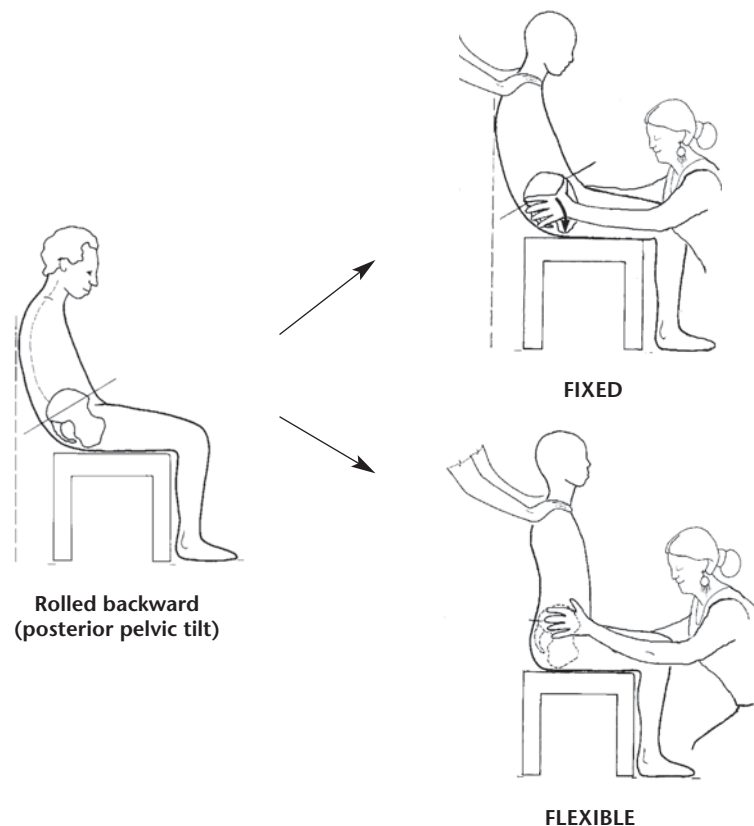


Special Seating: An Illustrated Guide

If the person's pelvis tends to assume one of the following postures, and she cannot move it to neutral by herself, assess the flexibility passively. With your hands on the ASIS and PSIS (or iliac crest if you can't reach the PSIS) move the person's pelvis at the lumbar spine. If you can move the pelvis into a neutral posture, it is *flexible*. If you can not move it out of its typical posture, it is *fixed*. Sometimes the pelvis is *partially flexible*. If so, note the percentage of flexibility, or practical flexibility. If the pelvis is *fixed*, we cannot expect the seating system to "correct" the pelvis to the neutral posture.

Is the pelvis:

c. Rolled backward (posterior pelvic tilt)



When the person's pelvis is "corrected" or reduced to its optimal posture, look at and feel the contour of the low back (lumbar spine). Some people's lower backs will be arched (lordosis), others' will be flat, and other lower backs will round and curve forward (kyphosis).



How might the shape of the person's low back affect the shape of the seating system's lower back support?