

# Seating Assessment



Client Name:
Address:
Tel:
In attendance:

## Client Condition

Age:	Weight:	Gender:
Condition:		
Transfer:		
Contenance:		

## Seating Requirements

Time:	Frequency:	Activities:
-------	------------	-------------

## Care/Social Details

Provided by:	Frequency/Duration:
Tasks/responsibilities:	

## Environment

Access:	Space:	Integration/ADL:
---------	--------	------------------

## Assessment

Client typical

yes/no

Considerations:

Duration:

## Postural Observations

Head:

Thorax:

Shoulder girdle:

Arms:

Hips/pelvis:

Knees/thighs:

Feet:

## Ranges of Movement

Feet:

Leg elevation:

Tilt:

Hip angle/Recline:

## Behavioural Observations

Agitation, obsessive/repetitive behaviour:

# Seating Recommendation

## Chair Type:

Seat Height:
Seat Width:
Seat Depth:
Arm Height:
Footplate Height:
Back length:

Covering material(s):
-----------------------

Actuation:
------------

Castors:
----------

## Pressure Relief

Footplate/legrest:
--------------------

Seat:
-------

Back:
-------

Other areas:
--------------

## Accessories

--

## Straps & Harnesses

--

A thorough assessment has been undertaken regarding the use of straps and harnesses as positioning aids to help maintain a functional sitting position whilst reducing soft tissue damage through the effects of shear. Full guidance on the correct and appropriate use of any straps and harnesses has been given to the care staff covering set-up, adjustment and use.

## Custom Made Devices

--

## Rationale/Reasoning

Independence:

Functionality:

Pressure Management:

Health:

## Conclusions

## Recommendations

It is recommended that once the seating system is commissioned for the client;

1. The client/care team read the User Instructions for the chair to familiarise herself with set-up, use and limitations.
2. Use the product as set out in the User Instructions.
3. Regularly clean the product & keep it free from contamination and inspect it to ensure it is working as intended.
4. In the case of motorised/battery operated chairs, establish a charging regime in accordance with the manufacturer's instructions.

Signed:

Date:

Position: