



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


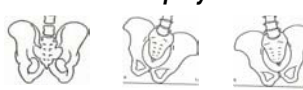


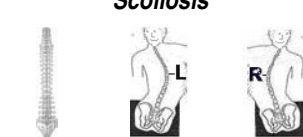

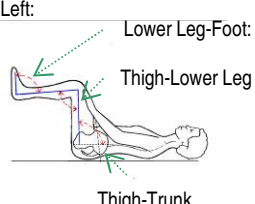
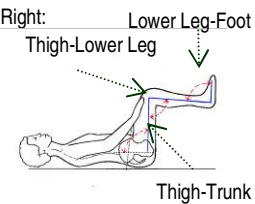
POSTURE IN CURRENT SEATING SYSTEM					
ASSESSMENT FOR:			DATE:	Problems /Comments	
Pelvis	Tilt (Side View) <input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior		Obliquity (Frontal View) <input type="checkbox"/> Neutral <input type="checkbox"/> Left Lower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



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

Summary / Comments:

	<input type="checkbox"/> Consent Obtained
	<input type="checkbox"/> Photo Taken



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SITTING MAT ASSESSMENT				
ASSESSMENT FOR:			DATE:	
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>			SIMULATION & OUTCOME: (Describe direction and location of forces applied)	
Pelvis	Tilt (Side View)	Obliquity (Frontal View)	Rotation (Top view)	Accommodations / Corrections: Outcomes:
	 <input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior	 <input type="checkbox"/> Neutral <input type="checkbox"/> Left Lower <input type="checkbox"/> Right Lower Lower by:	 <input type="checkbox"/> Neutral <input type="checkbox"/> Left Forward <input type="checkbox"/> Right Forward	
Trunk	Anterior / Posterior	Scoliosis (Frontal View)	Rotation (Top view)	Accommodations / Corrections: Outcomes:
	 <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>	 <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>	 <input type="checkbox"/> Neutral <input type="checkbox"/> Left Forward <input type="checkbox"/> Right Forward	
Lower Extremities	Initial Sitting Angles	Position (Frontal View)	Windswept (Frontal View)	Simulated Sitting Angles: Outcomes:
		 <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	 <input type="checkbox"/> Neutral <input type="checkbox"/> Left <input type="checkbox"/> Right	
Head and Neck	Cervical Curve (Side View)	Neck Position (Frontal View)	Control	Accommodations / Corrections: Outcomes:
Upper Limbs	Shoulder Positioning	Elbow and Forearm Position	Hand and Wrist Positioning	Accommodations / Corrections: Outcomes:
	<input type="checkbox"/> Level <input type="checkbox"/> Asymmetry <i>Describe:</i>	<i>Describe:</i>	<i>Describe:</i>	

Summary / Comments:

	<input type="checkbox"/> Consent Obtained
	<input type="checkbox"/> Photo Taken