

Functional Yoga Therapy™ Advanced Assessment and Treatment Protocol

SEATED Posture Assessment - Check-Off List

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

Check	To-Do	Comments
1	<p>Prep Client:</p> <ul style="list-style-type: none"> -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 <p>IN-PERSON: ALWAYS ASK PERMISSION TO TOUCH Always check in frequently with client to make sure they are comfortable.</p>	<ul style="list-style-type: none"> - 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	<p>Feet/Knees/Thighs:</p> <p>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.</p> <p>Back: Achilles dropping in (eversion)/out (inversion). If one hip is more forward, one knee will be more forward in sitting.</p> <p>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.</p>	<p>Do client’s feet touch down equally with alignment from feet thru knees?</p> <p>Foot drop is a neurological symptom which can be unilateral or bilateral. Seek to support feet equally.</p> <p>Windswept position = legs hips tilting/shifting/leaning to one side. Support knees and feet.</p> <p>Knees Higher than hips: check for posterior tilt of pelvis, tight hamstrings.</p> <p>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.</p> <p>TX: Give client permission to turn feet in whatever way keeps the kneecaps pointing forward when standing/walking/sitting.</p> <p>Hip External/Internal rotation: Whole leg is seen to turn out or in. Can sometimes indicate a rotation in the ilia.</p>
4	<p>Pelvic/Hip Heights:</p> <p>Front: symmetry/asymmetry of sides; one hip higher (obliquity)</p> <p>Back: Pelvis equal; Pelvic rotation – one hip more forward</p>	<p>Checking hip heights front:</p> <ol style="list-style-type: none"> 1.Client places hands on sides of iliac crests, palms flat and pointing down. 2.Client places index fingers or stickie dot on ASIS points – do they look even/uneven.

	<p>Side: ASIS to PSIS – Neutral, ASIS higher (Anterior tilt), PSIS higher (posterior tilt)</p>	<p>3. Does client report one hip feels more forward of the other.</p> <p>Side View: Client places fingertip or stickie dot on ASIS</p> <p>Front or Back: Asymmetry of side waist</p> <p>-</p> <p>1. Quadratus Lumborum (QL) tight, will elevate ilia on same side.</p> <p>2. Check for scoliosis also.</p>
5	<p>Upper Body:</p> <p>Front: alignment neutral side/side; head tilt, shoulder lift, arms asymmetrical.</p> <p>Back: Note lateral curvature in the spine (scoliosis). Are scapula winging (one or both)</p> <p>Side: 1. Check for hyperlordosis & hypolordosis.</p> <p>2. Note if chest appears sunken, inflated or balanced? Are low ribs protruding forward?</p> <p>3. Check tone of abdomen & arch of spine.</p> <p>4. Kyphosis – Upper thoracic overly curved.</p> <p>5. Does spine appear to have normal curves, or is it flat (where: lumbar, thoracic, cervical)</p> <p>6. Shoulders: internal rotated/external rotated, neutral = shoulders slight posterior to pelvis</p> <p>7. Forward head, head/neck hyperextended, neutral</p> <p>7. Plumb line – neutral head to shoulder, shoulder to hip.</p>	<p>Upper Body Ideal Posture:</p> <ul style="list-style-type: none"> - Spinal curves neutral - Trunk Symmetry - Neutral alignment <p>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.</p> <p>Back: Check lateral Curvature of spine. Scapula-look to inferior tips and medial edge for winging. Is one scapula pulled further away from centerline.</p> <p>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.</p>
8	<p>Note overall plumb lines of body:</p> <p>Front:</p> <p>Back:</p> <p>Side:</p>	
9	<p>Other:</p> <ul style="list-style-type: none"> - 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? 	<p>A person's structure can be affected by physical, mental, emotional issues. Stay away from term "abnormal."</p> <p>Are there safety concerns in the home? Is there a helper in the home?</p> <p>If needed, ask that a caregiver be available to help with the assessment – especially if doing virtually.</p>