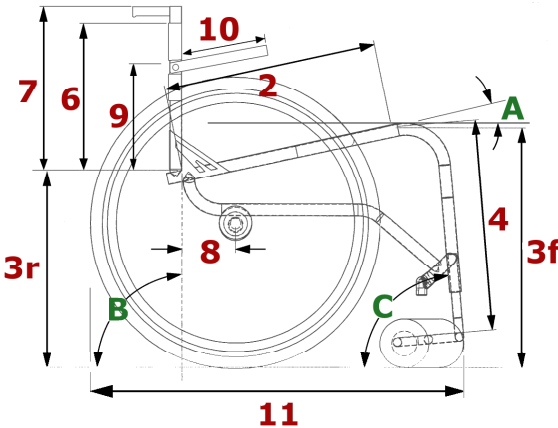
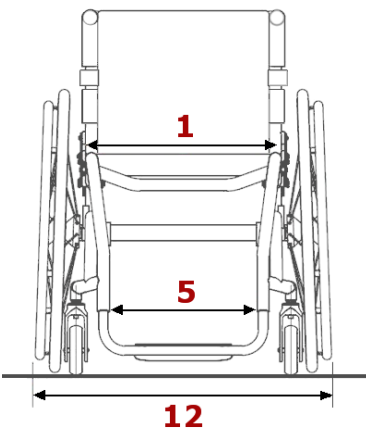


**Spinal Seating Professional Development Project  
Assessment Form AF5.3: MWC Specification Form**

**MANUAL WHEELCHAIR AND SEATING SPECIFICATIONS**

<b>Assessment For:</b>		<b>Date:</b>	
<b>*Wheelchair:</b> (★Note manufacturer: model & product code/features/specifications/age/condition)			
<b>*Back Support:</b>		<b>*Cushion/Seat Base:</b>	
			
<b>1</b>	<b>Seat Width:</b>		
<b>2</b>	<b>Seat Depth:</b> (Effective = back support surface to the front of the seat surface)	<b>Seat Surface:</b>	<b>Effective:</b>
<b>3</b>	<b>Seat Surface Height:</b>	<b>Front:</b>	<b>Rear:</b>
<b>4</b>	Front Seat Surface to Foot Support:		
<b>5</b>	Footrest Width:		
<b>6</b>	Back Support Height / Backrest Upholstery:		
<b>7</b>	Back Post Metalwork Height:		
<b>8</b>	<b>Rear Wheel Axle Horizontal Location</b> (Centre of Gravity)		
<b>9</b>	Armrest / Arm Support Height:	<b>Left:</b>	<b>Right:</b>
<b>10</b>	Armrest / Arm Support Length:	<b>Left:</b>	<b>Right:</b>
<b>11</b>	Overall Length:		
<b>12</b>	Overall Width:		
<b>A</b>	Seat Angle: (A,B&C: measured against horizontal plane)		
<b>B</b>	Back Support Angle:	Seat to Back Support Angle (180°-A-B): _____°	
<b>C</b>	Lower Leg Support Angle: Frame Front/Hanger Angle	Seat to Lower Leg Support Angle (180°-A-C): _____°	
Arm Support, Clothing Guards:		Legrest Hanger Type:	
		Foot Support Type:	
*Castor Wheels: *Tyres: (solid/pneumatic) Diameter:                      Width:		*Rear Wheels: *Tyres: (solid/pneumatic) Wheel Camber: *Handrims: (long/short tab)	
Suspension:		Wheel Size: Tyre Specs: Rear Wheel Spacing: Wheel Locks:	
Other Components / Devices:		Comments:	