



Active Mobility

# Seating and Mobility Assessment Form

Name: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Therapist: \_\_\_\_\_

Note:

It is important to assess posture in supine on a mat and in unsupported sitting (e.g. on a low firm bench). When assessing in sitting provide just enough support for safety. Feet must be supported.

In supine assess posture, tone and reflex activity. In unsupported sitting assess the effects of gravity. This is the best position to assess the trunk for scoliosis.

Include photos as appropriate.

|   | Posture  | Function  | Seating support requirements or comments |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
|---|--|---|--|----------|---------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------|--------|-----------|--|--|-----------------------------------|--|--|-----------------------------------|--|--|--|--|
| <b>PELVIS</b>   | <input type="checkbox"/> Neutral<br><input type="checkbox"/> Anterior Tilt<br><input type="checkbox"/> Posterior Tilt<br><input type="checkbox"/> Pelvic Obliquity<br><input type="checkbox"/> R lower by _____ cm<br><input type="checkbox"/> L lower by _____ cm<br><input type="checkbox"/> Pelvic Rotation<br><input type="checkbox"/> R forward of L<br><input type="checkbox"/> L forward of R   | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Fixed</th> <th style="width: 33%;">Flexible</th> <th style="width: 33%;">Partially Flexible</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | Fixed                                    | Flexible | Partially Flexible                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| Fixed   | Flexible   | Partially Flexible  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| <b>HIPS</b>   | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width: 33%;">PROM Right</th> <th style="width: 33%;">Left</th> </tr> </thead> <tbody> <tr> <td>Flexion<br/>(with knees flexed at 90o)</td> <td>_____o</td> <td>_____o</td> </tr> <tr> <td>Abduction<br/>(with knees flexed at 90o)</td> <td>_____o</td> <td>_____o</td> </tr> <tr> <td>Internal Rotation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>External Rotation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dislocation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Popliteal angle<br/>(influence of hamstrings with hips at 90o in supine)</td> <td>_____o</td> <td>_____o</td> </tr> <tr> <td>Windswept</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> to the R</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> to the L</td> <td></td> <td></td> </tr> </tbody> </table> |   | PROM Right                               | Left     | Flexion<br>(with knees flexed at 90o) | _____o                   | _____o                   | Abduction<br>(with knees flexed at 90o) | _____o                   | _____o                   | Internal Rotation        | <input type="checkbox"/> | <input type="checkbox"/> | External Rotation        | <input type="checkbox"/> | <input type="checkbox"/> | Dislocation              | <input type="checkbox"/> | <input type="checkbox"/> | Popliteal angle<br>(influence of hamstrings with hips at 90o in supine) | _____o | _____o | Windswept |  |  | <input type="checkbox"/> to the R |  |  | <input type="checkbox"/> to the L |  |  |  |  |
|   | PROM Right   | Left  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| Flexion<br>(with knees flexed at 90o)                                   | _____o   | _____o  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| Abduction<br>(with knees flexed at 90o)                                 | _____o   | _____o  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| Internal Rotation   | <input type="checkbox"/>   | <input type="checkbox"/>  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| External Rotation   | <input type="checkbox"/>   | <input type="checkbox"/>  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| Dislocation   | <input type="checkbox"/>   | <input type="checkbox"/>  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| Popliteal angle<br>(influence of hamstrings with hips at 90o in supine) | _____o   | _____o  |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| Windswept   |  |   |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| <input type="checkbox"/> to the R                                       |  |   |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |
| <input type="checkbox"/> to the L                                       |  |   |  |          |                                       |                          |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |        |        |           |  |  |                                   |  |  |                                   |  |  |  |  |

|                    | Posture   | Function   | Seating support requirements or comments |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
|--------------------|---|--|--|-------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|----------|
| <b>TRUNK</b>       | <input type="checkbox"/> Normal Posture<br><input type="checkbox"/> Kyphosis<br><input type="checkbox"/> Lordosis<br><input type="checkbox"/> Scoliosis<br><input type="checkbox"/> Lat Flex<br><input type="checkbox"/> To the R<br><input type="checkbox"/> To the L<br><input type="checkbox"/> Chest/Rib Cage Deformity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> to the R<br><input type="checkbox"/> to the L  | <table border="0"> <tr> <td></td> <td>Fixed</td> <td>Flexible</td> <td>Partially Flexible</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |  | Fixed | Flexible  | Partially Flexible       |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diagram: |
|                    | Fixed   | Flexible   | Partially Flexible                       |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
|                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                 |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
|                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                 |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
|                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                 |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
|                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                 |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
|                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                 |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
|                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                 |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
|                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                 |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| <b>LOWER LIMBS</b> | With hips in neutral (supine) <table border="0"> <tr> <td></td> <td>Right</td> <td>Left</td> </tr> <tr> <td>Knee ext</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Knee flexion</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> Feet <table border="0"> <tr> <td>Dorsiflexion</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Plantar flexion</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inversion</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Eversion</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>AFOs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |  | Right                                    | Left  | Knee ext  | <input type="checkbox"/> | <input type="checkbox"/> | Knee flexion             | <input type="checkbox"/> | <input type="checkbox"/> | Dorsiflexion | <input type="checkbox"/> | <input type="checkbox"/> | Plantar flexion          | <input type="checkbox"/> | <input type="checkbox"/> | Inversion                | <input type="checkbox"/> | <input type="checkbox"/> | Eversion                 | <input type="checkbox"/> | <input type="checkbox"/> | AFOs | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |                          |                          |                          |  |                          |                          |                          |          |
|                    | Right   | Left   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| Knee ext           | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| Knee flexion       | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| Dorsiflexion       | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| Plantar flexion    | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| Inversion          | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| Eversion           | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| AFOs               | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| <b>SHOULDERS</b>   | <table border="0"> <tr> <td></td> <td>Right</td> <td>Left</td> </tr> <tr> <td>elevation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>depression</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>protraction</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>retraction</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>subluxed</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>  |  | Right                                    | Left  | elevation | <input type="checkbox"/> | <input type="checkbox"/> | depression               | <input type="checkbox"/> | <input type="checkbox"/> | protraction  | <input type="checkbox"/> | <input type="checkbox"/> | retraction               | <input type="checkbox"/> | <input type="checkbox"/> | subluxed                 | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
|                    | Right   | Left   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| elevation          | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| depression         | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| protraction        | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| retraction         | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| subluxed           | <input type="checkbox"/>  | <input type="checkbox"/>   |  |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |
| <b>HEAD/ NECK</b>  | <input type="checkbox"/> Aligned<br><input type="checkbox"/> Flexed<br><input type="checkbox"/> Extended<br><input type="checkbox"/> Rotated<br><input type="checkbox"/> Lat Flexion<br><input type="checkbox"/> To the R<br><input type="checkbox"/> To the L<br><input type="checkbox"/> Cervical Hyperextension  |  | Describe Head Control:                   |       |           |                          |                          |                          |                          |                          |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |          |