



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

POSTURE IN CURRENT SEATING SYSTEM				
ASSESSMENT FOR: MR XY, T8 SCI, MVA.			DATE:	Problems /Comments
Pelvis	Tilt (Side View) <input type="checkbox"/> Neutral <input checked="" type="checkbox"/> Posterior <input type="checkbox"/> Anterior <i>noted position on cushion surface</i>	Obliquity (Frontal View) <input type="checkbox"/> Neutral <input type="checkbox"/> Left Lower <input checked="" type="checkbox"/> Right Lower <i>Lowered by: Approx 2"</i>	Rotation (Top View) <input type="checkbox"/> Neutral <input type="checkbox"/> Left Forward <input checked="" type="checkbox"/> Right Forward <i>~ 1"</i>	
Trunk	Anterior / Posterior <input type="checkbox"/> Neutral <input checked="" type="checkbox"/> Thoracic Kyphosis <input type="checkbox"/> Lumbar Lordosis <input checked="" type="checkbox"/> Lumbar C-Curve Flattening	Scoliosis (Frontal View) <input type="checkbox"/> Neutral <input type="checkbox"/> Convex Left <input checked="" type="checkbox"/> Convex Right <i>Apex at:</i>	Rotation (Top View) <input type="checkbox"/> Neutral <input type="checkbox"/> Left Forward <input checked="" type="checkbox"/> Right Forward	
Hips	Thigh to Trunk Angle Left: <i>~120</i> Degrees Right: <i>~120</i> Degrees	Position (Frontal View) <input checked="" 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 checked="" type="checkbox"/> Neutral <input type="checkbox"/> Left <input type="checkbox"/> Right	Angles Left: Right: Labels: Thigh-Trunk, Thigh-Lower Leg, Lower Leg-Foot
Knees and Feet	Thigh-Lower Leg Angle Left: <i>~80</i> Degrees Right: <i>~80</i> Degrees	Lower Leg- Foot Angle Left: <i>~90</i> Degrees Right: <i>~90</i> 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 checked="" type="checkbox"/> Neutral <input type="checkbox"/> Inversion <input type="checkbox"/> Eversion Right: <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Inversion <input type="checkbox"/> Eversion	 Labels: Thigh-Trunk, Thigh-Lower Leg, Lower Leg-Foot
Head and Neck	Cervical Curve (Side View) <input type="checkbox"/> Neutral <input type="checkbox"/> Flexion <input type="checkbox"/> Extension <input checked="" type="checkbox"/> Cervical Hyperextension (Chin poke)	Neck Position (Frontal View) <input checked="" type="checkbox"/> Midline <input type="checkbox"/> Lateral Flexion: L/R <input type="checkbox"/> Rotation: L/R	Control <input checked="" 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 checked="" type="checkbox"/> Asymmetry <i>Lower</i>	Elbow and Forearm Position <input type="checkbox"/> Arm Support <input checked="" type="checkbox"/> No Support	Wrist and Handgrip <i>NAD.</i>	

Summary / Comments:

*Appt - seating review to improve posture presented, slump posture & recurring @ IT redness.
Sits too low over the rear wheels -> shoulder pain. Client reported "collapse posture" last few years.*

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



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

SUPINE MAT ASSESSMENT				
ASSESSMENT FOR: MR XY			DATE:	Problems /Comments
Pelvis	Tilt <input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible <input type="checkbox"/> Corrects with Effort (to neutral / partial correction)	Obliquity <input checked="" 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 checked="" 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)	 2" lordosis ribs more pronounced @ 90°
	Anterior / Posterior <input type="checkbox"/> Neutral <input checked="" type="checkbox"/> Thoracic Kyphosis <input checked="" type="checkbox"/> Lumbar Lordosis <input type="checkbox"/> Lumbar C-Curve Flattening <input checked="" type="checkbox"/> Fixed ① <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 checked="" type="checkbox"/> Convex Right Apex at: mid thoracic - low ~ T8. <input checked="" 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 checked="" type="checkbox"/> Right Forward Forwarded by: <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Flexible <input type="checkbox"/> Corrects with Effort (to neutral / partial correction)	Lumbar space ~ 2" gap to plinth surface. flexible lumbar lateral flexion - movement but fixed thoracic scoliosis uneven rib hump side more arch and pronounced than ①.
Lower Extremities	Angles Range of Motion OR Reported Observations			Left:
	Trunk-Thigh Angle: Flex hip to 90° or a lesser angle till ASIS rolls / pelvic tilts 90° 90° Simulate 0° - 90°			Lower Leg-Foot Thigh-Lower Leg Thigh-Trunk
	Thigh-Low Leg Angle: With hip flex° at 90° or the trunk to thigh angle, extend knee from flexion till pelvis tilt / ASIS rolls. ~160° ~160° 30° - 180°			
	Lower Leg-Foot Angle: Full ROM. 30° - 135°			Right: Lower Leg-Foot Thigh-Lower Leg Thigh-Trunk
	Hip Abduction / Adduction: flexible ROM	Hip External / Internal Rotation: flexible ROM	Foot Inversion / Eversion: flexible.	
Head and Neck	Cervical Curve Resting Posture <input type="checkbox"/> Neutral <input checked="" type="checkbox"/> Cervical Flexion <input checked="" type="checkbox"/> Cervical Hyperextension	Lateral Flexion Resting posture: <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Flexible <input type="checkbox"/> Corrects with Effort	Rotation Resting posture: <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Flexible <input type="checkbox"/> Corrects with Effort	neck posture influenced by Kyphosis.
Upper Limbs	Shoulder PROM <input checked="" type="checkbox"/> Level <input type="checkbox"/> Asymmetry	Elbow and Forearm PROM	Wrist and Hand Description:	

Summary / Comments:

Sitting in MWK posture is likely contributed by
 ① scoliosis on ② - falls to ② → fix pelvic obliquity @ lowered.
 ② worn slung uphd slay - lack lordosis support.
 Kyphosis over stretched upholstery
 ③ rib cage asymmetry → shoulder rotation
 → poor propulsion stroke % L & R.



☐ Consent Obtained
☐ Photo Taken



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

SITTING MAT ASSESSMENT				
ASSESSMENT FOR: MR XY, SCI T9			DATE:	
Balance: <input checked="" 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 checked="" type="checkbox"/> Posterior <input type="checkbox"/> Anterior <i>for hands free</i>	Obliquity (Frontal View) <input type="checkbox"/> Neutral <input type="checkbox"/> Left Lower <input checked="" type="checkbox"/> Right Lower <i>Lower by: ~ 0.5"</i>	Rotation (Top view) <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Left Forward <input type="checkbox"/> Right Forward	Accommodations / Corrections: PSIS support Outcomes: → ↓ posterior tilt to neutral tilt. ↓ Slump posture
Trunk	Anterior / Posterior <input type="checkbox"/> Neutral <input checked="" type="checkbox"/> Thoracic Kyphosis <input type="checkbox"/> Lumbar Lordosis <input type="checkbox"/> Lumbar C-curve Flattening <input checked="" 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 checked="" type="checkbox"/> Convex Right Apex at: <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Flexible <input type="checkbox"/> Corrects with Effort (to neutral / partial correction)	Rotation (Top view) <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Left Forward <input type="checkbox"/> Right Forward	Accommodations / Corrections: PSIS support + lumbar support + built up under Outcomes: ① thorax, ② ltr accommodate a support lumbar lordosis for upright posture; posterior support behind ① thorax to level ② shoulders,
Lower Extremities	Initial Sitting Angles Thigh-Trunk: 90 Thigh-Lower Leg: 90	Position (Frontal View) <input checked="" 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 checked="" 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) <i>less chin poke.</i>	Neck Position (Frontal View) <i>neutral.</i>	Control	Accommodations / Corrections: Outcomes:
Upper Limbs	Shoulder Positioning <input checked="" type="checkbox"/> Level <input type="checkbox"/> Asymmetry Describe:	Elbow and Forearm Position Describe:	Hand and Wrist Positioning Describe:	Accommodations / Corrections: Outcomes:

Summary / Comments: *requires*

- ① PSIS support
- ② lumbar space accommodation
- ③ support @ ② lateral to mid (lower thoracic)
- ④ build-out behind ① thorax to level shoulders.

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