

## Section 3.1

### Physical Assessment Long Form– page 1/6

**Key:** **FA** = Full Active Correction    **PA** = Partial Active Correction    **NA** = No Active Correction  
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Use Key to Describe “Correctable”

#### A. Position in Current Seating System

Qualitatively describe presenting position of the client. Posture is described, rather than ranges available. Neutral refers to a position that appears comfortable.

Pelvis:	Tilt:	<input type="checkbox"/> Neutral	<input type="checkbox"/> Posterior Tilt	<input type="checkbox"/> Anterior Tilt				
	Rotation:	<input type="checkbox"/> Neutral	Rot. Forward	<input type="checkbox"/> L	<input type="checkbox"/> R			
	Obliquity:	<input type="checkbox"/> Neutral	ASIS Low	<input type="checkbox"/> L	<input type="checkbox"/> R			
Hips:	Flex/ Ext:	<input type="checkbox"/> Neutral	Flexed	<input type="checkbox"/> L	<input type="checkbox"/> R	Extended	<input type="checkbox"/> L	<input type="checkbox"/> R
	ABD/ Adduction:	<input type="checkbox"/> Neutral	Abducted	<input type="checkbox"/> L	<input type="checkbox"/> R	Adducted	<input type="checkbox"/> L	<input type="checkbox"/> R
	Rotation:	<input type="checkbox"/> Neutral	Int. Rotated	<input type="checkbox"/> L	<input type="checkbox"/> R	Ext. Rotated	<input type="checkbox"/> L	<input type="checkbox"/> R
	Windswept to:				<input type="checkbox"/> L	<input type="checkbox"/> R		
Knees:	<input type="checkbox"/> Neutral		Flexed	<input type="checkbox"/> L	<input type="checkbox"/> R	Extended	<input type="checkbox"/> L	<input type="checkbox"/> R
Feet/ Ankles:	<input type="checkbox"/> Neutral	Comment on position (dorsi/ plantar flexion, inversion/ eversion):						
Trunk:	<input type="checkbox"/> Neutral	<input type="checkbox"/> Increased Kyphosis:	Level: _____					
		<input type="checkbox"/> Leaning	<input type="checkbox"/> L	<input type="checkbox"/> R				
Shoulder:	Describe position (i.e. scapular position, tone, asymmetry, etc.):							
Head/ Neck:	Flex/Ext:	<input type="checkbox"/> Neutral	<input type="checkbox"/> Flexed	<input type="checkbox"/> Extended	<input type="checkbox"/> Chin Poke			
	Lateral Flexion:	<input type="checkbox"/> Neutral	<input type="checkbox"/> L	<input type="checkbox"/> R				
	Rotation:	<input type="checkbox"/> Neutral	<input type="checkbox"/> L	<input type="checkbox"/> R				
Comments								

#### B. Supine Evaluation

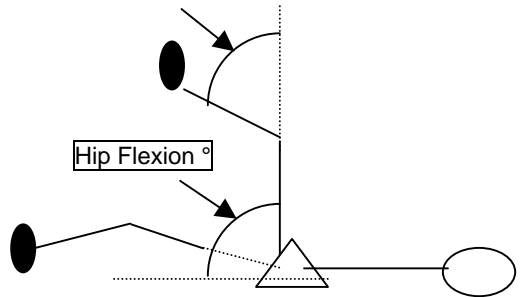
Pelvis:	Tilt (lumbar curve):	<input type="checkbox"/> WNL	<input type="checkbox"/> Posterior Tilt	<input type="checkbox"/> Anterior Tilt				
		Severity: <input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe				
		Correctable (key):						
Rotation:		<input type="checkbox"/> WNL	Rot. Forward	<input type="checkbox"/> L	<input type="checkbox"/> R			
		Severity: <input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe				
		Correctable (key):						
Obliquity:		<input type="checkbox"/> WNL	ASIS Low	<input type="checkbox"/> L	<input type="checkbox"/> R			
		Severity: <input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe				
		Correctable (key):						

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**B. Supine Evaluation (continued)**

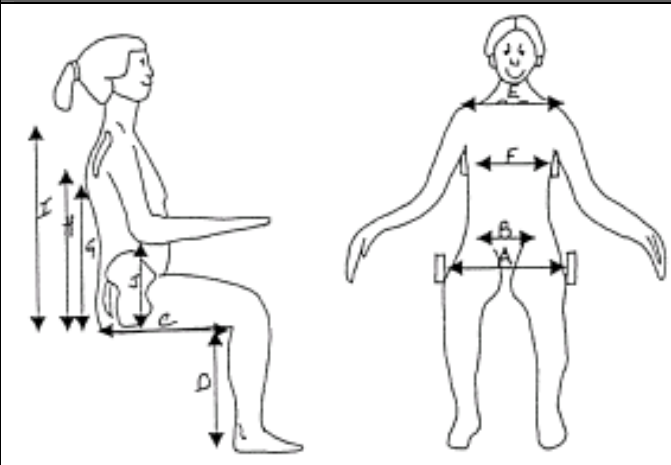
Range measured: <input type="checkbox"/> Comfort range <input type="checkbox"/> End Range		Below, describe if the range is fixed, correctable, increased or decreased from neutral:	
Hips:	Flexion:	°L    °R	<input type="checkbox"/> WNL
	Abduction:	°L    °R	<input type="checkbox"/> WNL
	Adduction:	°L    °R	<input type="checkbox"/> WNL
	Int. Rotation:	°L    °R	<input type="checkbox"/> WNL
	Ext. Rotation:	°L    °R	<input type="checkbox"/> WNL
Knees:	Left:    When hip is flexed to ____ degrees, knee lacks ____ degrees of full extension. Right:    When hip is flexed to ____ degrees, knee lacks ____ degrees of full extension.		
Feet/ Ankles:	WNL <input type="checkbox"/> L <input type="checkbox"/> R  Comment on limitations (dorsi/ plantar flexion, inversion/ eversion):	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Amount of knee extension lacking (less than full ext.)</div> 	
Trunk:	Kyphosis:	<input type="checkbox"/> WNL    Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Increased – vertebral level: ____ <input type="checkbox"/> Flattened– vertebral level: ____ Correctable:	
	Spinal Alignment:	<input type="checkbox"/> WNL	Describe presenting alignment:
	Rotation:	<input type="checkbox"/> WNL    Correctable:    Rotation forward: <input type="checkbox"/> L <input type="checkbox"/> R	
	Rib Hump:	<input type="checkbox"/> WNL <input type="checkbox"/> L rear <input type="checkbox"/> L front <input type="checkbox"/> R rear <input type="checkbox"/> R front Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Correctable:	
Shoulders:	Describe position (i.e. scapular position, tone, asymmetry, etc.):		
Head/ Neck:	Flex/Ext:	<input type="checkbox"/> WNL <input type="checkbox"/> Flexed <input type="checkbox"/> Extended <input type="checkbox"/> Chin Poke Correctable:	
	Lateral Flex:	<input type="checkbox"/> WNL <input type="checkbox"/> L <input type="checkbox"/> R	Correctable:
	Rotation:	<input type="checkbox"/> WNL <input type="checkbox"/> L <input type="checkbox"/> R	Correctable:

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**C. Dimensional Documentation**



**Note:** These are actual measured dimensions of the person, not support surface dimensions.

	Sitting	Supine
A. Hip Width	_____	_____
B. ASIS Span	_____	_____
C. Thigh Length	(L) _____ (R) _____	(L) _____ (R) _____
D. Lower Leg Length	(L) _____ (R) _____	(L) _____ (R) _____
E. Shoulder Width	_____	_____
F. Chest Width	_____	_____
G. Scapula Height	_____	_____
H. Axilla Height	_____	_____
I. Back Height	_____	_____
J. Elbow Height	(L) _____ (R) _____	_____
K. Weight	_____	_____
L. Height	_____	_____

**D. Sitting Evaluation**

Sitting Ability:	Good:	<input type="checkbox"/> moves in and out of position easily
	Fair:	<input type="checkbox"/> ability to move within base of support <input type="checkbox"/> moves out of base of support, is unable to move back
	Poor:	<input type="checkbox"/> maintains without movement <input type="checkbox"/> maintains with upper extremity support
	Dependent:	<input type="checkbox"/> unable to maintain a sitting position
	Not Present:	<input type="checkbox"/> unable to attain a sitting position
Pelvis:	Tilt (lumbar curve):	<input type="checkbox"/> WNL <input type="checkbox"/> Posterior Tilt <input type="checkbox"/> Anterior Tilt Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Correctable:
	Rotation:	<input type="checkbox"/> WNL Rot. Forward: <input type="checkbox"/> L <input type="checkbox"/> R Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Correctable:
	Obliquity:	<input type="checkbox"/> WNL ASIS Low: <input type="checkbox"/> L <input type="checkbox"/> R Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Correctable:

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**D. Sitting Evaluation (continued)**

<b>Hips:</b>	Flexion:	Describe comfortable hip range in sitting:				
	Abduction:	<input type="checkbox"/> WNL	<input type="checkbox"/> L	<input type="checkbox"/> R	Correctable:	
	Adduction:	<input type="checkbox"/> WNL	<input type="checkbox"/> L	<input type="checkbox"/> R	Correctable:	
	Int. Rotation:	<input type="checkbox"/> WNL	<input type="checkbox"/> L	<input type="checkbox"/> R	Correctable:	
	Ext. Rotation:	<input type="checkbox"/> WNL	<input type="checkbox"/> L	<input type="checkbox"/> R	Correctable:	
	Windswept to:	<input type="checkbox"/> WNL	<input type="checkbox"/> L	<input type="checkbox"/> R	Correctable:	
<b>Knees:</b>	Preferred degree of knee flexion:					
<b>Feet/ Ankles:</b>	WNL <input type="checkbox"/> L <input type="checkbox"/> R Comment on limitations (dorsi/ plantar flexion, inversion/ eversion):					
<b>Trunk:</b>	Kyphosis:	<input type="checkbox"/> WNL	Severity:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
		<input type="checkbox"/> Increased – vertebral level:_____		<input type="checkbox"/> Flattened– vertebral level:_____		Correctable:
	Spinal Alignment:	<input type="checkbox"/> WNL				
		Major Curve Convexity:	<input type="checkbox"/> L	<input type="checkbox"/> R	vertebral level:_____	
		Severity:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	Correctable:
	Minor Curve Convexity:	<input type="checkbox"/> L	<input type="checkbox"/> R	vertebral level:_____		
	Severity:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	Correctable:	
	Rotation:	<input type="checkbox"/> WNL	Rotation forward:	<input type="checkbox"/> L	<input type="checkbox"/> R	Correctable:
	Rib Hump:	<input type="checkbox"/> WNL	<input type="checkbox"/> L rear	<input type="checkbox"/> L front	<input type="checkbox"/> R rear	<input type="checkbox"/> R front
	Severity:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe		Correctable:
<b>Shoulders:</b>	Describe position (i.e. scapular position, tone, asymmetry, etc.):					
<b>Head/ Neck:</b>	Flex/Ext:	<input type="checkbox"/> WNL	<input type="checkbox"/> Flexed	<input type="checkbox"/> Extended	<input type="checkbox"/> Chin Poke	Correctable:
	Lateral Flex:	<input type="checkbox"/> WNL	<input type="checkbox"/> L	<input type="checkbox"/> R		Correctable:
	Rotation:	<input type="checkbox"/> WNL	<input type="checkbox"/> L	<input type="checkbox"/> R		Correctable:

**Section 3.1: Physical Assessment Long Form continued – page 5/6**

<b>E. Skin Integrity</b>	
Sitting Tolerance:	Time spent in w/c without discomfort:
	Limiting factor(s):
	Tolerance: <input type="checkbox"/> stable <input type="checkbox"/> fluctuates:
	Assisted repositioning required throughout day: <input type="checkbox"/> Y <input type="checkbox"/> N Comments:
Weight Shift:	Independent: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> power tilt / recline
Sensation:	Impaired: <input type="checkbox"/> N <input type="checkbox"/> unable to assess <input type="checkbox"/> Y - location:
Edema:	
Skin Condition:	<input type="checkbox"/> Intact <input type="checkbox"/> Affected area(s) <input type="checkbox"/> History of ulcers
	Affected sites:
	Healed (date):
	Reddened (duration):
	Open areas (stage of breakdown):
	Ischial tuberosity R / L
	Coccyx
	Trochanter R / L
	Spine
	Other:
Possible cause(s) of skin ulcer:	
Past solutions for affected areas:	
Client aware of affected areas: <input type="checkbox"/> Y <input type="checkbox"/> N	
Skin inspection routine: <input type="checkbox"/> Y <input type="checkbox"/> N Method:	
Measurement tools:	Braden Scale Score:
	Pressure Mapping:

<b>F. General Physical Function</b>	
Upper Extremity Function:	Dominance: <input type="checkbox"/> L <input type="checkbox"/> R General statement about range, strength, function:
Lower Extremity Function:	General statement about range, strength, function:

