

SEATING CLINIC

Seating Assessment Form

Antonio Caracciolo, Massimo Ferrario

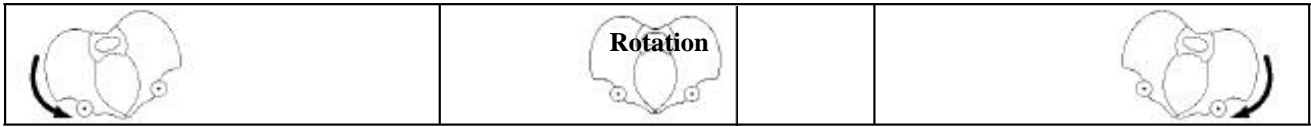
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Translation into English by Julie Charmaine Holden, 2011

Measurement and assessment form for the seating position of persons with disabilities on wheelchairs and seating systems. This form was developed within a Study partially funded by the Italian Ministry of Health (Project "Attivazione Sperimentale di un servizio di valutazione personalizzata di sistemi di postura per pazienti con gravi disabilità motorie" started 01/07/1996 concluded 30/06/1998).

ASSESSMENT OF THE SEATED POSITION ON THE DEVICE IN USE

PELVIS



Right (~ °)

Left (~ °)

Fixed

Reducible

None

Fixed

Reducible

Anteversion - Retroversion



Fixed

Reducible

None

Fixed

Reducible

Inclination



Fixed

Reducible

None

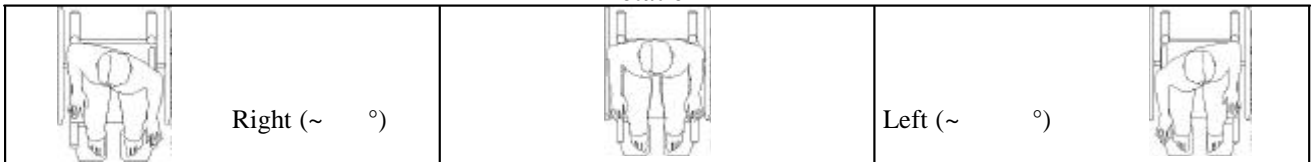
Fixed

Reducible

Comments _____

TRUNK

Rotation



Fixed

Reducible

None

Fixed

Reducible

Kyphosis - Lordosis



Fixed

Reducible

Physiological curves

Fixed

Reducible

Flexion - Extension






Fixed

Reducible

None




Fixed




Reducible

	indicate concavities with an arrow	Scoliosis 	indicate concavities with an arrow	
Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	None <input type="checkbox"/>	Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>

Comments _____




SHOULDERS




Elevation					
	Right elevation		Left elevation		
Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	None <input type="checkbox"/>	Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	


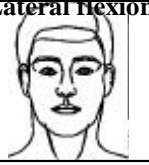
Depression					
	Right Depression		Left Depression		
Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	None <input type="checkbox"/>	Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	

Comments _____

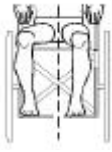
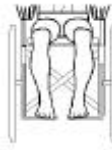
HEAD

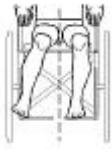
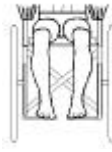
Rotation					
	Right Rotation		Left Rotation		
Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	None <input type="checkbox"/>	Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	


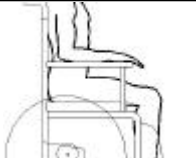
Flexion - Extension					
	Flexion		Extension		
Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	None <input type="checkbox"/>	Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	

Lateral flexion					
	Lateral flexion Right		Lateral flexion Left		
Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	None <input type="checkbox"/>	Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	
Comments _____					

RIGHT THIGH

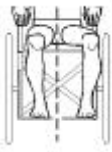
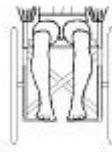
Abduction - Adduction					
	Abduction		Adduction		
Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	None <input type="checkbox"/>	Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	

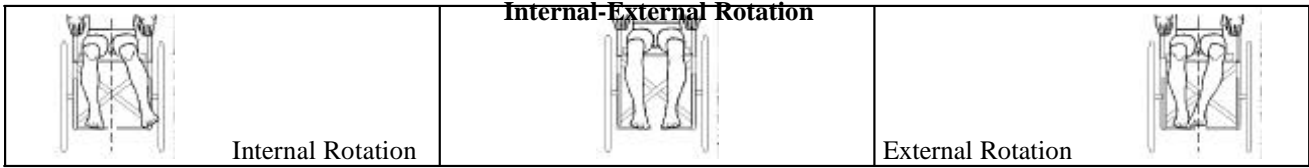
Internal - External Rotation					
	Internal Rotation		External Rotation		
Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	None <input type="checkbox"/>	Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	

Flexion - Extension					
	Flexion		Extension		
Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	~ 90° <input type="checkbox"/>	Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	

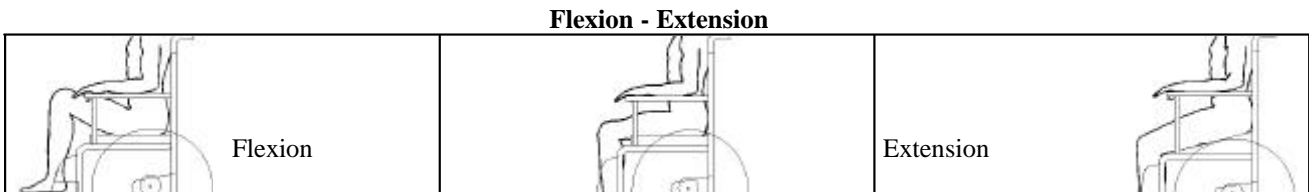
Comments _____

LEFT THIGH

Abduction - Adduction					
	Abduction		Adduction		
Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	None <input type="checkbox"/>	Fixed <input type="checkbox"/>	Reducible <input type="checkbox"/>	



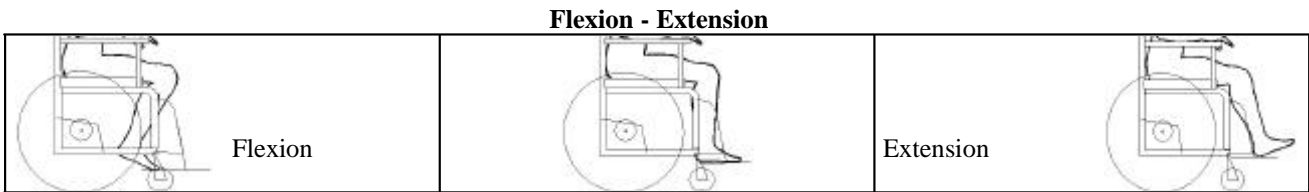
Fixed Reducible None Fixed Reducible



Fixed Reducible ~ 90° Fixed Reducible

Comments _____

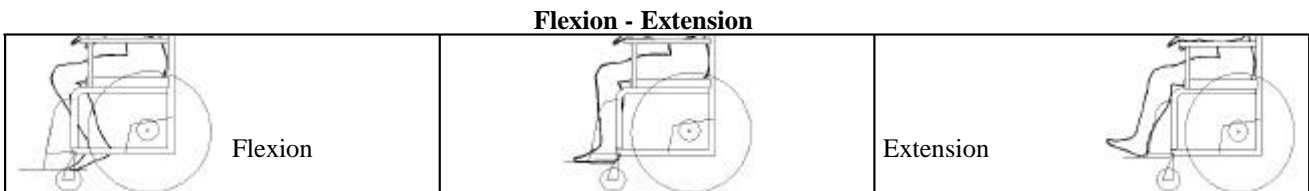
RIGHT LEG



Fixed Reducible ~ 90° Fixed Reducible

Comments _____




LEFT LEG



Fixed Reducible ~ 90° Fixed Reducible




Comments _____

RIGHT FOOT

	Dorsal flexion	Dorsal - plantar flexion 	Plantar flexion	
---	----------------	--	-----------------	---

Fixed • Reducible • ~ 90° • Fixed • Reducible •

Pronation - Supination




	Pronation		Supination	
---	-----------	---	------------	---

Fixed • Reducible • None • Fixed • Reducible •

Comments _____




LEFT FOOT

Flexion dorsale - plantar

	Dorsal flexion		Plantar flexion	
---	----------------	---	-----------------	---

Fixed • Reducible • ~ 90° • Fixed • Reducible •

Pronation - Supination

	Pronation		Supination	
---	-----------	---	------------	---

Fixed • Reducible • None • Fixed • Reducible •

Comments _____

ANALYSIS OF DEVICE IN USE¹⁷

Make ¹⁸			
Model ¹⁹		Measurement ²⁰	

Manual traction²¹

Electronic traction

Joystick controlled

by:²³

Self-Propelling

Autonomous drive

right hand left hand

other body segment:

Helper

Helper

specify

Frame

<p>Length of seat²⁴ cm. _____</p> <p>Depth of seat²⁵ cm. _____</p>		<p>Backrest length²⁶ cm. _____</p> <p>Height of backrest²⁷ cm. _____</p>	
--	--	--	--


<p>Backrest inclination adjustable²⁸</p>	<p>yes <input type="checkbox"/></p> <p>no <input type="checkbox"/></p>	<p>Angle of adjustment²⁹: _____ °</p>	
--	--	---	--

<p>Front height of seat³⁰ (A) _____</p> <p>Back height of seat³¹ (B) _____</p> <p>Depth of seat³² (C) _____</p> <p>Horizontal seat inclination³³: _____ °</p>	
---	--

<p>Headrest³⁴</p>	<p>yes <input type="checkbox"/></p> <p>no <input type="checkbox"/></p>	<p>Planar³⁵ <input type="checkbox"/> enveloping³⁶ <input type="checkbox"/></p>
		<p>make³⁷ _____ model³⁸ _____</p>
		<p>describe³⁹ _____</p>

<p>Armrests⁴⁰</p>	<p>yes <input type="checkbox"/></p> <p>no <input type="checkbox"/></p>	<p>Describe⁴¹ _____</p>
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<p>Clothing protector⁴²</p>	<p>yes <input type="checkbox"/></p> <p>no <input type="checkbox"/></p>	<p>Describe⁴³ _____</p>
---	---	---

Footrest ⁴⁴	yes •	single ⁵ • dual ⁴⁶ •	inclinable ⁴⁷ •	 ⁴⁸
	no •			

Adjustable footrest ⁴⁹	yes •	prono-supination ~ ⁵⁰	flex-extension ~ ⁵¹
	no •	Heel block •	Feet straps •

Wheels	diameter ⁵² _____	diameter ⁵³ _____
Front	pneumatic ⁵⁴ •	Back: pneumatic ⁵⁵ •
	Solid ⁵⁶ •	Solid ⁵⁷ •

Pushrail ⁵⁸	yes •	Describe ⁵⁹ _____
	no •	_____

Pass ⁶⁰ _____ mm.	Camber ⁶¹
	yes • 
	no •

CUSHION

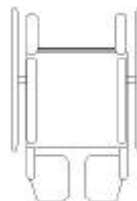
Padded cushion ⁶²	yes •	Describe ⁶³ _____
measure	width.	
	depth.	no •

Anti-decubitus cushion ⁶⁴	yes •	Make ⁶⁵ _____	Model ⁶⁶ _____
Measure	width.	Describe ⁶⁷ _____	
	depth.		
	no •		

Anti-decubitus cushion accessories : describe ⁶⁸ _____

Position of anti-decubitus cushion accessories ⁶⁹

(indicate on drawing)



Note ⁷⁰

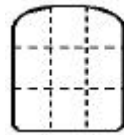
BACKREST

Standard backrest ⁷¹	yes •	describe ⁷² _____
	no •	_____

Posture system ⁷³	yes •	Make ⁷⁴ _____	model ⁷⁵ _____
	no •	Describe ⁷⁶ _____	

Posture system accessories: describe ⁷⁷

Position of posture system accessories: ⁷⁸



(indicate on drawing)

Note ⁷⁹

Side panels applied to frame ⁸⁰	yes •	Describe ⁸¹ _____
	no •	_____

Position of side panels applied to frame ⁸²



(indicate on drawing)

Note ⁸³

Belts or chest harnesses ⁸⁴	yes •	Make ⁸⁵ _____	Model ⁸⁶ _____
	no •	Describe ⁸⁷ _____	

Abductor ⁸⁸	yes •	Make ⁸⁹ _____	Model ⁹⁰ _____
	no •	Describe ⁹¹ _____	

Postural problems encountered ⁹²

Suggested tests ⁹³

Follow up ⁹⁴

Notes and observations ⁹⁵

Photograph

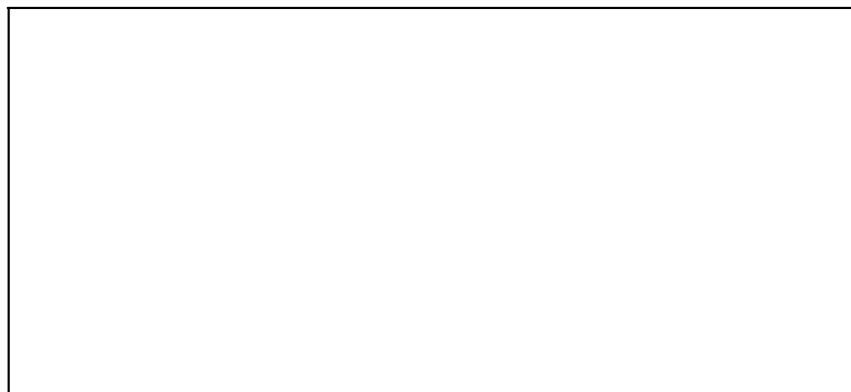


TABLE FOR ASSESSMENT OF MOTOR VOLUME ⁹⁶

date

R	L
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**SAGITTAL PLANE:
Reach an object**

ON FLOOR IN FRONT OF FOOTREST ⁹⁷

<input type="text"/>	<input type="text"/>
----------------------	----------------------

ON A SURFACE IN FRONT ⁹⁸

<input type="text"/>	<input type="text"/>
----------------------	----------------------

IN FRONT OF HEAD ⁹⁹

<input type="text"/>	<input type="text"/>
----------------------	----------------------

BEHIND HEAD ¹⁰⁰

<input type="text"/>	<input type="text"/>
----------------------	----------------------

R	L
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**FRONTAL PLANE:
Reach an object:**

ON FLOOR TO THE SIDE ¹⁰¹

<input type="text"/>	<input type="text"/>
----------------------	----------------------

TO THE SIDE ON A SURFACE ¹⁰²

<input type="text"/>	<input type="text"/>
----------------------	----------------------

TO THE SIDE AT HEAD HEIGHT ¹⁰³

<input type="text"/>	<input type="text"/>
----------------------	----------------------

CONTRALATERAL ¹⁰⁴

<input type="text"/>	<input type="text"/>
----------------------	----------------------

R	L
----------	----------

TOTAL SCORE

<input type="text"/>	<input type="text"/>
----------------------	----------------------

TIME TRIAL ¹⁰⁵

yes	no
<input type="text"/>	<input type="text"/>

time
<input type="text"/>

BALANCE TEST ¹⁰⁶

yes	no
<input type="text"/>	<input type="text"/>

time
<input type="text"/>

Analysis of obtained results¹⁰⁷

Contextualisation of results¹⁰⁸

Results obtained¹⁰⁹

<i>User</i>	
<i>Family members</i>	
<i>Therapist</i>	
<i>Doctor</i>	
<i>Assistants</i>	
<i>Others</i>	

In your daily life, do you have to be helped by an assistant for transfers, to adjust your seating position or to manoeuvre your device?

¹¹⁰

Assistant	yes	no
Informal assistant (relation, friend, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Formal assistant (personnel with specific qualification)	<input type="checkbox"/>	<input type="checkbox"/>
Nurse		
Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	

Type of assistance given (describe) _____

How many times per week? _____

FILLING OUT INSTRUCTIONS

- 1 Insert user's data: name, surname, address, ward or treatment, preceded by an alphanumerical identification code if you wish to maintain and respect anonymity. If yes, write the code in the space on the following page and tear off this page.
- 2 Name and register number of rehabilitation centre responsible for the rehabilitation plan.
- 3 Recopy alphanumerical identification code written on the previous page
- 4 Enter diagnosis
- 5 Mark with a cross the box specifying the level of study attained
- 6 Mark with a cross the box describing present domicile
- 7 Enter in the box on the right the number of people who live with the user.
- 8 Describe what devices are used in everyday life and from what year they were available.
- 9 Describe which devices are used occasionally in everyday life and from what year they were available.
- 10 Describe which devices are at your disposal, but not used, and from what year they were available.
- 11 Enter the main anamnestic notes relating to postural problems.
- 12 Describe which postural tests or seating position adjustments have previously been carried out and on what date
- 13 Describe, for each relative figure, the main goals you want to reach with variation of the posture system. Note also your main needs and all the characteristics that cannot be renounced.
- 14 List the architectural barriers present for access to client's domicile, paying particular attention to the width of lift doors and those of the house. Note any removal, foreseen or effected, through personalised equipment such as chairlifts or access ramps.
- 15 Describe your first impressions and any observation that can make the form easier to understand.
- 16 Assessment form of the seating position on the device in use. The user must be seated in the usual position, with all the accessories that are usually used during the day. Enter a cross in the box that identifies the position of the body segment, if possible completing it with the degrees of deviation from the standard position or by a brief descriptive note.
- 17 Analysis of make, model, measurements and accessories of the posture device currently used. For posture device this is wheelchair or pushchair, complete with tyres and the whole of the seat – backrest-footrests- accessories, which, combined together, make up the whole equipment.
- 18 Specify the make of wheelchair or pushchair. In general this is highlighted with an adhesive sticker on a fixed part of the frame.
- 19 Specify the model of the device in use. If it is not possible to find out the exact model or the commercial name, describe it in as much detail as possible.
- 20 Specify the measurement of the device in use. Some manufacturers distinguish measurement by writing "small-medium-large", others indicate the width measurement of the seat fabric or the free space inside the arms or clothing protector side panels.
- 21 Specify the ways of pushing the wheelchair.
- 22 Specify if the electronic wheelchair is controlled by the disabled person or by the carer.
- 23 Specify the body segment used for control of the electronic wheelchair and which, if different from the hand.
- 24 Take the effective measurement of the seat width. The width is considered as ONLY a horizontal measurement, taken with a rigid ruler. If the seat has been removed, measure the distance between the two tubes that act as a support for the seat. Note if the front width is different from the back width.
- 25 Take the effective measurement of the seat's depth. Seat depth is the measurement comprised between the front edge and the join between seat and backrest. If the backrest is padded or anatomic, note the seat measurement effectively available. If the seat has been removed, measure the length of its support tube between the front edge and the join between seat and backrest. Note if the right depth is different from the left depth.
- 26 Take the measurement of the width of the backrest. Backrest width is the measurement comprised between the two backrest supports, including the supports. If it is padded or anatomic, take the measurement effectively available inside the padding. Note if the width of the backrest in the low part is different from the high part.
- 27 Take the measurement of the height of the backrest. Backrest height is the measurement comprised between the back part of the seat and the upper edge of the backrest itself.
- 28 Note if the backrest can be inclined.

- 29 Enter the adjustment angle in condition of normal use.
- 30 Take the height from the ground of the front part of the seat. If the seat has been removed, take the height of the front support tube and mark the point where measurement is taken.
- 31 Take the height from the ground of the back part of the seat. If the seat has been removed, take the height of the back support tube and mark the tube at the point where measurement is taken.
- 32 Write the measurement of the seat depth. The depth must correspond to the distance between the two points where the height of the front and back position was calculated. If the seat has been removed, measure the distance between the two marked points on the seat support tubes.

33 Carry out the following operation: $(A-B)/C$. Note the result obtained in the attached table and find the angle width

A-B/C	0.000	0.035	0.070	0.105	0.139	0.174	0.208	0.242	0.276	0.309	0.342	.0375	0.407	0.438	0.469	0.500	0.530	0.559	0.588
angle	0°	2°	4°	6°	8°	10°	12°	14°	16°	18°	20°	22°	24°	26°	28°	30°	32°	34°	36°

If the operation gives a negative result, measurement of the angle will be negative, the means the seat is inclined anteriorly.

- 34 Note the presence or not of a headrest.
- 35 A flat headrest is called 'planar', with no side protrusions, with rest for the nape of the neck on a flat surface.
- 36 A concave headrest is called 'enveloping', with possible lateral extensions, with lateral rest for the nape of the neck on a rounded surface.
- 37 Note the make of the headrest, if known.
- 38 Note the headrest model, if known.
- 39 Available space for eventual description of headrest.
- 40 Note the presence or not of lateral armrests.
- 41 Available space for eventual description of armrests.
- 42 Note the presence or not of clothing protector side panels included in the armrests or separate.
- 43 Available space for eventual description of clothing protector side panels
- 44 Indicate the presence or not of a footrest plate.
- 45 This means a plate made of a single piece, not dividable but possibly bendable or can be tipped to one side to reduce the total bulk of the wheelchair
- 46 This means a plate made of two separate footrests which can be tipped backwards or to the side to reduce the total bulk of the wheelchair.
- 47 This means a single or double plate which can be inclined to vary the flexing angle of the knee.
- 48 Enter the angle at which the plate is usually inclined in normal conditions of use.
- 49 Note if the footrest is equipped with additional adjustment other than height adjustment.
- 50 Enter the prone – supination angles that the plate is adjusted to in normal conditions of use.
- 51 Enter the flexor angles – extension to which the footrest plate is adjusted to in normal conditions of use.
- 52 Note the diameter of front tyres.
- 53 Note the diameter of back tyres.
- 54 Note the presence of front pneumatic tyres.
- 55 Note the presence of back pneumatic tyres.
- 56 Note the presence of solid front tyres.
- 57 Note the presence of solid back tyres.
- 58 Indicate presence or not of pushrail.
- 59 Space available for an eventual description of pushrail.
- 60 Write measurement of distance from the point where the wheels on the same side touch the ground.
- 61 Note presence or not of wheel camber.
- 62 Note the presence or not of a padded cushion on the seat.
- 63 Space available for an eventual description of padded cushion.
- 64 Note the presence or not of anti-decubitus cushion on seat.
- 65 Note make of anti-decubitus cushion.
- 66 Indicate, if possible, model of anti-decubitus cushion usually used.
- 67 Space available for an eventual description of anti-decubitus cushion.
- 68 Space available for a description of anything supplementary applied to the anti-debitus cushion.

- 69 Indicate on the drawing the position of anything supplementary to the anti-decubitus cushion.
- 70 Space available for any comments to better clarify the position of anything supplementary to the anti-debitus cushion.
- 71 Indicate if the backrest is the standard one supplied by the manufacturing company.
- 72 Space available for description of standard backrest.
- 73 Indicate if a backrest has been inserted with posture system for trunk containment or to improve postural structure.
- 74 Indicate the make of posture system.
- 75 Indicate, if possible, model of posture system.
- 76 Space available for description of posture system.
- 77 Specify if posture system has been completed with any accessories and describe which ones.
- 78 Indicate on the drawing on the side the position of the accessories to the posture system.
- 79 Space available for comments considered important for better clarification.
- 80 Indicate if lateral trunk supports have been applied to the wheelchair frame.
- 81 Space available for description of lateral trunk supports applied to the frame.
- 82 Indicate on the drawing on the side the position of the lateral trunk supports applied to the frame.
- 83 Space available for comments considered important for better clarification.
- 84 Indicate if chest or waist straps or chest harness are used.
- 85 Indicate make of strap used.
- 86 Indicate model of strap used.
- 87 Space available for an eventual description of chest or waist strap or chest harness
- 88 Indicate if abductor is used.
- 89 Indicate make of abductor used.
- 90 Indicate model of abductor used.
- 91 Space available for an eventual description of abductor.
- 92 Indicate briefly what postural problems exist which are highlighted by the analysis of posture and the device in use.
- 93 Describe briefly the plan of action, with a list of the tests that could be carried out to reach the final result.
- 94 Describe the impressions received from the check up which will be carried out shortly (one – three weeks).
- 95 Space available for comments, notes, indispensable observations to improve understanding of the case in question.
- 96 The name “Motor Volume” is used to describe the amount of space that can be reached with an upper limb. The proposed test is indicated for people with fairly good functional difficulty in the upper limb. The test should be carried out upon admission, during intermediate tests and once the final result has been reached, before definitive consignment of the device. All tests will be carried out in the maximum time of one minute, after that, a score will be given corresponding to the distance effectively reached.

97 REACH AN OBJECT PLACED ON THE FLOOR IN FRONT OF THE FOOTREST

- Departure point:** the trunk must be resting against the backrest, arms in lap.
- Necessary objects:** an object to place on the ground in front of the footrest.
- Verbal instructions:** “Can you please try to reach the object near the footrest and return with your arms in your lap?”
- Score:**
1. Doesn't move hand.
 2. Moves hand from 1 to 5 cm and returns to initial position.
 3. Moves hand until reaches knee and returns to initial position. The movement can be made easier with a light flexing of trunk.
 4. Moves hand until reaches calf and returns to initial position. The movement can be made easier with a light flexing of trunk.
 5. Reaches object and returns to initial position. The controlateral limb or support device provides support
 6. Reaches object without support devices and returns to initial position.

98 REACH AN OBJECT PLACED ON A SURFACE IN FRONT OF THE SUBJECT

- Departure point:** the forearm is rested on the surface in proximity to the trunk.
- Necessary objects:** a smooth surface cm 75 high from the ground in front of the subject and an object in a position reachable to the completely extended upper limb.
- Verbal instructions:** “Can you please try to reach the object on the table and return your hand to its initial position?”

- Score:**
1. Doesn't move hand.
 2. Moves hand from 1 to 10 centimetres and returns to the initial position.
 3. Gets near to the object without reaching it, exploiting a gravity unload movement or "walking" on the surface with the fingers and returns to the initial position.
 4. Gets near to the object without reaching it, with an against gravity movement of the forearm and returns to the initial position.
 5. Reaches object with a gravity unload movement and returns to the initial position.
 6. Reaches object with an against gravity movement and returns to the initial position.

99 ***REACH AN OBJECT PLACED IN FRONT, AT HEAD HEIGHT, TO THE EXTENDED FOREARM***

- Departure point:** the trunk must be resting against the backrest, arms in lap.
Necessary objects: an object placed in front of the subject, at forehead height, reachable with a flexion of the arm movement and extension of forearm.
Verbal instructions: "Can you please try to reach the object and return with your hand in your lap?"
Score:
1. Doesn't move hand.
 2. Raises arm from 1 to 5 centimetres and returns to initial position.
 3. Bends the arm, with bent forearm, reaches shoulder height with hand and returns to initial position.
 4. Bends the arm, with extended forearm, reaches shoulder height with hand and returns to initial position.
 5. Bends the arm, with extended forearm surpasses shoulder height with hand and returns to initial position.
 6. Reaches object and returns to the initial position.

100 ***REACH AN OBJECT PLACED BEHIND THE HEAD***

- Departure point:** the trunk must be resting against the backrest, arms in lap.
Necessary objects: an object placed behind the subject's head, at the height of the sixth cervical vertebra, reachable by bent upper limb.
Verbal instructions: "Can you please try to reach the object behind your head and return with your hand in your lap?"
Score:
1. Doesn't move hand.
 2. Bends upper limb, with hand reaches the chin and returns to initial position.
 3. Bends upper limb, with hand reaches the mouth and returns to initial position.
 4. Bends upper limb, with hand reaches omolateral ear and returns to initial position.
 5. Bends upper limb, with hand reaches occiput and returns to initial position.
 6. Bends upper limb, with hand reaches the sixth cervical vertebra and returns to initial position.

101 ***REACH AN OBJECT PLACED ON THE FLOOR AT THE SIDE OF THE WHEELCHAIR***

- Departure point:** the trunk must be resting against the backrest, arms in lap.
Necessary objects: an object placed on the floor at the side of the wheelchair.
Verbal instructions: "Can you please try to reach the object and return with your hand in your lap?"
Score:
1. Doesn't move hand.
 2. Moves hand from 1 to 5 centimetres in direction of object and returns to initial position.
 3. Abducts arm, with bent forearm, reaches omolateral side with hand and returns to initial position.
 4. Abducts arm, with bent forearm, surpasses armrest or lateral side panel with hand, extends forearm and returns to initial position.
 5. Abducts arm, surpasses armrest or lateral side panel with hand, extends forearm, bends trunk laterally, does not reach object and returns to initial position. The contralateral limb or a support device provides support.
 6. Reaches object and returns to initial position.

102 ***REACH AN OBJECT PLACED Laterally ON A HORIZONTAL SURFACE***

- Departure point:** the trunk must be resting against the backrest, the arm resting on the lateral surface with the forearm

- Necessary objects:** parallel to the sagittal plane of the wheelchair.
a smooth surface cm 75 from the ground, lateral to the subject and an object in a position reachable by the completely extended arm.
- Verbal instructions:** “Can you please try to reach the object and return with your hand in its original position?”
- Score:**
1. Doesn't move hand.
 2. Moves hand from 1 to 10 centimetres and returns to the initial position.
 3. Gets near the object without reaching it, exploiting a gravity unload movement or “walking” on the surface with the fingers and returns to the initial position.
 4. Gets near the object without reaching it, with an against gravity movement of the forearm and returns to the initial position. The movement can be carried out with the elbow resting on the surface.
 5. Reaches the object with a gravity unload movement and returns to the initial position.
 6. Reaches the object with an against gravity movement and returns to the initial position.

103 ***REACH, WITH EXTENDED UPPER LIMB, AN OBJECT PLACED TO THE SIDE, AT HEAD HEIGHT***

- Departure point:** the trunk must be resting against the backrest, arms in lap.
- Necessary objects:** an object placed to the side of subject, at temple height, reachable with completely extended upper arm.
- Verbal instructions:** “Can you please try to reach the object and return with your hand in its initial position?”
- Score:**
1. Doesn't move hand.
 2. Raises hand from 1 to 5 centimetres and returns to the initial position.
 3. Abducts arm, with bent forearm, reaches shoulder height with the hand and returns to the initial position.
 4. Abducts arm, extending forearm, reaches shoulder height with the hand and returns to the initial position.
 5. Abducts arm, extending forearm, surpasses shoulder height with the hand and returns to the initial position.
 6. Reaches object and returns to initial position.

104 ***REACH A CONTRALATERAL OBJECT***

- Departure point:** the trunk must be resting against the backrest, arms in lap.
- Necessary objects:** a smooth surface cm 75 from the ground, contralaterally to the limb to be examined and an object in a position reachable to the upper limb completely extended.
- Verbal instructions:** “Can you please try to reach the object and return with your hand in your lap?”
- Score:**
1. Doesn't move hand.
 2. Moves hand from 1 to 5 centimetres in direction of object.
 3. Hand surpasses median line .
 4. Hand surpasses the contralateral side.
 5. Reaches object with gravity unload movement, resting forearm on surface.
 6. Reaches object without resting forearm.

105 ***TIME TRIAL***

- Departure point:** the person must be seated on the posture system presently in use or on trial
- Necessary objects:** a long corridor of about 10 metres, with the possibility of effecting a straight line path of 7,5 metres, a bend and a return path of 7,5 metres
- Verbal instructions:** “Can you do this distance in the shortest time possible, please?”
- Score:** Indicate if the distance is completed and, if yes, note the total time taken.

106 ***BALANCE TEST (only with manual and self-propelling wheelchairs on the back wheels).***

- Departure point:** the person must be seated on the posture system presently in use or on trial
- Necessary objects:** none
- Verbal instructions:** “Can you balance on your back wheels for at least 10 seconds, please?”
- Score:** Indicate if balancing on the back wheels is kept up for a period of at least 10 seconds. If not, note the time reached.

- 107 Analyse the obtained results and try to compare them with the initial goals, written on the first form filled out.
- 108 Specify the context in which the results were reached and which will be described in the lines immediately below.
- 109 Note the obtained results and try and separate and distinguish them for each specialist involved in the supply of the device.
- 110 Indicate the user's need of assistance, that is, to use people for periods of time to meet the practical difficulties of personal autonomy management linked to the device in use.