Seated Postural Screen

Is a hands-on assessment in supine needed? · about 2–5 minutes

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Complete with the person in their current seating system, as they are. If the Life Box is open and symmetrical, the pelvis is neutral in all three planes, and loading is optimal and symmetrical with no gaps or peak pressure, a full hands-on assessment in supine is not indicated. Otherwise it is necessary before any changes to the seating system are made or suggested.

Person being assessed | **Date of birth / age** | **Date**

Clinician(s) | **Setting / location** | **Others present**

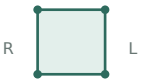
A snapshot of this moment. Complete with the person in their current seating system, **as they are**. Don't reposition them or change anything: leave lateral supports, arm supports, pelvic positioning belt etc. as found.

CURRENT SEATING SYSTEM Seat-to-back angle ____ ° (hip flexion the seating requires = 180° − this, e.g. 100° → 80°)

A Life Box relationship between the ribs and the pelvis

Landmarks: R and L ASIS, and the inferior angle of the ribs (lowest point of the rib cage) on each side. Picture the box joining these four points.

Tick all that apply (e.g. closed and a parallelogram).



◯ Open & symmetrical



◯ Closed & symmetrical



◯ Closed on R, open on L



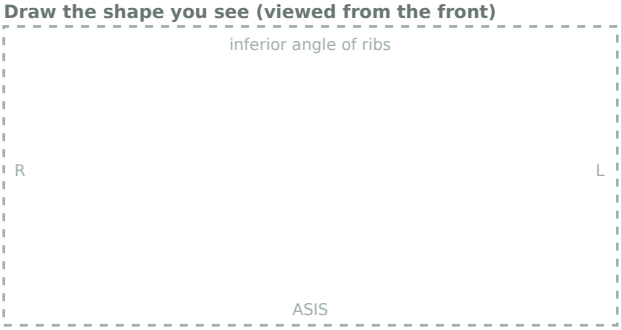
◯ Closed on L, open on R



◯ Parallelogram (rotation)
ribs & ASISs not vertically aligned

IF PARALLELOGRAM: ribs shifted towards ◯ R ◯ L relative to the ASISs

Draw the shape you see (viewed from the front)



Open: space between the ASISs and the ribs
Closed: little space between the ASISs and the ribs
Symmetrical: same distance between ASIS and ribs on both sides

Notes

B Pelvic position

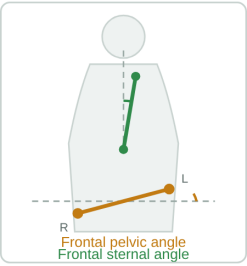
Frontal plane

◯ Neutral
◯ R pelvic obliquity (R side low)
◯ L pelvic obliquity (L side low)

IF MEASURED Frontal pelvic angle ____ ° ◯ R side low ◯ L side low

Frontal sternal angle ____ ° towards ◯ R ◯ L

Landmarks: Frontal pelvic angle: R and L ASIS; reference = horizontal. **Frontal sternal angle**: upper and lower sternal notch; reference = vertical (viewed from the front).

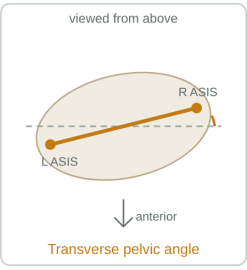


Transverse plane

◯ Neutral
◯ R pelvic rotation (L side forward)
◯ L pelvic rotation (R side forward)

IF MEASURED Transverse pelvic angle ____ °

Landmarks: R and L ASIS, viewed from above; reference = line across the seat (side to side).

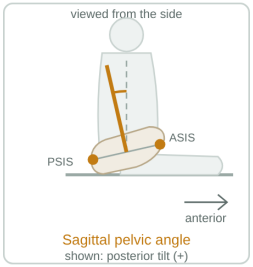


Sagittal plane

- ◯ Neutral
- ◯ Posterior pelvic tilt
- ◯ Anterior pelvic tilt
- ◯ Not applicable / unable to tell

IF MEASURED Sagittal pelvic angle ____ ° (+ posterior / − anterior tilt)

Landmarks: ASIS and PSIS (line perpendicular to the ASIS–PSIS line); reference = vertical, viewed from the side.



Ⓒ Sitting footprint

A rough check of loading areas for symmetry, gaps and peak pressure. Score each area 0–3, then use **Notes** for finer grading (e.g. 2+, 2−, 3+++) and exact areas (e.g. lateral aspect of foot only, mid-femur only, inferior angle of scapula).
0 = no contact · **1** = contact, no load · **2** = optimal load · **3** = excessive load

Inferior support (seat & feet)	R (0 1 2 3)	L (0 1 2 3)	Notes (grading +/−, exact area)
Ischial tuberosity	0 1 2 3	0 1 2 3	
Greater trochanter	0 1 2 3	0 1 2 3	
Proximal femur	0 1 2 3	0 1 2 3	
Distal femur	0 1 2 3	0 1 2 3	
Feet	0 1 2 3	0 1 2 3	

Posterior support (back)	R (0 1 2 3)	L (0 1 2 3)	Notes (grading +/−, exact area)
Posterolateral pelvis	0 1 2 3	0 1 2 3	
Posterolateral ribs	0 1 2 3	0 1 2 3	
Scapula	0 1 2 3	0 1 2 3	
Shoulders	0 1 2 3	0 1 2 3	

Midline	Score (0 1 2 3)	Notes (grading +/−, exact area)
Sacrum	0 1 2 3	
Lumbar spine	0 1 2 3	
Thoracic spine	0 1 2 3	
Cervical spine	0 1 2 3	
Occiput	0 1 2 3	

Upper limb loading (R only / L only / both / none)

Other contact points (laterals, belt, head support)

Sitting comments

Screening result is a hands-on assessment in supine needed?

A full hands-on assessment in supine is **not indicated** only if **all** of these are true. Tick each one that is:

Open, symmetrical Life Box

Neutral pelvis in all three planes (frontal, transverse, sagittal)

Optimal loading (score 2) posteriorly and inferiorly, with no asymmetry, gaps (0) or peak pressure (3)

If **any** box above is not ticked (any asymmetry or flattening of the Life Box, any pelvic deviation from neutral in any plane, or any asymmetry, gap or excessive pressure), a hands-on assessment in supine is **NECESSARY**. Don't make or suggest any changes to the seating system until it has been done.

Result

◯ Supine assessment not indicated ◯ Supine assessment NECESSARY

Notes / next steps

Clinician signature **Name & registration (e.g. CORU)** **Date**

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