







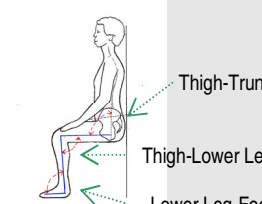
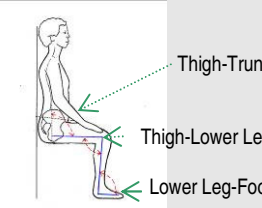


Spinal Seating Professional Development Project Assessment Form AF2A.3: Detailed MAT Assessment

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 ↓ <input type="checkbox"/> Right ↓ 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: _____° Degrees Right: _____° 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: _____° Degrees Right: _____° Degrees			Lower Leg- Foot Angle Left: _____° 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"/> Asymmetric <table border="1"> <tr> <td></td> <td>Left</td> <td>Right</td> </tr> <tr> <td>Elevated</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Depressed</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Retracted</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Subluxed</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ext rotation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Int.rotation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				Left	Right	Elevated	<input type="checkbox"/>	<input type="checkbox"/>	Depressed	<input type="checkbox"/>	<input type="checkbox"/>	Retracted	<input type="checkbox"/>	<input type="checkbox"/>	Subluxed	<input type="checkbox"/>	<input type="checkbox"/>	Ext rotation	<input type="checkbox"/>	<input type="checkbox"/>	Int.rotation	<input type="checkbox"/>	<input type="checkbox"/>	Elbow and Forearm Position <input type="checkbox"/> Arm support <input type="checkbox"/> No support Elbow flexion: (0°- 150°) Left: _____ Right: _____ Supination: (0°-90°) Left: _____ Right: _____ Pronation: (0°-90°) Left: _____ Right: _____ Position Description:			<table border="1"> <tr> <td>Hand grip</td> <td>Left</td> <td>Right</td> </tr> <tr> <td>Palmer /gross grip</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lateral pinch</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tripot pinch</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Nil grip</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Hand grip	Left	Right	Palmer /gross grip	<input type="checkbox"/>	<input type="checkbox"/>	Lateral pinch	<input type="checkbox"/>	<input type="checkbox"/>	Tripot pinch	<input type="checkbox"/>	<input type="checkbox"/>	Nil grip	<input type="checkbox"/>	<input type="checkbox"/>	Wrist and Handgrip Wrist position: L R Flexion / extension: <input type="checkbox"/> <input type="checkbox"/> Deviation (ulnar/ radial): <input type="checkbox"/> <input type="checkbox"/>
		Left	Right																																											
Elevated	<input type="checkbox"/>	<input type="checkbox"/>																																												
Depressed	<input type="checkbox"/>	<input type="checkbox"/>																																												
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Nil grip	<input type="checkbox"/>	<input type="checkbox"/>																																												

Summary / Comments:

☐ Consent Obtained

☐ Photo Taken



**Spinal Seating Professional Development Project
Assessment Form AF2A.3: Detailed MAT Assessment**

SUPINE (ON PLINTH) 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 ↓ <input type="checkbox"/> Right ↓ 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 L <input type="checkbox"/> Convex R 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"/> L Forward <input type="checkbox"/> R Forward Forwarded by : <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible <input type="checkbox"/> Corrects with Effort (to neutral / partial correction)		
Trunk							
Lower Extremities	Angles A Hip flexion with knee extension B Maximum hip flexion with knee bent C Trunk to thigh angle: Flex hip to 90° or a lesser angle when ASIS rolls / pelvic tilts D Thigh to lower leg angle: with hip flex ⁿ at 90° or as in C, extend knee from flexion till pelvis tilt / ASIS rolls. E Hip Abduction in position C&D F Hip Adduction in position C&D G Hip External Rotation in position C&D H Hip Internal Rotation in position C&D I Lower leg to foot angle: positioned in C & D J Foot inversion in position C&D K Foot eversion in position C&D		Range of Motion OR Left Right Normal ROM 0-90° 0-130° Simulate to 90° 30 to 180° 0-45° 0-30° 0-45° 0-45° 30-135°		Reported Observations Fixed / Flexible / Corrects with effort, Tone / Spasm that may impact on seating posture:		Left: Right: (Asx of hamstrings in both lower limbs together: When hips angle is at _____ degrees, knees extend to _____ degrees.)
	Cervical Curve Resting Posture <input type="checkbox"/> Neutral <input type="checkbox"/> Cervical Flexion <input type="checkbox"/> Cervical Hyperextension AROM Flex ⁿ : _____ Ext ⁿ : _____		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 AROM Left: _____ Right: _____		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 AROM Left: _____ Right: _____		
	Shoulder PROM <input type="checkbox"/> Level <input type="checkbox"/> Asymmetry PROM Left Right Flexion(to 90°) Extension Abduction Adduction Ext rotation Int. rotation		Elbow and Forearm PROM Elbow flex ⁿ : PROM (0° - 150°) Left: _____ Right: _____ Supination: PROM (0° - 90°) Left: _____ Right: _____ Supination: PROM (0° - 90°) Left: _____ Right: _____ Description:		Wrist and Hand Description:		
	Upper Limbs						



**Spinal Seating Professional Development Project
Assessment Form AF2A.3: Detailed MAT Assessment**

SITTING (ON PLINTH) 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* (* for advance clinician /specialist only)				
Pelvis	Tilt (Side View) <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 (Frontal View) <input type="checkbox"/> Neutral <input type="checkbox"/> Left ↓ <input type="checkbox"/> Right ↓ Lower by: _____ <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible <input type="checkbox"/> Corrects with Effort: (to neutral / partial correction)	Rotation (Top view) <input type="checkbox"/> Neutral <input type="checkbox"/> L Fwd <input type="checkbox"/> R Fwd Forward by: _____ <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible <input type="checkbox"/> Corrects with Effort: (to neutral / partial correction)	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 (to neutral / partial correction)	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 (to neutral / partial correction)	Rotation (Top view) <input type="checkbox"/> Neutral <input type="checkbox"/> Left Forward <input type="checkbox"/> Right Forward
Lower Extremities		Initial Sitting Angles Simulated Sitting Angles: 	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 <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible <input type="checkbox"/> Corrects with Effort: (to neutral / partial correction)	Windswept (Frontal View) <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: (to neutral / partial correction)
	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) <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible <input type="checkbox"/> Corrects with Effort: (to neutral / partial correction)	Neck Position (Frontal View) <input type="checkbox"/> Midline <input type="checkbox"/> Lat. Flexion: L / R <input type="checkbox"/> Rotation: L / R <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible <input type="checkbox"/> Corrects with Effort: (to neutral / partial correction)	Control <input type="checkbox"/> Independent Head Control & 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 Describe: _____	Elbow and Forearm Position Describe: _____	Hand and Wrist Positioning Describe: _____