

FYT Seated Postural Assessment - Date:

Name:

Resources: Cole, Elizabeth, MSPT, ATP. "Steps in the Provision of Wheeled Mobility and Seating- Part 1." U.S. Mobility; www.VGM.com.**Category of Posture**

- ☐ **Neutral Pelvic Posture**
☐ **Posterior Pelvic Tilt with thoracic kyphosis** with/without forward neck flexion; (Sacral Sitting)
☐ **Pelvic Obliquity with scoliosis:** with/without lateral neck flexion
☐ **Windswept Posture**
☐ **Pelvic Rotation with rotation of the spine** with/without lateral neck flexion
☐ **Anterior Pelvic Tilt with lumbar lordosis** with/without neck hyperextension

Front Body

- ☐ Head Tilt (lat. Flexion)
☐ Pelvic obliquity (hip lift)
☐ Full body tilting/leaning
☐ Legs unevenly rotating

Back Body

- ☐ Scapula winging; ☐ Scapula protracting
☐ Pelvic rotation

Side Body:

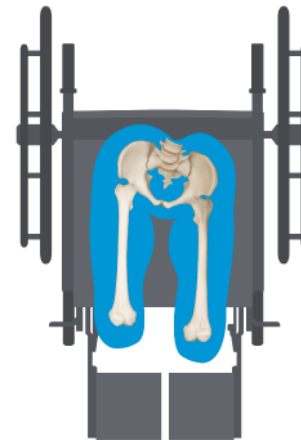
- ☐ Natural spinal curves
☐ Forward Head; Head balanced/Eyes forward
☐ Shoulder rotation: Neutral Internal External
☐ Kyphosis ☐ Hyperlordosis ☐ Hypolordosis
☐ Pelvic Tilt: ☐ Posterior; ☐ Anterior



Neutral Pelvic Posture

Posterior Pelvic Tilt
w/KyphosisPelvic Obliquity
w/Scoliosis

Windswept Posture

Pelvic Rotation
w/rotation of spineAnterior Pelvic Tilt
w/Lumbar

Other:

Practitioners client is seeing related to mobility issues:

Last time client seating was evaluated and any changes that were made:

Type of seating being used. Are there plans for a change:

Does client get in/out of chair on own, or require help:

Does client have a regular movement program and is it in the chair, bed, floor, platform, etc.?

Goals of client related to seat:

- Correct postural issues
- Accommodate postural issues
- Both

BASIC MANUAL WHEELCHAIR PARTS**Some reasons why client is in a specialized seat, or is sitting a lot:**

1. Client is non-ambulatory.
2. Client has decreased safety with ambulation or is at risk for falls within the home.
3. Requires assistance for ambulation within the home and wheeled mobility would allow independence.
4. Takes a lot more time to ambulate within the home.
5. Inconsistent ambulation in the home which affects their ability to do activities.
6. Could be a temporary situation related to rehabilitation.

NOTE: *Understand what you are looking at and decide whether your goal is to correct or accommodate for the abnormal posture.*



Functional Yoga Therapy™ Advanced Assessment and Treatment Protocol

SEATED Posture Assessment - Check-Off List

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Check	To-Do	Comments
1	Prep Client: - shoes/socks off unless client needs to keep on. - pants legs above knees if possible - hair pulled back behind ears - solid color clothing/contrast color to seating - virtual: clear wall, good lighting IN-PERSON: ALWAYS ASK PERMISSION TO TOUCH <i>Always check in frequently with client to make sure they are comfortable.</i>	Pulsing: ask client to move legs/arms/torso lightly and sit naturally. Observe body from front, then back, then sides. Note: you can also have client send you photos taken ahead of time, and you can evaluate them prior to session; then just clarify things you need more information on.
2	Feet/Knees/Thighs: Front: Feet turn in/out; arches falling; feet dangling or unevenly resting. knees bow out/knock in; tibial torsion (knees point forward/feet turn out); muscle mass of legs even/uneven; whole legs turn out or in – symmetry/asymmetry; Windswept position. Back: Achilles dropping in (eversion)/out (inversion). If one hip is more forward, one knee will be more forward in sitting. Side: weight in whole foot or more into heels or more into toes (gripping toes). Check for foot drop. Knees evenly flexing/asymmetrical. Knees higher than hips.	Do client's feet touch down equally with alignment from feet thru knees? Foot drop is a neurological symptom which can be unilateral or bilateral. Seek to support feet equally. Windswept position = legs hips tilting/shifting/leaning to one side. Support knees and feet. Knees Higher than hips: check for posterior tilt of pelvis, tight hamstrings. Tibial torsion: would need to be diagnosed by PT or MD. Knees facing forward and one or both feet are turned in or out. This is often a torsion of the tibia or the femur bone. TX: Give client permission to turn feet in whatever way keeps the kneecaps pointing forward when standing/walking/sitting. Hip External/Internal rotation: Whole leg is seen to turn out or in. Can sometimes indicate a rotation in the ilia.
3	Pelvic/Hip Heights: Front: symmetry/asymmetry of sides; one hip higher (obliquity) Back: Pelvis equal; Pelvic rotation – one hip more forward Side: ASIS to PSIS – Neutral, ASIS higher (Anterior tilt), PSIS higher (posterior tilt)	Checking hip heights front: - Client places hands on sides of iliac crests, palms flat and pointing down. - Client places index fingers or stickie dot on ASIS points – do they look even/uneven. - Does client report one hip feels more forward of the other.



		Side View: Client places fingertip or stickie dot on ASIS Front or Back: Asymmetry of side waist - 1. Quadratus Lumborum (QL) tight, will elevate ilia on same side. 2. Check for scoliosis also.
4	Upper Body: Front: alignment neutral side/side; head tilt, shoulder lift, arms asymmetrical. Back: Note lateral curvature in the spine (scoliosis). Are scapula winging (one or both) Side: 1. Check for hyperlordosis & hypolordosis. 2. Note if chest appears sunken, inflated or balanced? Are low ribs protruding forward? 3. Check tone of abdomen & arch of spine. 4. Kyphosis – Upper thoracic overly curved. 5. Does spine appear to have normal curves, or is it flat (where: lumbar, thoracic, cervical) 6. Shoulders: internal rotated/external rotated, neutral = shoulders slight posterior to pelvis 7. Forward head, head/neck hyperextended, neutral 8. Plumb line – neutral head to shoulder, shoulder to hip.	Upper Body Ideal Posture: – Spinal curves neutral – Trunk Symmetry – Neutral alignment Front or Back: One arm longer might be shoulder/scapula issue and/or scoliosis. 2. One arm further away from side body might be scoliosis. 3. Palms turned inward or backward might be internal rotation of shoulder joint. Check for TMJ. Back: Check lateral Curvature of spine. Scapula-look to inferior tips and medial edge for winging. Is one scapula pulled further away from centerline. Side: Neutral curves - mild hyperlordosis showing curve of lumbar & mild kyphosis showing curve of thoracic. See above check ASIS to PSIS. Shoulder internal rotation often pairs with forward head and sunken chest.
5	Note overall plumb lines of body: Front: Back: Side:	
6	Other: – No two people are the same. – How much time is spent in seat? – Are there certain props used to adjust posture while seated, cushions, straps, braces or splints?	A person's structure can be affected by physical, mental, emotional issues. Stay away from term "abnormal." Are there safety concerns in the home? Is there a helper in the home? If needed, ask that a caregiver be available to help with the assessment – especially if doing virtually.