

Measuring a Client for Seating: Back Height

In this third article in our series on measuring for seating, we take a brief look at the critical role of backrest height in seating.

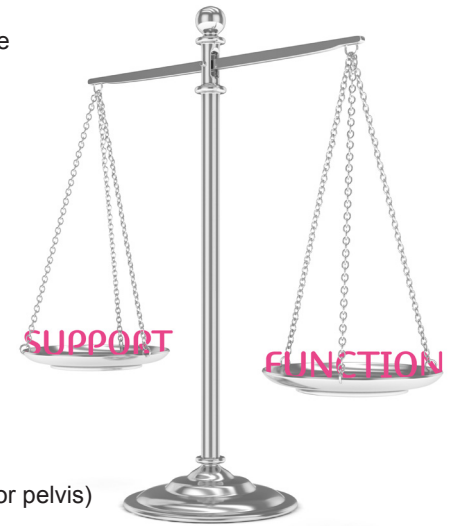
Backrest Height

The general goal is optimum height for a balance between support and function.

- Greater height = more support
- Lower height = minimises interference, increasing propulsion function, promotes core strength

Poorly fitted backrests can adversely affect seated posture, including:

- Inducing pelvic rotation (unsupported posterior pelvis)
- Contribute to upper thoracic kyphosis (backrest too low, unsupported posterior pelvis, too closed angle)
- Increased lumbar lordosis (backrest too low, too much lumbar contour)
- Promote posterior pelvic tilt, (back support too low or too vertical, unsupported posterior pelvis)
- Promote anterior pelvic tilt (back support too vertical, excessive lumbar contour)



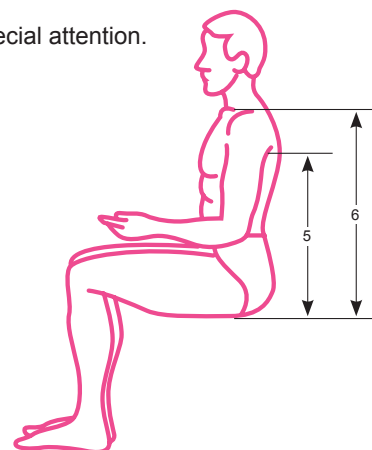
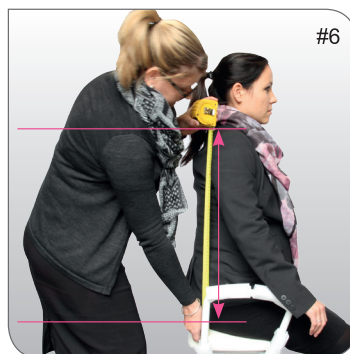
Backrest height measurements are best taken when the client is seated on a firm surface, to make location of base easier. If on slung upholstery, measure from the top of the seat rails.

If a cushion is to be added, be sure to advise your supplier of the anthropometric measurement and the cushion type required.

There are two major measurements that we take for backrests:

- 1) Base of Scapula: Typically suited to a competent self propellor (#5)
- 2) Top of Shoulders: Required for tilting chairs, and for those requiring more postural support (#6)

Clients with marked asymmetries (eg scoliosis and kyphosis) require special attention. Contact Unicare Health for assistance.



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