

Reason for referral:

Other Information:

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

SEATTECH REFERRAL PRIORITY SCORING SCALE

To be completed by referring clinician

Service user/Service owner Name:

DOB:

Referring clinician:

	Clinical Comments	No Concerns: Score = 0			
Product Breakage			The fracture of a SeatTech component is putting wheelchair user at imminent risk of injury		
Rapid degeneration			E.g. End of life palliative care, MND, progressing MS		
Pre-surgical assessment / Post-surgical review			Complex orthopaedic, e.g. spinal fusion, hip excision		
Pressure Injury (related to seating)			Category 1 pressure injury	Category 2 pressure injury	Category 3 or 4 pressure injury
Pain/discomfort			Score of up to 1-5 on scale	Score of up to 6-7 on scale	Score of up to 8-10 on scale
Functional Impact (Equipment impacts on ability to engage in activity)			Min	Moderate	Max
Postural changes			Mild postural changes evident	Using seating with discomfort due to postural changes	Unable to use seating due to postural changes
					+1 score for recent posture-related surgery
Growth / Weight changes			Some growth or weight changes evident	Using seating with discomfort due to growth or weight changes	Unable to use seating due to growth or weight changes
Risk Rating (HSE Risk Ax must be included)			The <u>HSE Risk</u> rating score is: _____		

For SeatTech office use only:

Total Score: _____



General Risk Assessment Form						
Division:			Source of Risk:			
HG/CHO/NAS/Function:			Primary Impact Category:			
Hospital Site/Service:			Risk Type:			
Dept/Service Site:			Name of Risk Owner (BLOCKS):			
Date of Assessment:			Signature of Risk Owner:			
Unique ID No:			Risk Co-Ordinator:			
			*Risk Assessor (s):			
**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES		ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE	
INITIAL RISK			Risk Status			
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed	

*Risk Assessor to be recorded for OSH risks only.

**Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.

SEATING ASSESSMENT FORM - General

1. GENERAL INFORMATION

Name: _____ M / F D.O.B: _____

Diagnosis: _____ GMFCS*+: _____

Present at assessment: _____ Date: _____

Service User/Owner Communication

Vision, Hearing, Speech: _____

Cognition, Perception, Communication: _____

Relevant Medical/Orthopaedic Information (e.g. Surgery, Pressure issues, Tissue Trauma, Medication, X-Rays)

_____ Weight (kgs): _____

Part 1 of Outcome Measure complete: Yes No

Plan if 'No': _____

2. TRANSFERS

Max Seat Height for transfers: _____ cm Method of Transfer: Bed, Chair, Stander, Toilet, Car: _____

3. MODE OF MOBILITY

3.1 Ambulation (Indoor/Outdoor- Specify): _____

3.2 Wheelchair (Manual/Power/ Power Assist): _____

4. EATING AND DRINKING MANAGEMENT

Excessive Saliva Choking Risk Gastrostomy Fed Other _____

Comments: _____

5. LEISURE REQUIREMENT

Play/Leisure/Sport Requirements: _____

6. TOILETING

Continent Incontinent - Comments re: management (urinal, catheter, continence aids) _____

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7. LIVING/WORKING ENVIRONMENT

7.1 Living Environment: Independent With parents/PA In Residential Care

Other _____ Name & contact details of PCOT _____

7.2 Environmental Considerations: (Entrance/Exit/Bedroom/Bathroom/Storage- Home &School)

8. TRANSPORT

8.1.Private: Vehicle Model: _____ Method of Access/Egress: _____

Maximum Head Height (cms) - for safe entry/use of vehicle _____

Method of Restraint: _____

8.2 Agency: Vehicle Model: _____ Method of Access/Egress: _____

Maximum Head Height (cms) - for safe entry/use of vehicle _____

Method of Restraint: _____

8.3 Public Transport –Public Transport Ax Required/Completed? Bus Taxi Train Plane

9. CARERS REQUIREMENTS

Carers Needs: ADL's- (Transfers, Toilet, Feeding, Chair Management, Chair Weight)

10. OBSERVATION OF CURRENT EQUIPMENT

10.1 Mobility Base:

Make/Model: (Manual/Power/Activity Chair) _____ SN: _____

Year of Issue: _____

Dimensions: Overall width, Length, Height, Floor to Seat height

10.2 Seating Description:

Seat make & model: _____

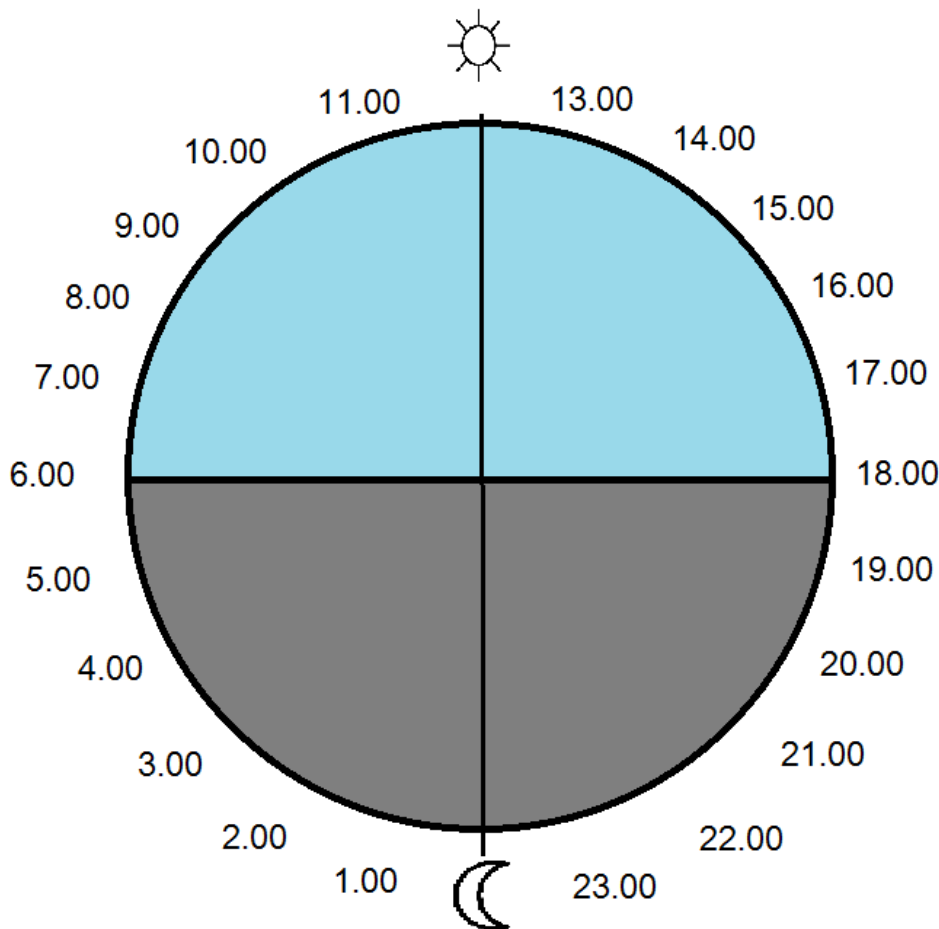
Back support make & model: _____

Head support make & model: _____

Other components: _____

11. OTHER OBSERVATIONS

24 HOUR POSITIONING ROUTINE



Mark the time spent by the client in lying (L), sitting (S) or standing (ST) on the 24 hour time clock above in order to record their daily postural diet

Sensory Status

Sight: _____

Touch: _____

Vision: _____

Vestibular: _____

Hearing: _____

Additional Notes:

ASSESSMENT DETAILS

Present at Assessment: (Include client, carer/parent, therapist, product specialist)

POSITIVES of current Wheelchair/Seating System	NEGATIVES of current Wheelchair/SEATING SYSTEM

FUNCTIONAL REQUIREMENTS FOR NEW WHEELCHAIR/SEATING SYSTEM

Additional Notes:

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SEATING ASSESSMENT FORM - Physical

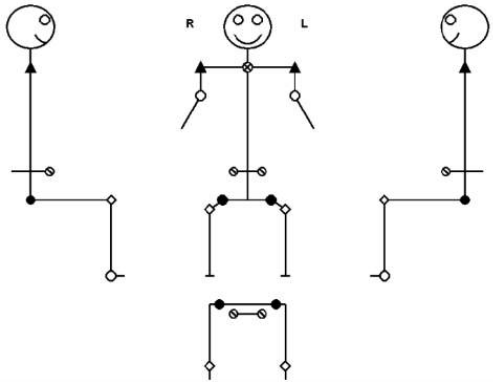
Name: _____

D.O.B.: _____

Diagnosis: _____

MAT Evaluation

Observation of sitting in current seating system:

<p>Pelvic Tilt (Anterior Tilt, Neutral, Posterior Tilt)</p>	
<p>Pelvic Obliquity (Right ASIS Lower, Left ASIS Lower)</p>	
<p>Pelvic Rotation (Right ASIS Forward, Left ASIS Forward)</p>	
<p>Hip Position (Measured from the 90-90-90 position) (Flexion/Extension, Abduction/Adduction, External/Internal Rotation, Hip Migration)</p>	
<p>Knee Position (Flexion/Extension)</p>	
<p>Ankle & Feet Position (Dorsiflexion/Plantarflexion, Inversion/Eversion)</p>	
<p>Spine (Scoliosis/Kyphosis/ Lordosis/Cervical Extension)</p>	
<p>Shoulders & Upper Limbs (Protraction/Retraction, Elevation/Depression, Flexion/Extension)</p>	
<p>Head Position (Flexion/Extension, Lateral Flexion, Rotation, Chin Poke)</p>	
<p>Weight Distribution (Right/Left/Even) Feet, Thighs, Buttocks, Back, Head, Upper Limbs, IT's</p>	
	<p style="text-align: center;">Other Observations</p>

Observation of supine lying:	
Pelvic Tilt (Anterior Tilt, Neutral, Posterior Tilt; Fixed/Flexible/Functionally Fixed/Flexible)	
Pelvic Obliquity (Right ASIS Lower, Left ASIS Lower; Fixed/Flexible/Functionally Fixed/Flexible)	
Pelvic Rotation (Right ASIS Forward, Left ASIS Forward; Fixed/Flexible/Functionally Fixed/Flexible)	
Hip Position (Flexion/Neutral, Abduction/Adduction, External/Internal Rotation, Hip Migration; Fixed/Flexible/Functionally Fixed/Flexible)	
Knee Position (Flexion/Extension; Fixed/Flexible/Functionally Fixed/Flexible)	
Ankle & Feet Position (Dorsiflexion/Plantarflexion, Inversion/Eversion; Fixed/Flexible/Functionally Fixed/Flexible)	
Spine (Scoliosis/Kyphosis/ Lordosis/Cervical Extension; Fixed/Flexible/Functionally Fixed/Flexible)	
Shoulders & Upper Limbs (Protraction/Retraction, Elevation/Depression, Flexion/Extension; Fixed/Flexible/Functionally Fixed/Flexible)	
Head Position (Flexion/Extension, Lateral Flexion, Rotation, Chin Poke; Fixed/Flexible/Functionally Fixed/Flexible)	
Weight Distribution (Right/Left/Even; Feet, Thighs, Buttocks, Back, Head, Upper Limbs, IT's; Fixed/Flexible/Functionally Fixed/Flexible)	
	<p style="text-align: center;">Other Observations</p>

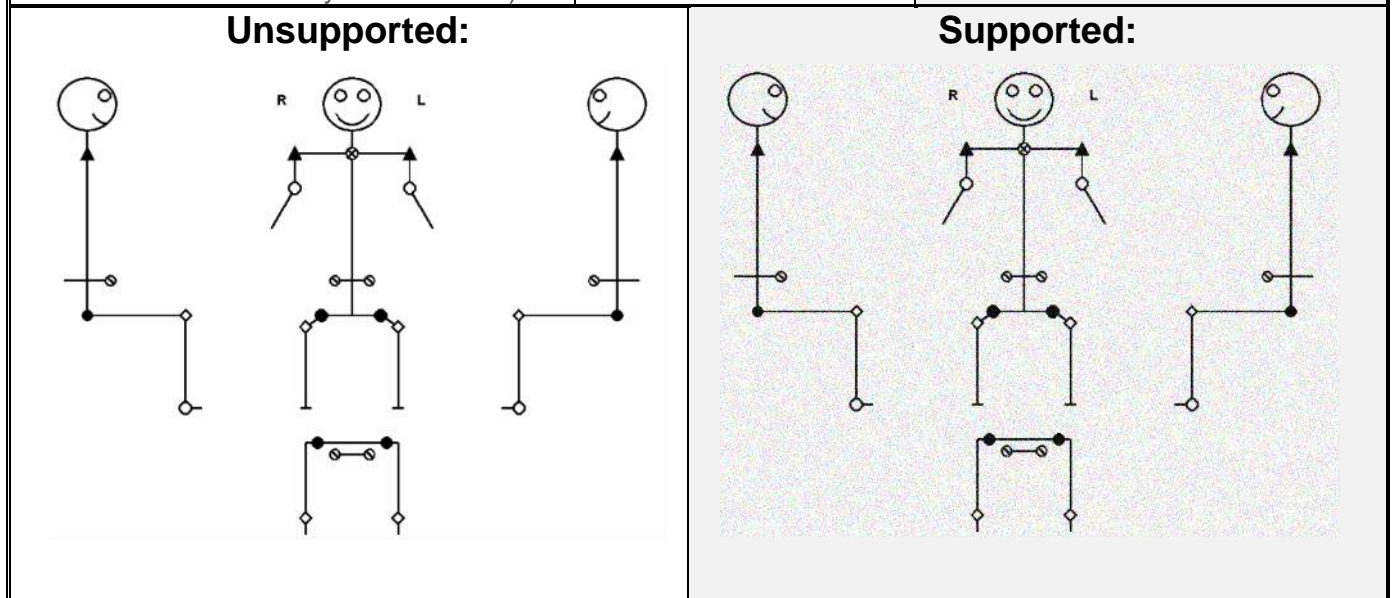
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Measurement of Spinal Symmetry		
<p>Coracoid Process to the ASIS Vertical (Same side) Supine</p> <p style="text-align: center;">Right Left</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">A-C</div> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">B-D</div> </div>		<p>Comments & Observations</p>
<p>Coracoid Process to the ASIS Diagonal (Opposite Side) Supine</p> <p style="text-align: center;">Right Left</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">A-D</div> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">B-C</div> </div>		

Range of Motion		
Hip Joint		
<p>Hip Flexion to Neutral Standard Range 120/90/0</p> <p style="text-align: center;">Right Left</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">90</div> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">90</div> </div>		
<p>Hip ABduction to ADduction (hip 90) Standard Range 80/0/20</p> <p style="text-align: center;">Right Left</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">0</div> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">0</div> </div>	<p style="text-align: right;">Supine</p>	
<p>Hip external rotation to internal rotation (hip 90) Standard Range 45/0/35</p> <p style="text-align: center;">Right Left</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">0</div> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">0</div> </div>	<p style="text-align: right;">Supine</p>	
Knee		
<p>Knee Flexion to Extension (hip 90) Standard Range 130/90/0</p> <p style="text-align: center;">Right Left</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">90</div> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">90</div> </div>	<p style="text-align: right;">Supine</p>	
Ankle		
<p>Ankle dorsiflexion to plantar flexion (knee flexed) Standard Range 30/0/40</p> <p style="text-align: center;">Right Left</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">0</div> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">0</div> </div>	<p style="text-align: right;">Supine</p>	
<p>Ankle dorsiflexion to plantar flexion (knee 0) Standard Range 30/0/40</p> <p style="text-align: center;">Right Left</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">0</div> <div style="border: 1px solid black; padding: 5px; width: 100px; text-align: center;">0</div> </div>	<p style="text-align: right;">Supine</p>	

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Plinth Sitting		
	Uncorrected	Corrected – Document supports necessary
Pelvic Tilt (Anterior Tilt, Neutral, Posterior Tilt; Fixed/Flexible/Functionally Fixed/Flexible)		
Pelvic Obliquity (Right ASIS Lower, Left ASIS Lower; Fixed/Flexible/Functionally Fixed/Flexible)		
Pelvic Rotation (Right ASIS Forward, Left ASIS Forward; Fixed/Flexible/Functionally Fixed/Flexible)		
Hip Position (Measured from the 90-90-90 position) (Flexion/Extension, Abduction/Adduction, External/Internal Rotation, Hip Migration; Fixed/Flexible/Functionally Fixed/Flexible)		
Knee Position (Flexion/Extension; Fixed/Flexible/Functionally Fixed/Flexible)		
Ankle & Feet Position (Dorsiflexion/Plantarflexion, Inversion/Eversion; Fixed/Flexible/Functionally Fixed/Flexible)		
Spine (Scoliosis/Kyphosis/ Lordosis/Cervical Extension; Fixed/Flexible/Functionally Fixed/Flexible)		
Shoulders & Upper Limbs (Protraction/Retraction, Elevation/Depression, Flexion/Extension; Fixed/Flexible/Functionally Fixed/Flexible)		
Head Position (Flexion/Extension, Lateral Flexion, Rotation, Chin Poke; Fixed/Flexible/Functionally Fixed/Flexible)		



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ANTHROPOMETRIC MEASUREMENTS

	Weight	st/lb	kg
	Height	ft/in	m/cm/mm
	A Hip Width (Widest Point)		
	B External Knee Width (Width across knees)		
	C Chest Width		
	D Shoulder Width		
	E Thigh Depth (Sacrum to popliteal fossa)	Left	Right
	F Lower Leg Length (Popliteal fossa to heel)	Left	Right
	G PSIS (Seat surface to PSIS)	Left	Right
	H Elbow Height (Seat surface to hanging elbow)	Left	Right
	I Scapula Height (Seat surface to inferior angle of scapula)	Left	Right
	J Shoulder Height (Seat surface to shoulder)		
	K Maximum Sitting Height (Seat surface to top of head)		
	L Trunk Depth (for back support style & lateral thoracic supports)		

Levels of Sitting Ability (Chailey)

Level 1	Unplaceable	Comments:
Level 2	Placeable, not able to maintain position	
Level 3	Can maintain position but not move	
Level 4	Can maintain position and move within base	
Level 5	Can maintain position and move outside base	
Level 6	Can move out of position	
Level 7	Can attain position	

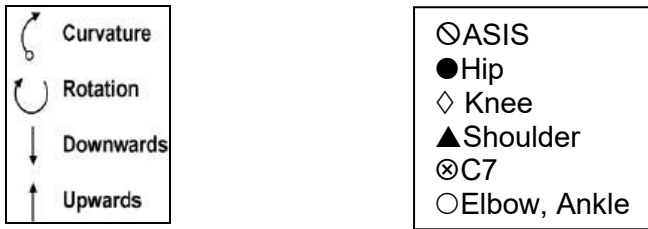
Level of supine Lying Ability (Chailey)

Level (Please Circle)		Quality (Please indicate: Yes=1, No=0)	
Level 1	Unplaceable – severe asymmetry	Trunk Symmetrical	
Level 2	Placeable, Support	Head Midline	
Level 3	Maintain, No Movement	Arms resting by Sides	
Level 4	Flex trunk	Legs Straight	
Level 5	Shift Weight laterally	Legs Separated	
Level 6	Roll supine to Prone	Weight Distributed evenly	
Level 7	Controlled Manner	Total	

Other Details

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Stick Diagram Notations



Glossary of Terms

ASIS: Anterior Superior Iliac Spine

PSIS: Posterior Superior Iliac Spine

IT: Ischial Tuberosity

Anterior Pelvic Tilt:

Forward tilt of pelvis

Posterior Pelvic Tilt:

Backward tilt of pelvis

Pelvic Obliquity:

One ASIS is **lower** than other (refers to lower side, i.e. right side obliquity = right ASIS is lower than left)

Pelvic Rotation:

One ASIS is rotating forward towards the opposite side i.e. right ASIS is rotating forward towards the left side=left rotation

Abduction:

Leg is placed in a position that is coming away from midline, moving your leg away from the centre of your body.

Adduction:

Medial movement of leg towards the midline of body.

Kyphosis:

A "C" shaped curve. Usually present in the upper thoracic region.

Lordosis:

Usually found in the lumbar or cervical region of the spine

Scoliosis:

An "S" or "C" shaped curve. Sometimes the vertebra rotates, which leads to a rib deformity.

Cervical Area: (C1-C8)

Thoracic Area: (T1-T12)

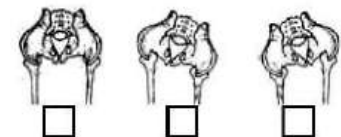
Lumbar area: Base of back (L1-L5)

Tilt (Side view)



Left Obliquity

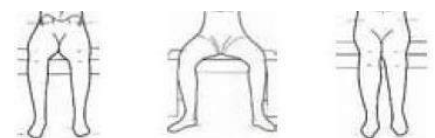
Right Obliquity



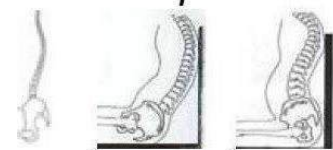
Neutral

Right Rotation

Left Rotation



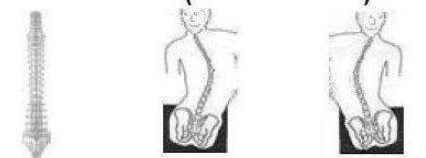
Anterior / posterior



Posterior

Anterior

Scoliosis (Frontal View)



Concave to the right

Concave to the left