

INITIAL FITTING ASSESSMENT

Patient ID# _____ Date _____

Physical Therapist _____ Orthotist _____

Physician _____

	WITHOUT SWASH	WEARING SWASH
SITTING (90/90 position)		
Hip adduction		
Pelvic tilt posture due to tight hamstrings		
Sitting height from sitting surface		
Time no touch sitting		
Reaching distance capacity		
Ball catch capacity		
Sit to stand functional performance		
General stability and posture		
STANDING		
Femoral alignment		
Overall stance height		
Foot position and alignment		
Reaching capacity w/extrinsic support		
Reaching capacity w/o extrinsic support		
Stand to squat functional performance		
General Posture		
WALKING		
Incidence of scissoring		
Transverse plane alignment both sides (one limb rotated more than the other?)		
Stride Length		
Stride Base Width		
Heel to toe utilization during gait		
Speed		
Neuromuscular control (jerky? fluid? balance issues?)		
Distance capacity		