





















Postural Assessment Part 2 -Supported Lying (Hand Write)

Client Name Enter text		D.O.B. Enter text		D.O.Ax. Enter a date	
Reasons for Postural Ax Enter text, press "Enter" to start a new paragraph					
Assessor(s) Enter text		Present Enter text		Venue Choose a venue	
Medical History (linked to Postural Assessment Part 1)					
Diagnosis Primary, secondary, and when etc.			Surgeries/Hospitalizations Surgeries, spinal rod, VDRO, girdle stone, tendon release and when etc.		
Sleep Hx Sleep routine, sleep hygiene, hours in bed, sleep disturbances/deprived, number of awakes, sleep quality, day sleep, sleep meds, OSA, hx of sleep accidents etc.					
Medications Meds chart, meds impact sleep, melatonin treatment etc.			Seizures Hx Nocturnal seizures, freq, triggers, absence, tonic-clonic, myoclonic, atonic etc.		
Respiratory Risk COPD, Asthma, SOB, respiratory compromise, APAP, O ₂ sat etc.			Aspiration Risk Reflux etc		
Pressure Injuries Hx/Skin conditions Location, stage, when and length, MAD, psoriasis, DFU etc.			Pain Hx Location, intensity (1-10), duration, descriptions (shooting, cramping, burning, stabbing, sharp/dull, radiating, throbbing), triggers, timing, pain expression etc.		
Thermal Regulation Hypo/hyper/drastring change, usual core temp, thermoregulatory dysfunction, discomfort expression, neurological/physiological presentations etc.			Skin Sensation/Oedema Altered, hyper-/hypo- sensate, absent, numbness, location etc.		
Movements/Tone Spasm, dystonia, restless leg syndrome, move around, move head, arms and legs etc.			Incontinence issues Doubly incontinent, nocturnal incontinence, IC, IDC, SPC, oral aperient, stoma bag etc.		
Behaviours Risky behaviours, hx of sleep accidents, sit up in bed, roll around, sleepwalking, night terror, chew up pillowcase etc.			Sensory/Communication <u>Visual impairment</u> , means of expressing discomfort etc.		
Allergies/Infectious Conditions (CMV, MRSA, HIV, Hep C) Latex, Cytomegalovirus – pregnant clinicians should avoid etc.			Weight kg stable? Height cm BMI = e.g. BMI = 30 indicating obesity		
Habitual/Unsupported Lying Positions					
Supine Lying		Windsweeping		Side Lying	
  		 		 	
  		 		 	
Bed Size/Mattress S, KS, Alt air etc.		Mattress Alt air etc.		Bed Transfers Hoist, slide board etc.	
Positioning/Repositioning/Move Independent, assisted, freq, reasons etc.		Comfort/Activities Participation More comfortable on back, sleep on side to watch TV etc.		Existing Positioning Supports Symmetrisleep, Askle etc.	
Supine lying tolerable? <input type="checkbox"/> Yes <input type="checkbox"/> No Possible duration of supine lying Enter text Remarks Postural asymmetry, client also lies on bean bag, sleep on side then on back after an hour etc.					

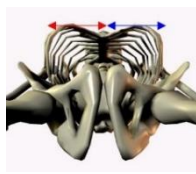
Supine Assessment							
Flexibility score: Full ROM, F1 = past neutral, F2 = reach neutral, F3 = towards neutral, Fx = stiff/fixed						Remarks	
Pelvis	Tilt  Anterior <input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input type="checkbox"/> Flexibility score: <input type="checkbox"/> Mobilize with effort		Obliquity  Right <input type="checkbox"/> Neutral <input type="checkbox"/> Left <input type="checkbox"/> Lower by <input type="text"/> cm Flexibility score: <input type="checkbox"/> Mobilize with effort		Rotation  R forward <input type="checkbox"/> Neutral <input type="checkbox"/> L Forward <input type="checkbox"/> Forward by <input type="text"/> cm Flexibility score: <input type="checkbox"/> Mobilize with effort		Hypo/hypertonicity, spasticity, dystonia, pelvic thrust etc.
Trunk	Sagittal Curvature  Thoracic Kyphosis <input type="checkbox"/> Neutral <input type="checkbox"/> Lumbar Lordosis <input type="checkbox"/> <input type="checkbox"/> Lumbar flattening Flexibility score: <input type="checkbox"/> Mobilize with effort		Scoliosis  Convex R <input type="checkbox"/> Neutral <input type="checkbox"/> Convex L <input type="checkbox"/> <input type="checkbox"/> C Curve <input type="checkbox"/> S Curve Apex at: <input type="text"/> Flexibility score: <input type="checkbox"/> Mobilize with effort		Rotation  R forward <input type="checkbox"/> Neutral <input type="checkbox"/> L forward <input type="checkbox"/> Flexibility score: <input type="checkbox"/> Mobilize with effort		Rib protuberance, rib hump, rib flare, abdominal box, chest distortion impacts trunk flexibility etc.
Hips	Neutral Zero Method		Right	Left	Normal ROM		Hypo/hypertonicity, spasticity, dystonia, knee extension, feet push, spasms, tremors, plantigrade, hip abnormalities: subluxation, dislocation, coxa valga, anteversion etc.
	Flexion-N-Extension (hips)				110-0-30		
	Abduction-N-Adduction				50-0-30		
	Ext Rotation-N-Int Rotation				45-0-45		
	Flexion-N-Extension (knees)				135-0-0		
	Plantarflexion-N-Dorsiflexion				50-0-20		
Ankles	Inversion/Eversion		<input type="checkbox"/> Inver <input type="checkbox"/> N <input type="checkbox"/> Ever Flexibility score: <input type="checkbox"/> Mobilize with effort	<input type="checkbox"/> Inver <input type="checkbox"/> N <input type="checkbox"/> Ever Flexibility score: <input type="checkbox"/> Mobilize with effort			
	Abduction/Adduction		<input type="checkbox"/> Abd <input type="checkbox"/> N <input type="checkbox"/> Add Flexibility score: <input type="checkbox"/> Mobilize with effort	<input type="checkbox"/> Abd <input type="checkbox"/> N <input type="checkbox"/> Add Flexibility score: <input type="checkbox"/> Mobilize with effort			
Head/Neck	Cervical Curve <input type="checkbox"/> Neutral <input type="checkbox"/> Flexion <input type="checkbox"/> Hyperextension Flexibility score: <input type="checkbox"/> Mobilize with effort		Lateral Flexion <input type="checkbox"/> R <input type="checkbox"/> Neutral <input type="checkbox"/> L Flexibility score: <input type="checkbox"/> Mobilize with effort		Rotation <input type="checkbox"/> R <input type="checkbox"/> Neutral <input type="checkbox"/> L Flexibility score: <input type="checkbox"/> Mobilize with effort		Enter text
Shoulders			Right	Left			Enter text
	Shoulders (Frontal view)		<input type="checkbox"/> Level <input type="checkbox"/> Asymmetry				
	Elevated/Depressed		<input type="checkbox"/> Ele <input type="checkbox"/> N <input type="checkbox"/> De	<input type="checkbox"/> Ele <input type="checkbox"/> N <input type="checkbox"/> De			
	Protracted/Retracted		<input type="checkbox"/> Pro <input type="checkbox"/> N <input type="checkbox"/> Re	<input type="checkbox"/> Pro <input type="checkbox"/> N <input type="checkbox"/> Re			
	Flexed/Extended		<input type="checkbox"/> Flex <input type="checkbox"/> N <input type="checkbox"/> Ext	<input type="checkbox"/> Flex <input type="checkbox"/> N <input type="checkbox"/> Ext			
	Abducted/Adducted		<input type="checkbox"/> Abd <input type="checkbox"/> N <input type="checkbox"/> Add	<input type="checkbox"/> Abd <input type="checkbox"/> N <input type="checkbox"/> Add			
Elbows			Right	Left			
	Flexed/Neutral		<input type="checkbox"/> Flex <input type="checkbox"/> N	<input type="checkbox"/> Flex <input type="checkbox"/> N			
	Pronated/Supinated		<input type="checkbox"/> Pron <input type="checkbox"/> N <input type="checkbox"/> Supi	<input type="checkbox"/> Pron <input type="checkbox"/> N <input type="checkbox"/> Supi			
Neuromotor: <input type="checkbox"/> Normal <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/> Fluctuating tone <input type="checkbox"/> Dystonia <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetoid <input type="checkbox"/> Tremors <input type="checkbox"/> Spasms <input type="checkbox"/> ATNR <input type="checkbox"/> STNR <input type="checkbox"/> TLR <input type="checkbox"/> Startle <input type="checkbox"/> Righting reactions Spasms triggers, spasticity triggers etc.							
Remarks Enter text							

Goldsmith Indices of Body Symmetry (Observation-based)

Chest Rotational Distortion



Anti-clockwise



Nil Rotation



Clockwise

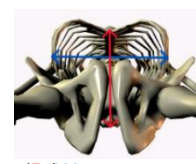


Remarks R = cm, L = cm, R/L ratio =

Chest Compression Distortion



Deepened



(D/W = 0.62-0.85)
Nil Distortion

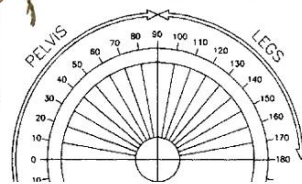
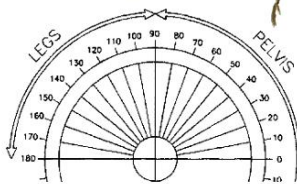


Flattened



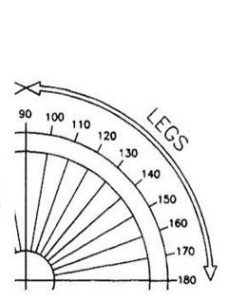
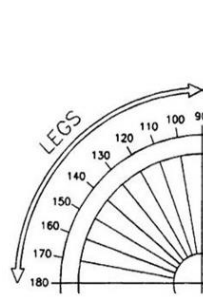
Remarks D / W =

Windsweeping



Remarks Typical ABLAP ~120°, observe symmetry and angle between legs and pelvis, type I or classic ws, hip dislocation etc.

External Rotation/Abduction



Remarks Hips asymmetry, ROM etc.

Optimum/Achievable Lying Position

Insert photos or hand sketch

Remarks

Gradual SL transition strategies, O2Ring sleep monitoring etc.

[illegible]