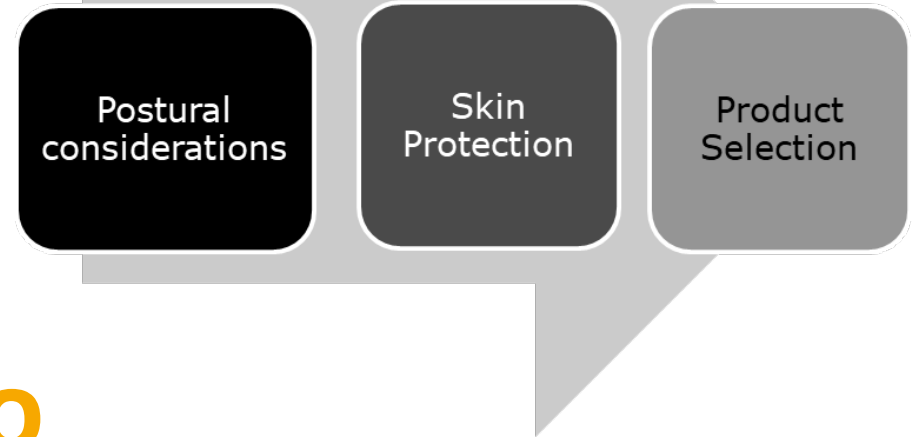


Eyes On

A Practical Guide to Postural Assessment



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5 P'S FOR SUCCESS



Promote Function

Provide Rest

Protect the skin

Ensure **P**hysiologic function

Prevent further deformities



Making It Real

Allow transitions into task specific postures



Making It Real



Allow for Gross Motor tasks



MAT STEP 1 – REVIEW CURRENT CHAIR

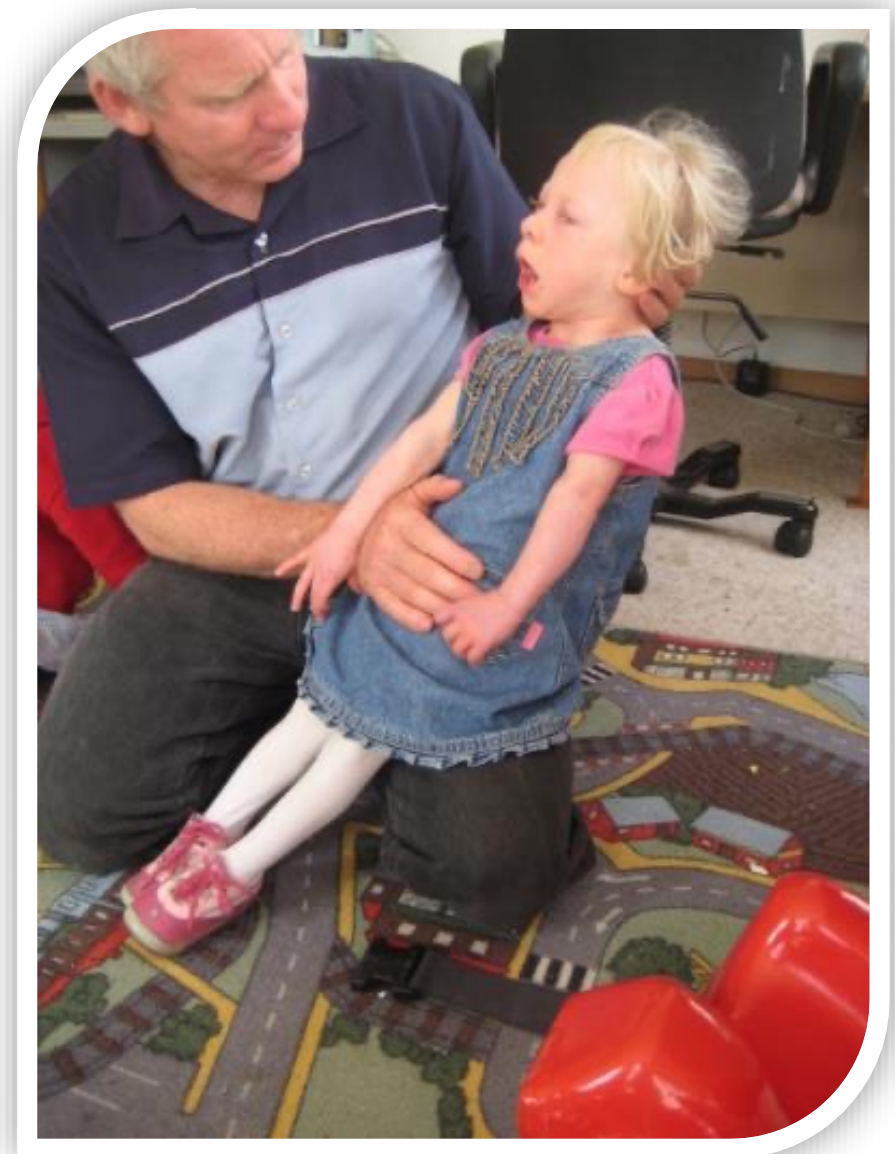


- Look for areas of high pressure/shear
- What do you like most and least about the posture?
- What does the client like most and least?

Create a problem list and a priority list!









POSTURAL TENDENCY











MAT STEP 2 – SUPINE ASSESSMENT

Assess available movement at the pelvis

- Anterior / posterior pelvic tilt
- Lateral superior / inferior movement
- Rotation

Assess effects on other body segments

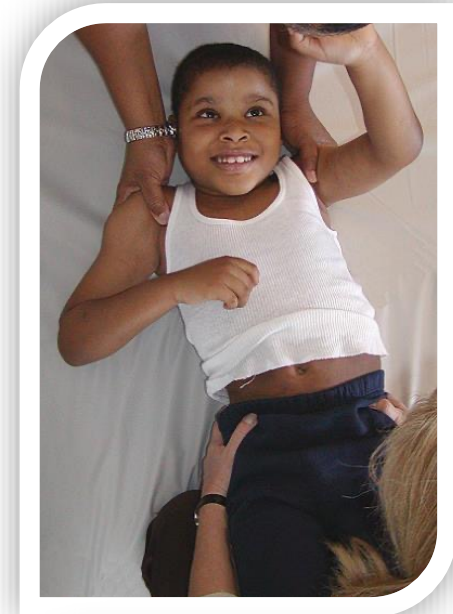
Consider tone, spasticity

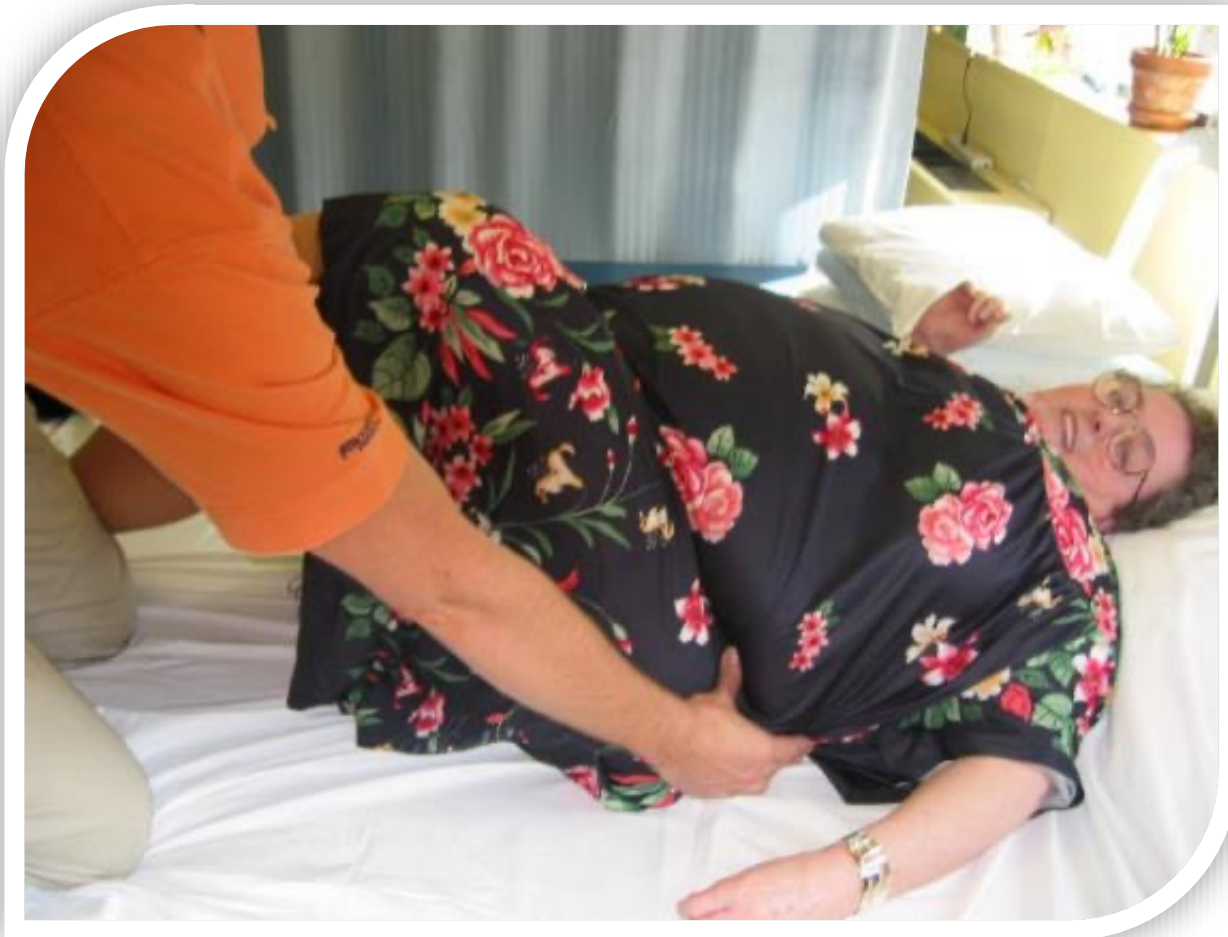
Assess comfort/ tolerance

Assess ROM lower limbs





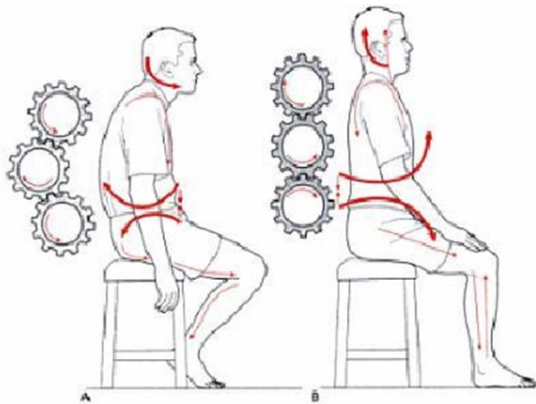




SUPINE MAT ROM



- Hip flexion
- Hip ab/adduction
- Hip rotation
- Knee extension
- Ankle dorsiflexion



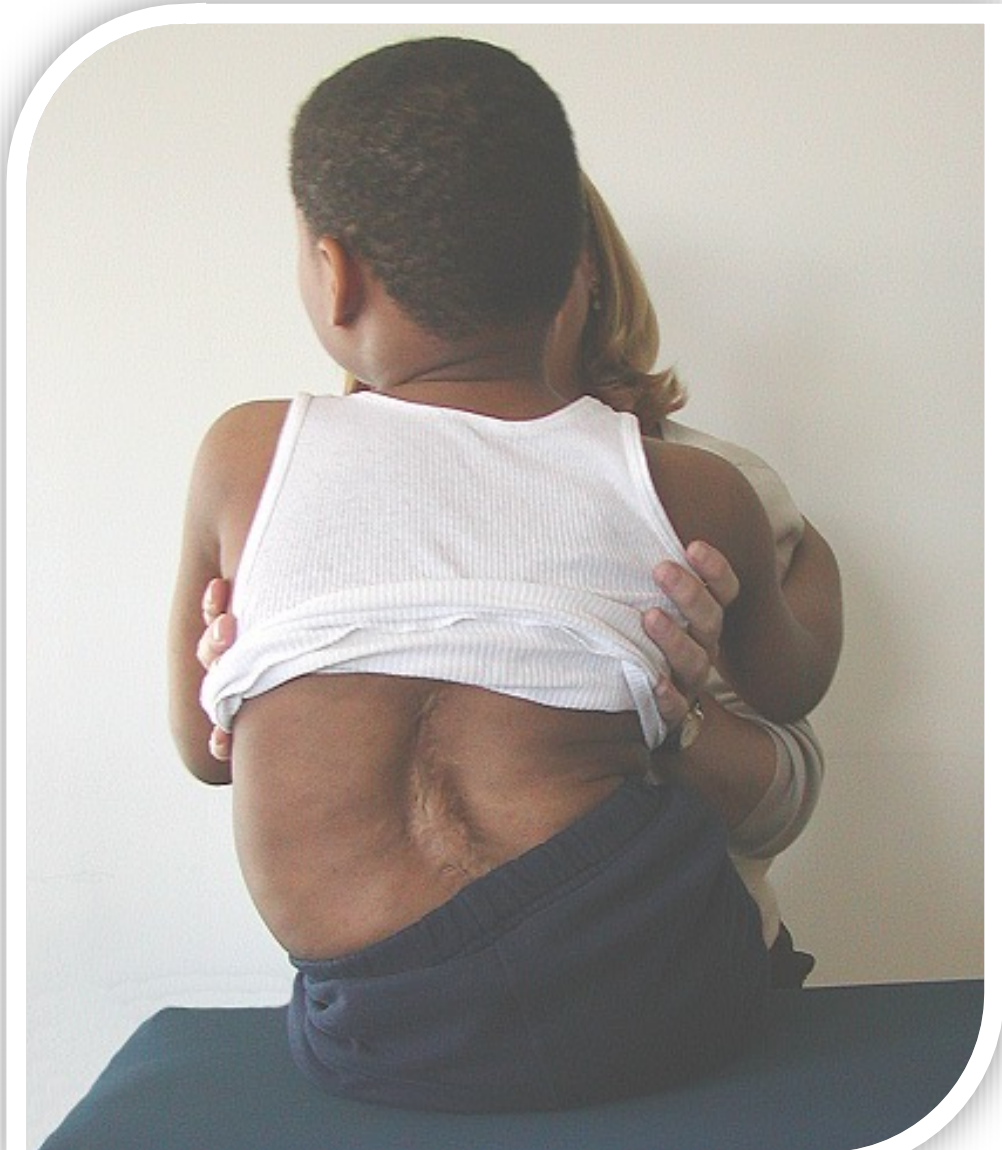
MAT EVALUATION STEP 3



Sitting assessment

- Sitting balance
- Confirm findings from supine



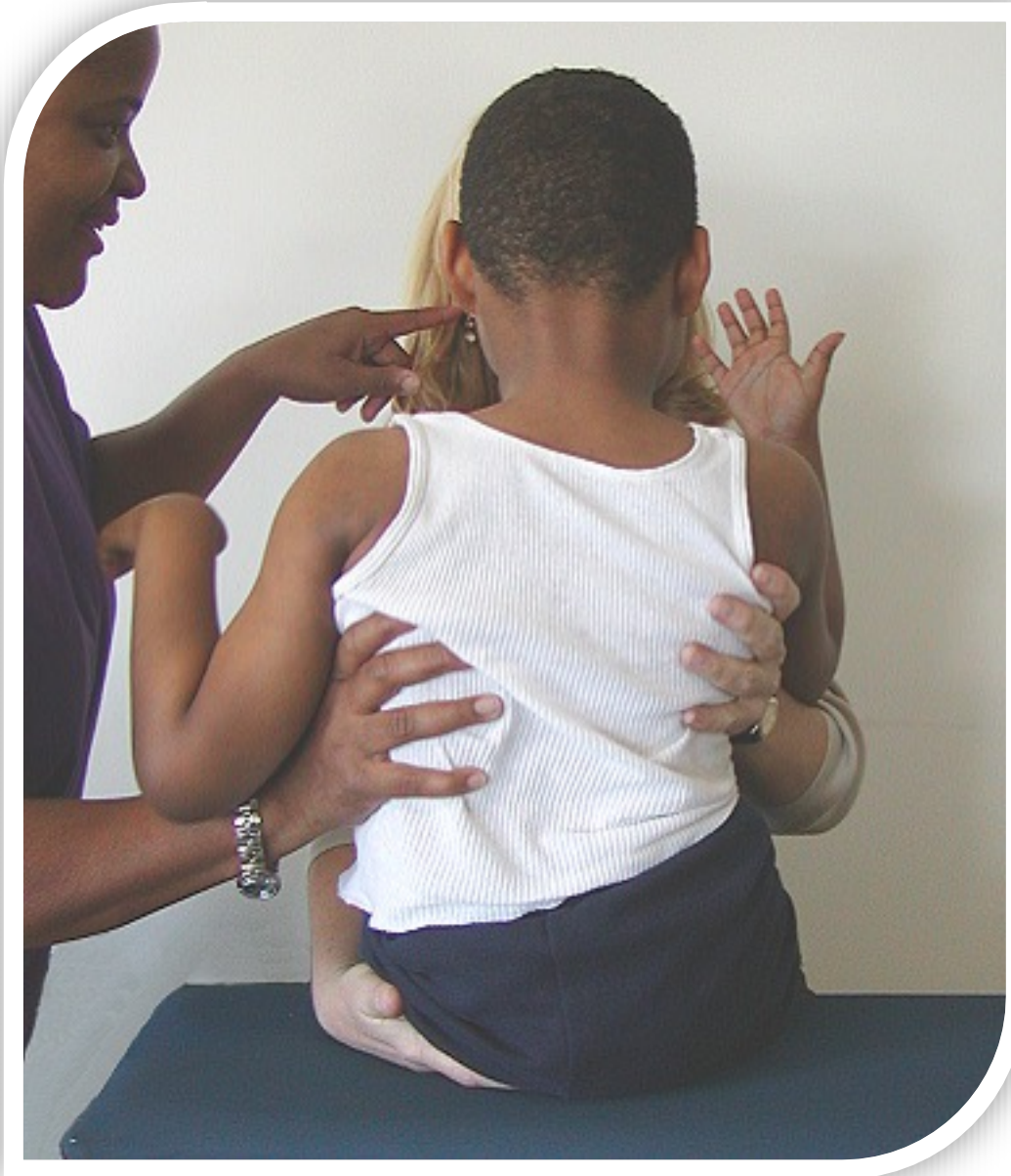




MAT EVALUATION STEP 4



- Simulate postural supports
 - Skin protection
 - Postural support
 - temp/ humidity/ shear at seating interface
- Consider frame type
 - What can you delete from the list of options?
- Configure chair close to what you think the client will need



Simulate correction with lateral
support and L build-up







WHY THE ASSYMETRY

Is it stability related?

Is it used for gross motor function?

Is it tone related?

Pain related?

Is it ROM / body shape related?



WHAT MUST BE PRESENT TO IMPROVE POSTURAL ALIGNMENT AT REST

- Flexibility
- Tolerance of correction
 - Skin, function, comfort
- Ability to position or be positioned consistently





MEASUREMENTS

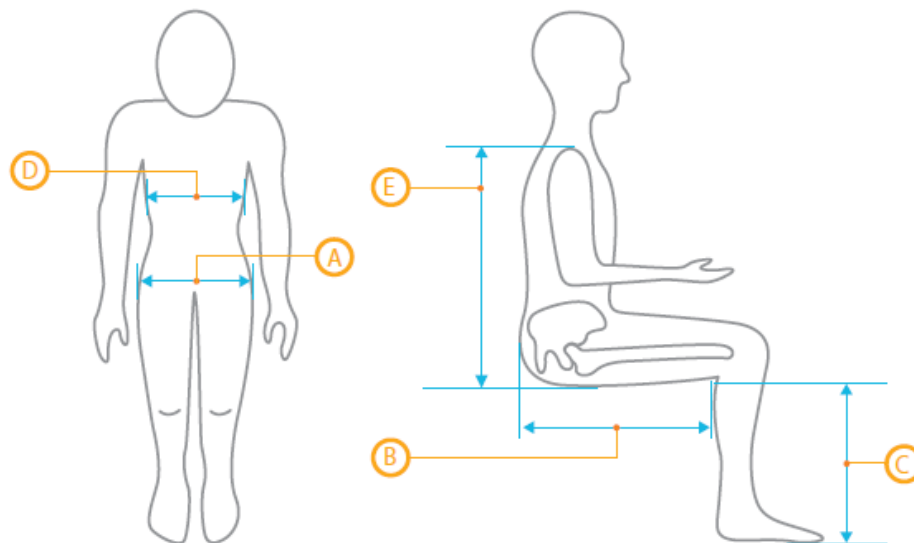


**EDUCATION
IN MOTION**

WHERE THEORY MEETS PRACTICE

Wheelchair Assessment Measuring Guide

CLIENT NAME DATE



A. HIP WIDTH: _____

B. SITTING DEPTH:

R: _____ L: _____

C. LOWER LEG LENGTH:

WITH SHOES: YES ____ NO: ____

D. CHEST WIDTH: _____

E. SHOULDER HEIGHT:

R: _____ L: _____



Amber

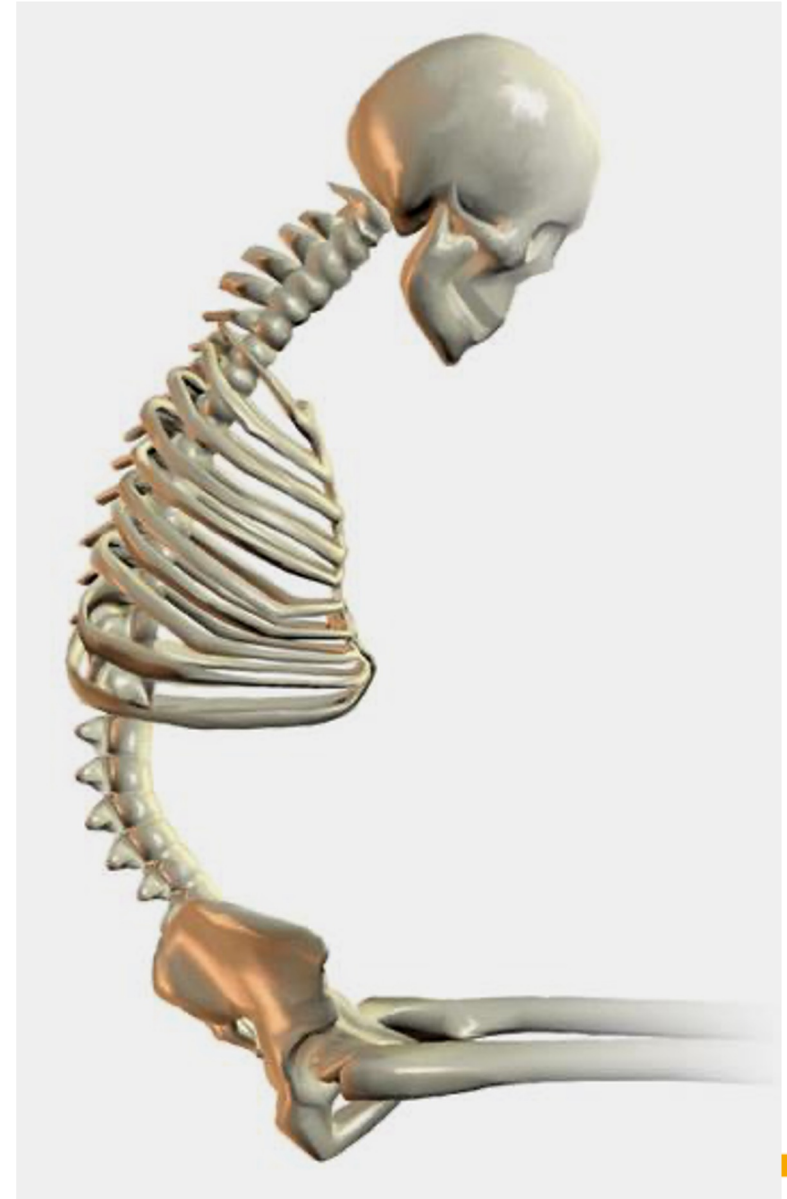
- T8 Paraplegia
- Active – going to Uni
- Living independently

Key points:

- Jay 3 with Shims
- Jay X2 with fluid 1" obliquity build up



POSTERIOR PELVIC TILT



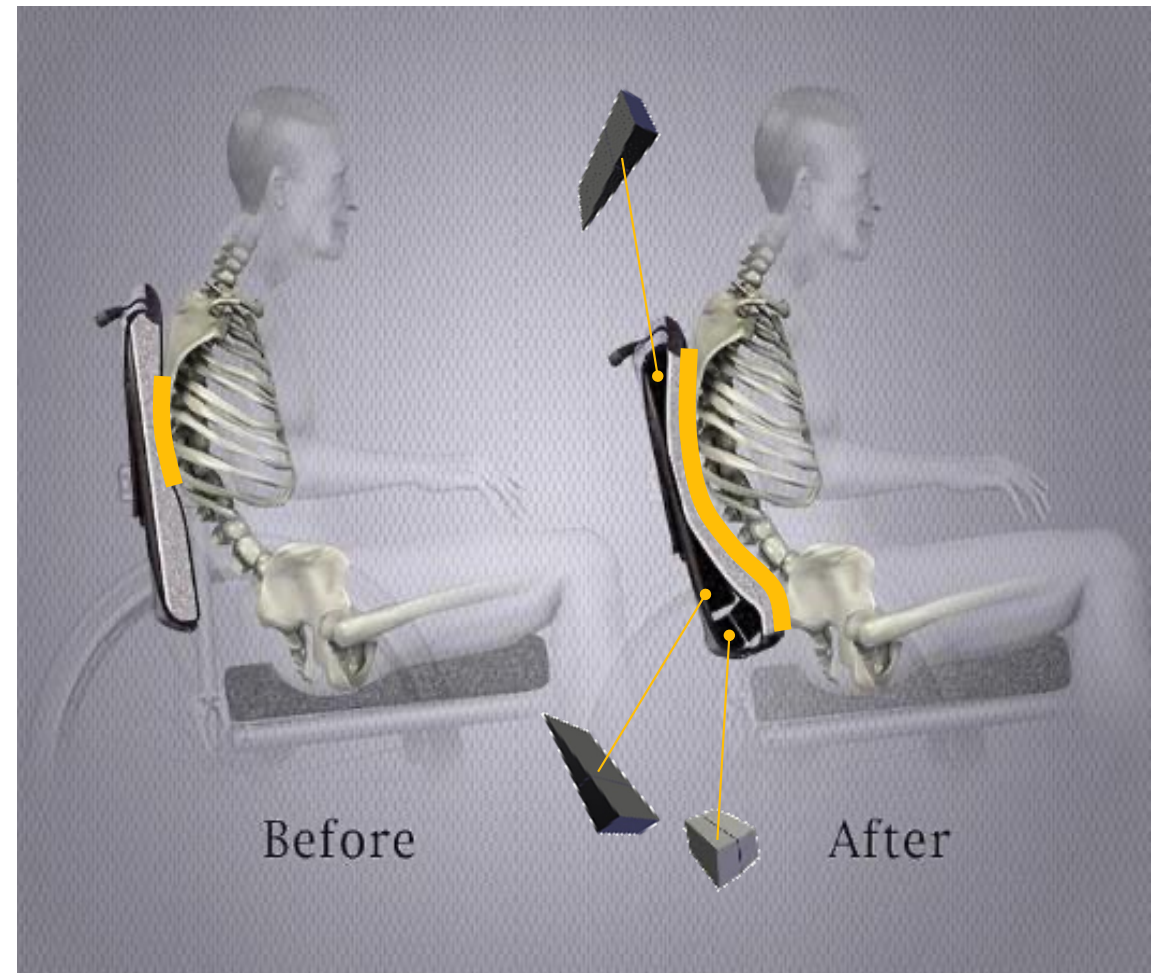
REDUCE POSTERIOR PELVIC TILT



Don't Forget:
you need the
Ishial shaping in
the cushion



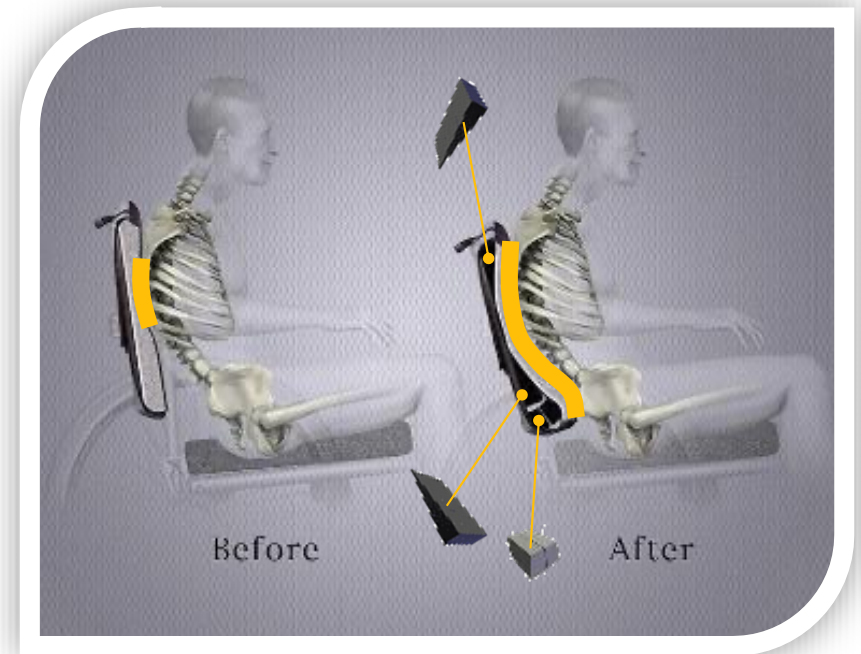
FIXED POSTERIOR PELVIC TILT



FIXED POSTERIOR PELVIC TILT



Accommodate

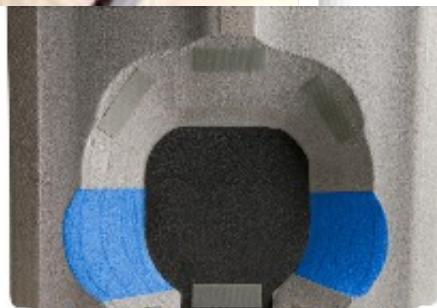




- Neck and back pain
- Skin issues
- GT
- Sacral
- Poor mobility

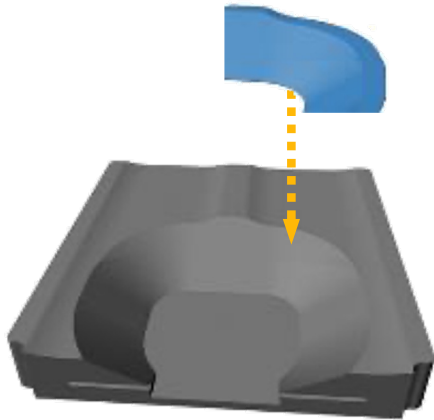
Key points:

- Jay 3 PAMTM backrest sacral shims
- Jay Fusion cushion
- GT cutouts
- New Chair!!!





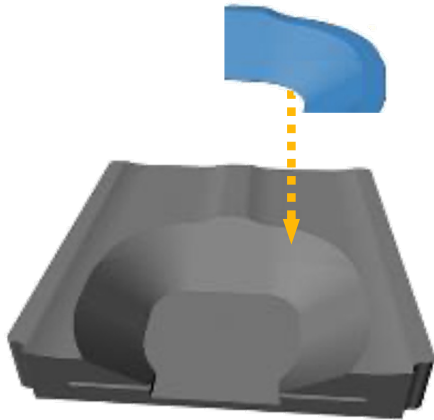
REDUCE THE ROTATION



- Posterior lateral wedge in backrest
- Anterior well reducer in cushion

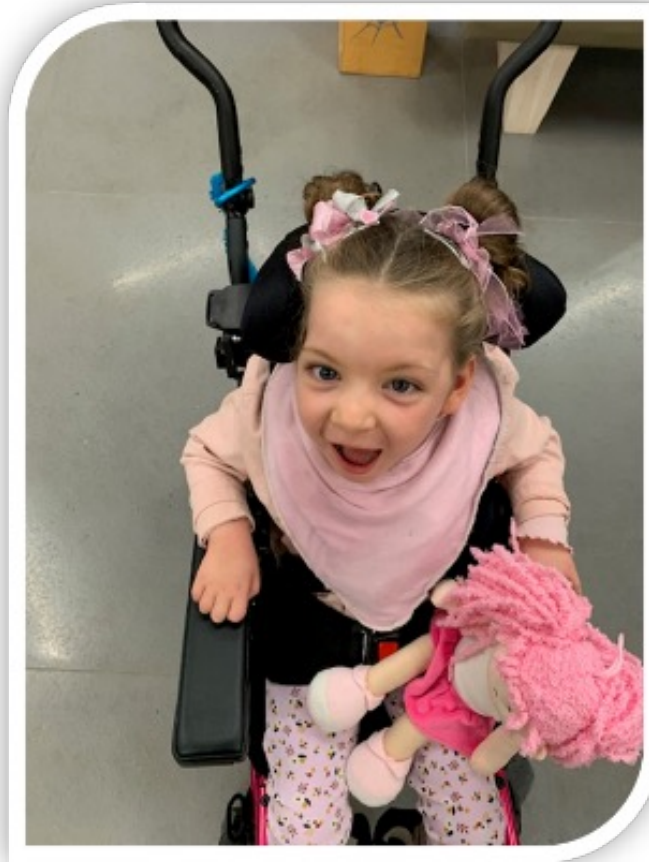


ACCOMMODATE FIXED ROTATION



- Adjust well shape to match pelvic shape
 - Reduction ring
 - Fluid supplement pads





Thanks for Attending

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