of Assistance: \_\_\_\_\_

Bathing  Independent  Partial Assistance  Dependent

Level of Assistance: \_\_\_\_\_

Dressing - Upper Body  Independent  Partial Assistance  Dependent

Level of Assistance: \_\_\_\_\_

Dressing - Lower Body  Independent  Partial Assistance  Dependent

Level of Assistance: \_\_\_\_\_

Toileting  Independent  Partial Assistance  Dependent

Level of Assistance: \_\_\_\_\_

**Transfers**

Bed/Chair/Wheelchair  Independent  Partial Assistance  Dependent

Level of Assistance \_\_\_\_\_

Toilet  Independent  Partial Assistance  Dependent

Level of Assistance \_\_\_\_\_

Shower/Bath  Independent  Partial Assistance  Dependent

Level of Assistance \_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home Environment (External and internal)**Household:  Lives Alone  Lives with OthersSupport:  Independent  Family Support  Carer Support

If Formal Support, Number of Hours/Package: \_\_\_\_\_

Home Accessibility:  Accessible  Non Accessible  Requires Modification

Additional Information: \_\_\_\_\_

**Community Environment**Environment:  School  Work  Other: \_\_\_\_\_Terrain:  Uneven  Grass/Soft Ground  Gravel  Other: \_\_\_\_\_Gradient:  Flat  Hills  Other: \_\_\_\_\_Current Access in Environment:  Independent  Requires Assistance  Dependent

Additional Information: \_\_\_\_\_

**Transport**Transport:  Modified Vehicle  Vehicle  Taxi  Bus  Train  Other: \_\_\_\_\_Vehicle:  Passenger  DriverTransported:  In Wheelchair  In Vehicle Seat  Other: \_\_\_\_\_

If Applicable: Wheelchair Restrain System: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Requires Further Assessment:  Yes  No

Additional Information: \_\_\_\_\_

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## Supine MAT Evaluation

NOTE: Ensure starting point is users neutral, all ROM measured from max hip flex ROM.

Completed on Plinth:  Yes  No

### Pelvis

Pelvic Tilt:  NAD  Anterior Pelvic Tilt  Posterior Pelvic Tilt  Reducible  Non-Reducible

Pelvic Rotation:  NAD  R Rotation  L Rotation  Reducible  Non-Reducible

Pelvic Obliquity:  NAD  R Obliquity  L Obliquity  Reducible  Non-Reducible

Position	Right ROM	Left ROM	NAD	Comments
Hip Flexion	___° - ___°	___° - ___°		
Abduction	___° - ___°	___° - ___°		
Adduction	___° - ___°	___° - ___°		
Internal Rotation	___° - ___°	___° - ___°		
External Rotation	___° - ___°	___° - ___°		
Knee Extension	___° - ___°	___° - ___°		
Feet	___° - ___°	___° - ___°		

### Tone and Primitive Reflexes

Hypertonic  Hypotonic  Mixed (describe)

Ataxia  Athetosis

Identified Triggers or Inhibitors

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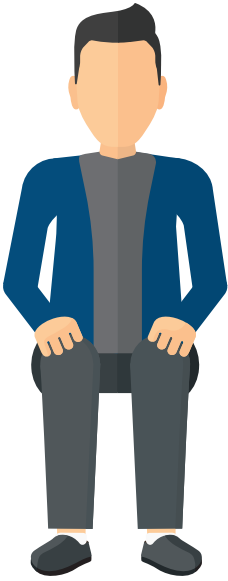
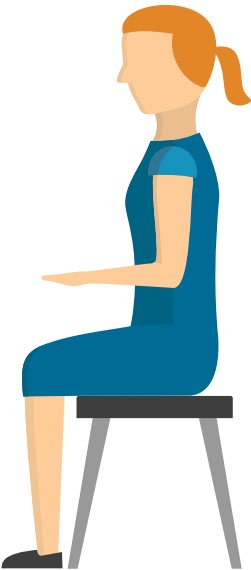
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Balance:

Independent Sitting  Sitting with Propping  Unable to Sit without Support

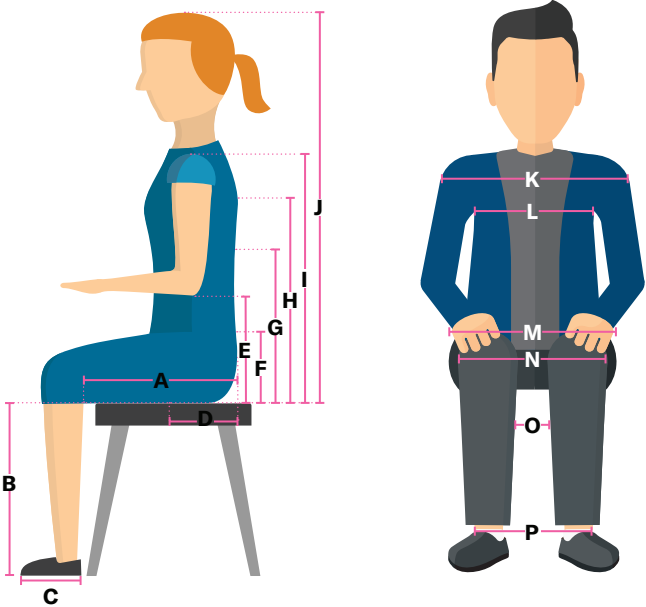


Simulation



Clients Measurements in Proposed Position

L	R	
		A. Buttock Thigh Depth
		B. Lower Leg Length
		C. Foot Length
		D. Ischial Well Length
		E. Seat to Elbow
		F. PSIS
		G. Inferior Scapula
		H. Axilla
		I. Top of Shoulder
		J. Top of Head
		K. Shoulder Width
		L. Chest Width
		M. Hip Width
		N. External Knee Width
		O. Internal Knee Width
		P. External Ankle/Foot (at widest point)



Overall Width (assymetrical width for windswept legs or scoliotic posture)

Identified Barriers to Goals	Identified Postural/Mobility Issues	Potential Product Parameters

**Potential Trial Equipment To Meet All Goals and Needs:**