



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

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