

Basic Seating Assessment

Name:

Date:

Client ID:

	Critical Measure	Guidance	Assessment Findings	Recommendations
1	Hip Flexion Range (120/0/15)	<ul style="list-style-type: none"> * Influences position of pelvis (tilt, obliquity) * Need to assess bilaterally * Key to setting seat to back angle (amount of recline or is recline) 	Right: Left: Comments	
2	Knee Extension with Hip Flexion Range (130/30/0)	<ul style="list-style-type: none"> * Influences position of pelvis (tilt and rotation) * Need to assess bilaterally * Accommodation of hamstrings is vital * Key to setting angle of foot hangers 	Right: Left: Comments	
3	Hip abd / adduction with hips flexed Range (80/0/20)	<ul style="list-style-type: none"> * Influences position of pelvis (rotation) * Ensure accommodation of any restriction as this will have severe implications for preventing a destructive postural tendencies 	Right: Left: Comments	

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4	Cervical Flex / Ext Range (40/0/40)	* Important for visual field * Key for feeding position * Limitation in flexion can result in tilt in space being contraindicated	Range: Comments:	
5	Kyphosis / Scoliosis	* Needs to be corrected or accommodated appropriately, otherwise difficult to control pelvis Lumbar spine: Thoracic spine: Cervical spine:	Range: Comments:	
	Factor	Guidance	Assessment Findings	Recommendations
6	Sitting Balance	This may give an idea of the amount of support required within the seating system	Independent: Independent using hands to bear weight: Ax1: Ax2:	
7	Transfer Technique	Please indicate how the patient transfers, including with or without an aid e.g. standing hoist, Steady Zimmer frame etc	Independent: Ax1: Ax2: Hoist:	

8	Skin Inspection	Please complete a full skin inspection and indicate what type of cushion client requires	Skin intact: Existing pressure damage evident: Evidence of previous pressure damage: Moisture damage evident: Braden scale score:	
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	Additional Information, Recommendations, or Chairs Trialled			

OT Signature:

1. Hip Width (cm)	
2. Hip to knee (popliteal crease) (cm)	
3. Back of knee (popliteal crease) to floor(cm)	
4. Height (cm)	
5. Weight (kg)	
6. Any additional measurements	

OT signature: