



**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: | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| 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"/> 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: |
| | | 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"/> | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 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 | | | | | | | | | | | | | | | | | | | | | | |
| | | | <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"/> | | | | | | |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | |

Summary / Comments:

| | |
|--|---|
| | <input type="checkbox"/> Consent Obtained |
| | <input type="checkbox"/> 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) | |
| | 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 <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) | | |
| Lower Extremities | | Range of Motion OR Reported Observations | | | Left: Right: (Asx of hamstrings in both lower limbs together: When hips angle is at _____ degrees, knees extend to _____ degrees.) | |
| | Angles | | | | | |
| | | Left | Right | Normal ROM | | |
| | A | Hip flexion with knee extension | | 0-90° | | |
| | B | Maximum hip flexion with knee bent | | 0 -130° | | |
| | C | Trunk to thigh angle: Flex hip to 90° or a lesser angle when ASIS rolls / pelvic tilts | | Simulate to 90° | | |
| | 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. | | 30 to 180° | | |
| | E | Hip Abduction in position C&D | | 0-45° | | |
| | F | Hip Adduction in position C&D | | 0-30° | | |
| | G | Hip External Rotation in position C&D | | 0-45° | | |
| | H | Hip Internal Rotation in position C&D | | 0-45° | | |
| I | Lower leg to foot angle: positioned in C & D | | 30 -135° | | | |
| J | Foot inversion in position C&D | | | | | |
| K | Foot eversion in position C&D | | | | | |
| Head and Neck | 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: _____ | |
| | Upper Limbs | 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: _____ |



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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* <small>(* for advance clinician /specialist only)</small> | | | | |
| 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: |
| | 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 | Accommodations / Corrections: Outcomes: |
| 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) | Accommodations / Corrections: Outcomes: |
| | 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 | 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: |