SOCIETY FOR MANITOBANS WITH DISABILITIES – WHEELCHAIR SERVICES
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(SMD-010) WHEELCHAIR AND SEATING ASSESSMENT

CLIENT INFORMATION	
First Name	Last Name

Grooming	☐ Independent ☐ Assisted ☐ Dependent
Bowel / Bladder Management	☐ Continent ☐ Bladder ☐ Bowel ☐ Incontinent ☐ Bladder ☐ Bowel
Bathing	☐ Independent ☐ Assisted ☐ Dependent
Dressing	☐ Independent ☐ Assisted ☐ Dependent
Eating	☐ Independent ☐ Assisted ☐ Dependent
Meal Preparation	☐ Independent ☐ Assisted ☐ Dependent
Communication	☐ Verbal ☐ Non Verbal ☐ Augmentative Communication device ☐ Able to direct care ☐ Unable to direct care
Transfers	Bed -- chair ☐ Independent ☐ supervised ☐ assisted ☐ unable ☐ NA Chair–commode/toilet ☐ Independent ☐ supervised ☐ assisted ☐ unable ☐ NA Chair – car ☐ Independent ☐ supervised ☐ assisted ☐ unable ☐ NA
Lifts	Is sling left under the client? _____
Walking	Unable to walk ☐ Able to walk ☐ independently ☐ w/ standby supervision ☐ w/ assist ☐ Requires walking aid ☐ yes ☐ no Distance indoors _____ Distance outdoors _____
Wheelchair propulsion	Dependent indoors ☐ outdoors ☐ Assisted indoors ☐ outdoors ☐ Independent indoors ☐ outdoors ☐ distance indoors _____ distance outdoors _____ Method of propulsion right arm ☐ left arm ☐ right foot ☐ left foot ☐
Home management	☐ laundry ☐ cooking ☐ dishwashing ☐ cleaning ☐ _____
Risk for falls	
Sitting Tolerance	Number of hours/ day client needs the wch _____ What limits sitting time? _____ Does client have rest periods during the day? Yes ☐ No ☐
Repositioning & Pressure management	Can client reposition independently? ☐ Yes ☐ No If no, how often is repositioning done? _____ Does client receive assistance with repositioning? ☐ Yes ☐ No If yes, from whom?

Home environment	Entrance ☐ level ☐ ramp with safe railing ☐ lift Doorway widths in inches entrance _____ hallway _____ bedroom _____ bathroom _____ kitchen _____ elevator _____ Tight turns _____ Flooring ☐ carpet ☐ linoleum / hardwood ☐ _____
Transportation	Personal ☐ Car ☐ Van ☐ Truck ☐ _____ If using own transportation client will be the ☐ driver ☐ passenger If driving client will ☐ drive in wheelchair ☐ transfer to seat Minimum van clearance height: _____ Who will load the chair? _____ Public ☐ Taxi ☐ Bus Transit ☐ Handi Transit ☐ other _____
Community	Comment on wheelchair / seating /mobility requirements to perform the following. If client already has a wheelchair, is it affecting client's ability to participate in these activities? School Work Leisure

COGNITIVE AND PERCEPTUAL FUNCTION

Cognition	Identify areas of deficit that may impact wheelchair use
Perception	Identify areas of deficit that may impact wheelchair use

PHYSICAL ASSESSMENT

Strength	Comment on client's general functional strength in Right upper extremity Left upper extremity Right lower extremity Left lower extremity
Coordination	
Pain	☐ No pain ☐ Pain Location Pain scale (mild) 1 2 3 4 5 6 7 8 9 10 (severe) What triggers pain? Relieved by
Tone	☐ Normal ☐ Hypotonic ☐ Hypertonic Triggered by Inhibited by Effect of tone on posture

POSTURE IN CURRENT WHEELCHAIR / SEATING SYSTEM (Describe how client presents. Do not reposition)

Pelvis

TILT ☐ Neutral ☐ Posterior ☐ Anterior
OBLIQUITY ☐ Neutral ☐ Client's Left side Lower ☐ Client's Right side lower
ROTATION ☐ Neutral ☐ client's Left side forward ☐ Client's Right side forward

Trunk

FRONTAL VIEW ☐ Midline ☐ Leaning R / L
KYPHOSIS ☐ Neutral ☐ Thoracic kyphosis ☐ C-curve
SCOLIOSIS ☐ Neutral ☐ Convex left ☐ Convex right
ROTATION ☐ Neutral ☐ Client's left side forward ☐ Client's right side forward

Upper extremities

SHOULDERS ☐ Neutral / Level ☐ Assymetrical _____
UPPER EXTREMITY POSITION AND FUNCTION_____
_____

Head/Neck

Position
☐ Neutral
☐ Flexed
☐ Extended
☐ Chin Poke (cervical hyperextension)
☐ Lateral flexion R / L
☐ Rotation R / L

Control
☐ Independent head control
☐ Unable to keep head position but corrects self
☐ Unable to keep head position – need help to correct
☐ Need head support

Hips

TRUNK TO THIGH ANGLE Right _____ degrees Left _____degrees
ABDUCTION / ADDUCTION ☐ Neutral ☐ Abducted ☐ Adducted
ROTATION ☐ Neutral ☐ Externally rotated R / L ☐ Internally rotated R / L
WINDSWEPT ☐ Neutral ☐ Windswept right ☐ Windswept left

Knees & Feet

THIGH TO LOWER LEG ANGLE Right _____ degrees Left _____ degrees
LOWER LEG TO FOOT ANGLE Right _____ degrees Left _____ degrees
FOOT POSITION ☐ Neutral R / L ☐ Plantar Flexed R / L ☐ Dorsi Flexed R / L
☐ Inversion R / L ☐ Eversion R / L

Position

Is client able to maintain proper position in the wheelchair? ☐ yes ☐ no
If no, identify reason ☐ spasm ☐ unable to reposition self ☐ inadequate support
☐ fatigue ☐ prolonged sitting ☐ wrong equipment
☐ hamstring effect ☐ No seating ☐ _____

SUPINE EVALUATION

Sensation

☐ Intact ☐ Impaired Location of impairment_____
Are skin checks done? Yes ☐ No ☐ If yes, how often? _____ By whom? _____

History of pressure sore

☐ NO history of pressure sore
☐ History of pressure sore
Location_____ Possible cause _____

Current skin condition *Have client on plynth or bed and check all weight bearing parts.*	☐ Skin is Intact – Do skin blanching test ☐ Pressure Sore Location of pressure sore _____ Stage _____ When did it start_____ Possible cause ☐ pressure ☐ shear ☐ moisture What is client doing to help with the healing _____ ☐ Edema Location of edema _____ Intervention_____			
Pelvis	Tilt	☐ Neutral	☐ Pelvis in posterior tilt Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐	☐ Pelvis in anterior tilt Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐
	Obliquity	☐ Neutral	☐ Client's right side lower Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐	☐ Client's left side lower Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐
	Rotation	☐ Neutral	☐ Client's right side forward Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐	☐ Client's left side forward Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐
Trunk	☐ Neutral ☐ Kyphosis Thoracic ☐ C-curve ☐ Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐ ☐ Scoliosis convex right ☐ convex left ☐ Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐ ☐ Rotation Right forward ☐ Left forward ☐ Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐			
Upper extremities	Shoulders Level ☐ Asymmetrical ☐ Upper extremity position			
Head and neck	Describe resting posture. If not neutral, Indicate if flexible toward correction.			
Hip Abduction/ Adduction	☐ Neutral	☐ Abducted Right ☐ Left ☐ Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐	☐ Adducted Right ☐ Left ☐ Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐	
		NOTE: *End range of hip abduction is when pelvis rotates toward that hip.* *End range of hip adduction is when pelvis rotates toward the opposite hip.*		
Hip Internal / External Rotation	☐ Neutral	☐ Externally Rotated Right ☐ Left ☐ Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐	☐ Internally Rotated Right ☐ Left ☐ Flexible towards correction Yes ☐ No ☐ Full correction ☐ Partial correction ☐	
		NOTE: *End range of hip internal rotation is when pelvis elevates on that side.* *End range of hip external rotation is when pelvis elevates on the opposite side.*		

Lower Extremities		Right	Left	Comment on tone, etc
	Hip flexion ROM for seating			
	TRUNK TO THIGH ANGLE			
	THIGH TO LOWER LEG ANGLE			
	LOWER LEG TO FOOT ANGLE			

SITTING EVALUATION

Sit the client up over the edge of the mat. Repeat assessment of all movements while client was in supine. Determine the location and amount of effort it takes to hold the body parts in proper alignment. If possible, take picture documentation of assessment findings.

Sitting Balance	☐ Hands free sitter & can shift weight out of midline ☐ Hands free only – unable to weight shift ☐ Hands dependent sitter - uses own hands on surface to stay upright ☐ Dependent – requires assist to maintain upright sitting position Assistance required minimum ☐ moderate ☐ maximum ☐	Describe unsupported sitting position

Pelvis	Tilt	Neutral ☐ Anterior tilt ☐ Posterior tilt ☐ ▪ If pelvis tends to assume a posterior tilt and client cannot independently move it to neutral, with your hands behind the pelvis, have the client lean forward and then back into upright sitting position. Do you feel the pelvis moving back? Yes ☐ No ☐ How much force are you providing to hold the pelvis in neutral position? Minimal ☐ Moderate ☐ Maximum ☐ ▪ If pelvis tends to assume an anterior tilt, passively move pelvis to neutral. ▪ If pelvis was found fixed in anterior or posterior tilt, the seating system cannot correct it to neutral but it must be supported to prevent it from progressing towards destructive posture.
	Obliquity	Neutral / level ☐ Clients right side low ☐ Client's left side low ☐ ▪ Ask the client to level pelvis if able or passively level the pelvis. Did you achieve a level pelvis? Yes ☐ No ☐ ▪ If unable to achieve a level pelvis and pelvic obliquity was flexible in supine, add build up on the lower side. Check pelvis again and note the outcome of this intervention. Achieved a level pelvis ☐ Partial correction only ☐ Observe and note how this affects trunk position. ▪ If found fixed in supine, add build up on the higher side. Observe how this affects trunk position.
	Rotation	Neutral ☐ Right side forward ☐ Left side forward ☐ ▪ Either have client independently correct to neutral or physically move client's pelvis to neutral. ▪ Did you achieve neutral pelvis? Yes ☐ No ☐

Trunk	☐ Neutral ☐ Kyphosis ☐ Scoliosis Convex right ☐ Convex left ☐ ☐ Rotation Forward right ☐ Forward left ☐ **If trunk was found flexible in supine**, correct the client's posture so that spine is in neutral alignment or as close to neutral as possible. Where are your hands providing support to correct or stabilize the trunk. _____ How much force is required to support, correct or stabilize the trunk? Minimal ☐ Moderate ☐ Maximum ☐ **If trunk is found fixed in supine**, determine best trunk position to accommodate for optimal function, balance, comfort, eye gaze, etc. Describe where the supports are needed _____ How much force is required to accommodate the trunk position? Minimal ☐ Moderate ☐ Maximum ☐
Lower extremities	▪ Position hips, knees, feet and ankle according to recorded trunk angles in supine. ▪ Position knees according to recorded thigh to leg angle determined in supine. ▪ Position feet/ankles according recorded leg to foot angle determined in supine. Describe outcome in relation to sitting position _____ _____ _____
Upper extremities	Shoulders are Level ☐ Asymmetrical ☐ Upper extremity function_____
Head	☐ Neutral ☐ Flexed ☐ Extended ☐ Laterally flexed right ☐ left ☐ ☐ Rotated right ☐ left ☐ ☐ Chin poke **Head control** Independent ☐ full ROM ☐ Restricted ROM ☐ Absent head control ☐ Describe location of support _____ How much force is required to hold the head in position? Minimal ☐ Moderate ☐ Maximum ☐

MEASUREMENTS

		Actual measurements		Additional Notes
1	Hip Width			
2	Chest width			
3	Trunk depth			
4	Widest width if wider than hip width (specify) _____			
5	Thigh length	R	L	
6	Lower leg length	R	L	
7	Foot length	R	L	
8	PSIS height	R	L	
9	Seat surface to hanging elbow	R	L	
10	Seat surface to inferior angle of scapula	R	L	
12	Seat surface to shoulders	R	L	
13	Seat surface to occiput			

CURRENT WHEELCHAIR AND SEATING SYSTEM (include set up)

Wheelchair base	
Seating	

SUMMARY AND RECOMMENDATIONS

Therapist	**Date of Assessment**