



**Spinal Seating Professional Development Project
Assessment Form AF2.3: Basic MAT Assessment**

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:	Rotation (Top View) <input type="checkbox"/> Neutral <input type="checkbox"/> Left Forward <input type="checkbox"/> Right Forward	
Hips	Thigh to Trunk Angle Left: _____° Right: _____° Degrees Degrees	Position (Frontal View) <input type="checkbox"/> Neutral <input type="checkbox"/> ABduct ⁿ L / R <input type="checkbox"/> ADduct ⁿ L / R <input type="checkbox"/> External Rotation: L / R <input type="checkbox"/> Internal Rotation: L / R	Windswept (Frontal View) <input type="checkbox"/> Neutral <input type="checkbox"/> Left <input type="checkbox"/> Right	Angles Left: Right:
Knees and Feet	Thigh-Lower Leg Angle Left: _____° Right: _____° Degrees Degrees	Lower Leg- 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	Foot Position Left: <input type="checkbox"/> Neutral <input type="checkbox"/> Inversion <input type="checkbox"/> Eversion Right: <input type="checkbox"/> Neutral <input type="checkbox"/> Inversion <input type="checkbox"/> Eversion	
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"/> Lateral Flexion: L / R <input type="checkbox"/> Rotation: L / R	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	
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	Wrist and Handgrip	

Summary / Comments:



☐ Consent Obtained
☐ Photo Taken



**Spinal Seating Professional Development Project
Assessment Form AF2.3: Basic MAT Assessment**

SUPINE MAT ASSESSMENT																	
ASSESSMENT FOR:			DATE:	Problems /Comments													
Pelvis	Tilt <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)		Obliquity <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)		Rotation <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)												
	Anterior / Posterior <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)		Scoliosis <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 (to neutral / partial correction)		Rotation <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)												
Trunk	Angles Trunk-Thigh Angle: Flex hip to 90° or a lesser angle till ASIS rolls / pelvic tilts Thigh-Low Leg Angle: With hip flex° at 90° or the trunk to thigh angle, extend knee from flexion till pelvis tilt / ASIS rolls. Lower Leg-Foot Angle:		Range of Motion <table border="1"> <thead> <tr> <th>Left</th> <th>Right</th> <th>Normal ROM</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Simulate 0° - 90°</td> </tr> <tr> <td></td> <td></td> <td>30° - 180°</td> </tr> <tr> <td></td> <td></td> <td>30° - 135°</td> </tr> </tbody> </table>	Left	Right	Normal ROM			Simulate 0° - 90°			30° - 180°			30° - 135°	OR Reported Observations Fixed / Flexible / Corrects with Effort, Tone / Spasm that may impact on seating posture:	Left: Lower Leg-Foot: Thigh-Lower Leg Thigh-Trunk Right: Lower Leg-Foot Thigh-Lower Leg Thigh-Trunk
	Left	Right	Normal ROM														
			Simulate 0° - 90°														
			30° - 180°														
			30° - 135°														
Hip Abduction / Adduction:		Hip External / Internal Rotation:	Foot Inversion / Eversion:														
Cervical Curve Resting Posture <input type="checkbox"/> Neutral <input type="checkbox"/> Cervical Flexion <input type="checkbox"/> Cervical Hyperextension		Lateral Flexion 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															
Shoulder PROM <input type="checkbox"/> Level <input type="checkbox"/> Asymmetry		Elbow and Forearm PROM															
Rotation 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		Wrist and Hand Description:															
Head and Neck																	
Upper Limbs																	

Summary / Comments:



☐ Consent Obtained
☐ Photo Taken



**Spinal Seating Professional Development Project
Assessment Form AF2.3: Basic MAT Assessment**

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"/> *Dependant sitter* <small>(* for advance clinician /specialist only)</small>				
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 Lower by:	Rotation (Top view) <input type="checkbox"/> Neutral <input type="checkbox"/> Left Forward <input type="checkbox"/> Right Forward	Accommodations / Corrections: Outcomes:
Trunk	Anterior / Posterior <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 <small>(to neutral / partial correction)</small>	Scoliosis (Frontal View) <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 <small>(to neutral / partial correction)</small>	Rotation (Top view) <input type="checkbox"/> Neutral <input type="checkbox"/> Left Forward <input type="checkbox"/> Right Forward	Accommodations / Corrections: Outcomes:
Lower Extremities	Initial Sitting Angles Thigh-Trunk Thigh-Lower Leg	Position (Frontal View) <input type="checkbox"/> Neutral <input type="checkbox"/> ABduct ⁿ L / R <input type="checkbox"/> ADduct ⁿ L / R <input type="checkbox"/> External Rotation: L / R <input type="checkbox"/> Internal Rotation: L / R	Windswept (Frontal View) <input type="checkbox"/> Neutral <input type="checkbox"/> Left <input type="checkbox"/> Right	Simulated Sitting Angles: Thigh-Trunk Thigh-Lower Leg Outcomes:
Head and Neck	Cervical Curve (Side View)	Neck Position (Frontal View)	Control	Accommodations / Corrections: Outcomes:
Upper Limbs	Shoulder Positioning <input type="checkbox"/> Level <input type="checkbox"/> Asymmetry Describe:	Elbow and Forearm Position Describe:	Hand and Wrist Positioning Describe:	Accommodations /Corrections: Outcomes:

Summary / Comments:



☐ Consent Obtained
☐ Photo Taken