

### POSTERIOR PELVIC TILT

Low or absent tone in the trunk muscles  
Limited hip flexion  
Abnormal (high, low or fluctuating) tone in trunk and/or lower extremities  
Pathological reflexes in lower extremities or trunk  
Decreased lordosis  
Tight hamstrings  
Increased thoracic kyphosis  
Decreased pelvic/lumbar spine range of motion

Seat depth too long  
Footplates too high (Thighs not loaded sufficiently)  
Footplates too low (Feet not loaded sufficiently)  
Seat-to-floor height too high for foot propulsion  
Footplate position relative to knee does not accommodate tight hamstrings  
Wheelchair does not provide solid base of support (Sling upholstery)  
Back support too upright  
Armrests too low  
Back does not support posterior pelvis

### PELVIC OBLIQUITY

Asymmetrical trunk muscle strength  
Asymmetrical muscle tone (trunk and/or lower extremities)  
Asymmetrical soft tissue or muscle mass  
Asymmetrical pelvic/femur bone structure  
Asymmetrical hip flexion  
Limited hip abduction and/or adduction  
Limited hip internal or external rotation  
Scoliosis

No solid base of support  
Wheelchair too wide  
Armrests too low (Upper extremities not supported)  
Seat shape does not support trochanters  
Seat and or back does not provide enough lateral pelvic support  
Footplate position and/or seating angles do not support hip range limitations  
Joystick and/or wheel location inappropriate

### PELVIC ROTATION

Asymmetrical muscle tone (trunk and/or lower extremities)  
Asymmetrical hip flexion  
Leg length discrepancy  
Posterior dislocated or subluxed hip  
Unilateral foot propeller  
Limited hip abduction and / or adduction range of motion  
Asymmetrical muscle mass in the posterior pelvis  
Scoliosis plus or minus rotation and/or bony deformity

Trunk not supported  
Back support does not support posterior pelvis  
Seat to floor height too high for foot propulsion  
Seat and or/ backrest contours too narrow  
Wheel set up incorrect for hand propulsion

### ANTERIOR PELVIC TILT

Tight hip flexors  
Tight quadriceps  
Tightened paraspinals  
Weakened abdominals  
Obesity  
Increased lumbar lordosis

Anterior femoral angle (Knees lower than hips)  
Back support too upright  
Excessive lumbar contour  
Trunk not supported

### THORACIC KYPHOSIS

*With Reduced Lumbar Lordosis (Full C-Curve)*

Low or absent muscle tone in the trunk muscles  
Compensation for posterior tilted pelvis  
Spinal fusion or structural spinal deformity  
Diminished head control  
Compensation for visual impairment

Back does not match shape of posterior trunk  
Back does not support posterior pelvis  
Back support too vertical  
Back support too low  
Seat to back angle too open or closed  
Head support mounted too far forward or too low  
Arm supports too low

### UPPER THORACIC KYPHOSIS

Diminished disc space in upper thoracic spine  
Hyper extended cervical spine  
Extreme hyper mobility  
Postural deterioration over time  
Diminished head control

Back support too low  
Arm support too low  
Wheel set up incorrect for hand propulsion  
Back does not match shape of posterior trunk  
Head support mounted too far forward or too low  
Seat to back angle too closed

### SCOLIOSIS

Asymmetrical muscle tone or strength in the trunk muscles  
Compensation for pelvic obliquity and/or pelvic rotation  
Structural spinal deformity  
Inability to hold the head in midline  
Collapsed lung  
Decreased trunk balance  
Asymmetrical upper extremity strength during manual wheelchair propulsion

Back does not support posterior pelvis  
Back does not match shape of posterior trunk  
Back does not provide enough lateral support  
Seat cushion does not provide pelvic stability  
Wheelchair does not provide solid base of support (Sling upholstery)  
Upper extremity support is too low, too high or too wide  
Not enough head support  
Joystick or wheel location inappropriate

### INCREASED LUMBAR LORDOSIS

*With Thoracic Extension*

Low or absent muscle tone in the trunk muscles  
Compensation for anterior tilted pelvis  
Tightened paraspinals  
Obesity  
Hypermobility of lumbar spine  
Compensation for instability

Anterior femoral angle (knees lower than hips)  
Back too vertical  
Excessive lumbar contour  
Back support too low  
Posterior pelvic support too high  
Back does not match shape of posterior trunk  
Orientation in space not optimal (system too upright)

*Improper positioning in a wheelchair can cause any of the postures described.*

#### Clinical Assessment Goals

✓ Identify posture/orthopedic deformities at each body segment.

✓ Is it fixed or flexible?