

Client Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ DOB: \_\_\_\_\_

Funding Body: \_\_\_\_\_ Weight: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Mobility and Seating Related Goals:

## Section 1: Medical Background

Cause:	Injury	Health Condition			
Impairment:	Physical	Neurological	Cognitive	Psychosomatic	Sensory
Condition:	Stable	Deteriorating	Fluctuating		
History/Onset:					

Medication:

Medical Precautions (i.e. hip subluxation, epilepsy):

Other Related Assessments (i.e. home mods assessment, functional capacity):

### Pressure Injury History and Risk

History of Pressure Injury (PI): Yes No

Sensation: Intact Impaired Absent

Is there a current PI: Yes No

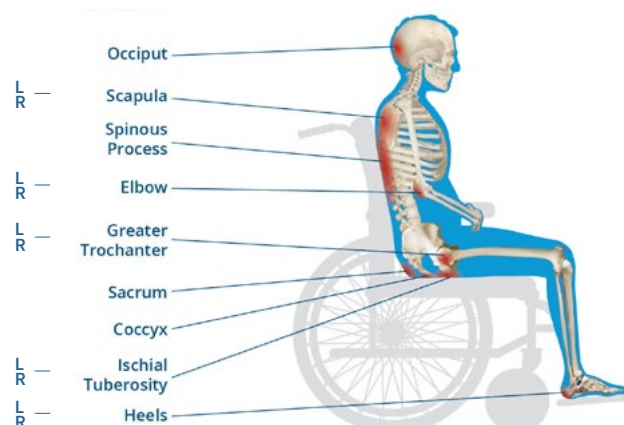
Stage: Staged by:

Seating Related: Yes No Unknown

Identified Risk Factors Related to Current Seating or Positioning: Yes No

Current Management Strategies and AT:

### Location:



Other:

Requires Referral to Wound Care Specialist: Yes No

Seating Base (choose):

Power

Manual

## Section 2: Current Seating and Mobility Base (Manual)

Manual Wheelchair Type:

Folding

Rigid

Tilt In Space



Manufacturer/Model:

Power Add-on:

Front Attached

Push-Rim Activated

SmartDrive

Other:

Age of Current Wheelchair Base:

Condition:

Current Wheelchair Base:

Meets Needs

No Longer Meets Needs

Client Comments:

Propulsion:

Independent Full-Time

Requires Assistance

Independent Part-Time

Dependent

## Section 2: Current Seating and Mobility Base (Power)

### Drive Wheel Configuration:

Front Wheel Drive



Mid Wheel Drive



Rear Wheel Drive



Manufacturer/Model:

Seat Width:

Seat Depth:

Seat Functions:

1. Tilt
2. Recline      Power      Manual
3. Elevating Leg Rests      Power      Manual
4. Elevate
5. Anterior Tilt
6. ActiveReach®
7. Stand

Age of Current Wheelchair Base:

Condition:

Current Wheelchair Base:

Meets Needs

No Longer Meets Needs

Client Comments:

## Section 2: Current Seating and Mobility Base (Seating)

Cushion:

Cushion: Meets Needs

Cushion Size:

Does Not Meet Needs

Other:

Backrest:

If Applicable, Backrest Hardware:

Laterals: Yes No If Yes,

Backrest: Meets Needs

Other:

Additional Information:

Backrest Size:

Removable Fixed

Swing Away Fixed

Does Not Meet Needs

Integrated

Integrated

### Accessories

Headrest: Yes No Additional Information:

Postural Hipbelt: Yes No If yes, 2 Point 4 Point

Additional Mounting Information:

Shoulder Harness: Yes No Additional Information:

Other Accessories: Ankle Huggers Foot Cups Tray Other:

Additional Information:

## Section 3: Functional Assessment

### MAT Part One CURRENT SEATED POSITION

#### Pelvis

**Sagittal Plane:** Neutral      Posterior Pelvic Tilt      Anterior Pelvic Tilt

Additional Information:

**Frontal Plane:** Neutral      Right Obliquity      Left Obliquity

Additional Information:

**Transverse Plane:** Neutral      Right Rotation      Left Rotation

Additional Information:

#### Lower Extremities

Hip: Neutral      Abducted      R      L      Adducted      R      L

Neutral      Externally Rotated      R      L      Internally Rotated      R      L

Neutral      Wind Sweeping      R      L

Feet: Neutral      Eversion      R      L      Inversion      R      L

Neutral      Plantarflexed      R      L      Dorsiflexed      R      L

Additional Information:

#### Spine

**Frontal Plane:** Neutral      Scoliosis      If Scoliosis,      Convex Right      Convex Left

Additional Information:

**Sagittal Plane:** Neutral      Thoracic Kyphosis      Lumbar Lordosis

Additional Information:

#### Cervical

Frontal Plane: Neutral      Left Lateral Flexion      Right Lateral Flexion

Sagittal Plane: Neutral      Flexed      Extended      Hyperextended

Transverse Plane: Neutral      Left Rotation      Right Rotation

#### Shoulder Complex

**Left:** Protracted      Retracted      NAD

Left Position: Low      High      NAD

**Right:** Protracted      Retracted      NAD

Right Position: Low      High      NAD

Additional Information:

## Section 3: Functional Assessment

### Function - Activities

#### Self-Care

Eating	Independent	Partial Assistance	Dependent
	Level of Assistance: _____		
Grooming	Independent	Partial Assistance	Dependent
	Level of Assistance: _____		
Bathing	Independent	Partial Assistance	Dependent
	Level of Assistance: _____		
Dressing - Upper Body	Independent	Partial Assistance	Dependent
	Level of Assistance: _____		
Dressing - Lower Body	Independent	Partial Assistance	Dependent
	Level of Assistance: _____		
Toileting	Independent	Partial Assistance	Dependent
	Level of Assistance: _____		

#### Transfers

Bed/Chair/Wheelchair	Independent	Partial Assistance	Dependent
	Level of Assistance: _____		
Toilet	Independent	Partial Assistance	Dependent
	Level of Assistance: _____		
Shower/Bath	Independent	Partial Assistance	Dependent
	Level of Assistance: _____		

#### Other:

## Section 3: Functional Assessment

### Home Environment (external and internal)

Household: Lives Alone Lives with Others

Support: Independent Family Support Carer Support

If Formal Support, Number of Hours/Package:

Home Accessibility: Accessible Non Accessible Requires Modification

Additional Information:

### Community Environment

Environments: School Work Other:

Terrain: Uneven Grass/Soft Ground Gravel Other:

Gradient: Flat Hills Other:

Current Access in Environment: Independent Requires Assistance Dependent

Additional Information:

### Transport

Transport: Modified Vehicle Vehicle Taxi Bus Train Other:

Vehicle: Passenger Driver

Transported: In Wheelchair In Vehicle Seat

If Applicable: Wheelchair Restrain System:

Vehicle Model:

Requires Further Assessment: Yes No

Additional Information:

## Supine MAT Evaluation

NOTE: Be sure to position your client as symmetrical as possible before beginning the supine evaluation.

Completed on Plinth:    Yes    No

### Pelvis

Pelvic Tilt:            NAD      Anterior Pelvic Tilt      Posterior Pelvic Tilt      Reducible      Non-Reducible

Pelvic Rotation:    NAD      R Rotation      L Rotation      Reducible      Non-Reducible

Pelvic Obliquity:    NAD      R Obliquity      L Obliquity      Reducible      Non-Reducible

Position	Right ROM	Left ROM	NAD	Comments
Hip Flexion	___° - ___°	___° - ___°		
Abduction	___° - ___°	___° - ___°		
Adduction	___° - ___°	___° - ___°		
Internal Rotation	___° - ___°	___° - ___°		
External Rotation	___° - ___°	___° - ___°		
Knee Extension	___° - ___°	___° - ___°		
Feet	___° - ___°	___° - ___°		

### Tone and Primitive Reflexes

Hypertonic            Hypotonic            Mixed (describe):

Ataxia                  Athetosis

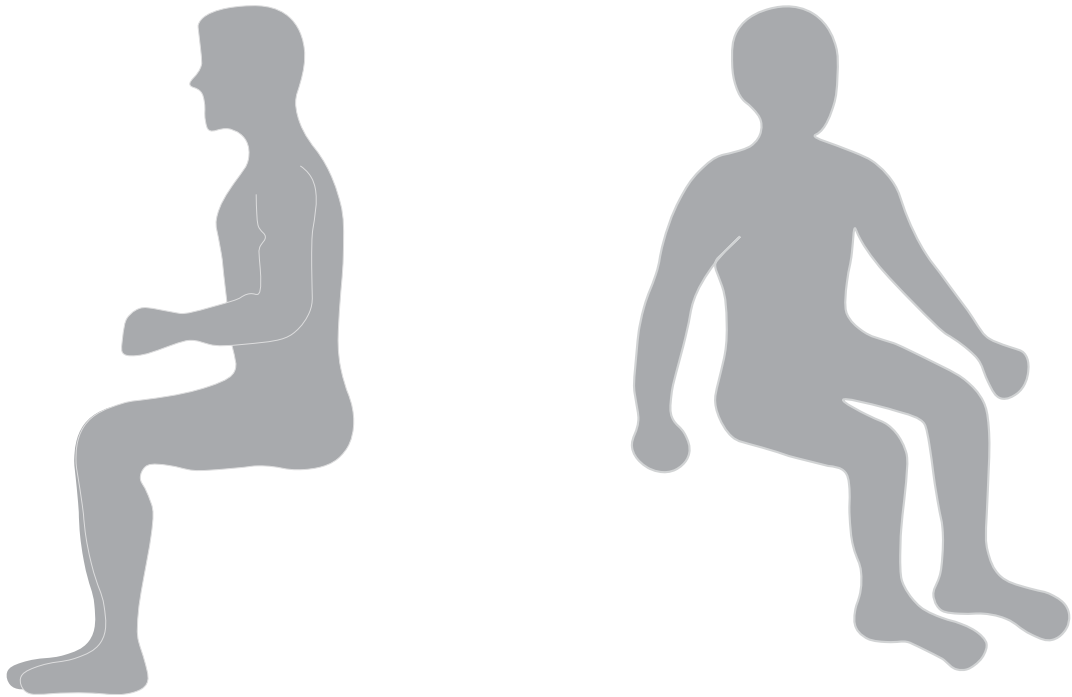
Identified Triggers or Inhibitors:

Balance:

Independent Sitting      Sitting with Propping      Unable to Sit Without Support

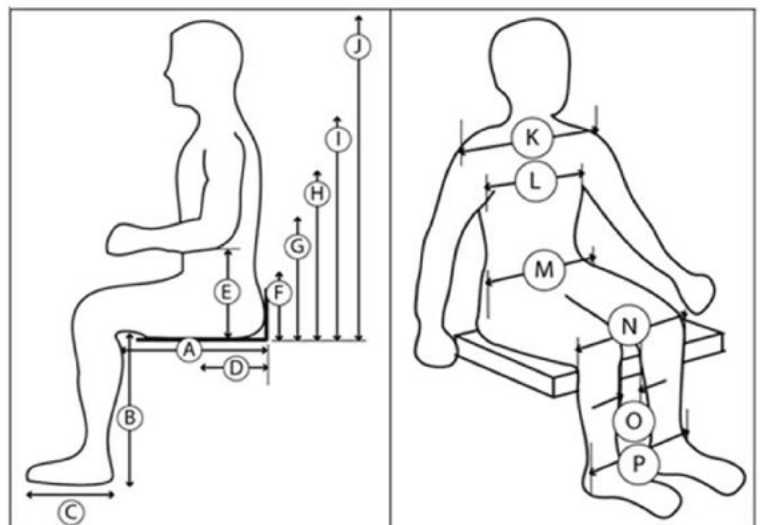


# Simulation



## Clients Measurements in Proposed Position

L	R	
		A Buttock/Thigh Depth
		B Lower Leg Length
		C Foot Length
		D Ischial Well Length
		E Seat to Elbow
		F PSIS
		G Inferior Scapula
		H Axilla
		I Top of Shoulder
		J Top of Head
		K Shoulder Width
		L Chest Width
		M Hip Width
		N External Knee Width
		O Internal Knee Width
		P External Ankle/Foot (at widest point)



Overall Width (assymetrical width for windswept legs or scoliotic posture)

Identified Barriers to Goals	Identified Postural/Mobility Issues	Potential Product Parameters

**Potential Trial Equipment To Meet all Goals And Needs:**