

What do I Need to Know about Positioning and Seating Issues?

Positioning is core of our well-being for our patients and it impacts their quality of life in a variety of aspects. Positioning crosses and interacts with multiple health issues or concerns such as skin integrity, comfort, dignity/self-image, comfort, safety, function, mobility, proper alignment for breathing, swallowing and fall reduction.

Positioning is a **DYNAMIC PROCESS** involving a thorough evaluation, investigation/observation, communication with the patient, family and IDT, as well as treatment and interventions, modification/equipment and teaching and training.

Where Positioning Starts?

Proper positioning starts with a thorough evaluation that includes assessing the patient in bed, in sitting and possibly while standing.

- Identify underlying impairments that are impacting position/postural alignment
- Develop a comprehensive and effective treatment plan, addressing impairments
- Determine appropriate positioning devices both in and out of bed
- Clearly document medical necessity of treatment and equipment

What is the Value of a Thorough Evaluation?

Must include a MAT Assessment! Out of the Wheelchair: Every effort must be made to assess the patient on the mat.

VALUE

- Necessary to accurately evaluate all systems
- Facilitates/strengthens “hands on” assessment
- Necessary to gather precise/accurate measurements to define/document baseline function
- Necessary to accurately perform evidence based, standardized tests/measurements
- Hands on – leads you to further investigation/observation
- Necessary for assessment under conditions where gravity is eliminated
- Necessary for complete and accurate ROM Measurements
 - Lumbar/pelvic mobility, trunk flexibility, cervical, scapula mobility, upper extremities, hip, including hip extension (Thomas Test), hamstring length, ankle and foot
 - Determine fixed or flexible
- Necessary for accurate assessment of tone/strength
 - Elimination of gravity as indicated
 - Follow appropriate method of testing specific muscle/group
 - Document variation of test position
- Postural Assessment – Pelvis and Spine – Sitting/Supine/Sidelying
- Breathing pattern
- Skin Inspection (throughout the entire body)
- Vitals in different positions (orthostatic hypertension)
- Bed Mobility – including weight shift and repositioning
- Necessary to determine appropriate seating angles and linear measurements
- Observations during this assessment lead you to look at other things
 - Ex. patient grimacing when moving leads to further investigation of pain
- Facilitate the prioritization of treatment/goals in a logical order
- Techniques utilized in your mat assessment can also be beneficial, skilled treatment interventions

What are the Common Issues with our Patients?

- Sliding out of wheelchair
- Skin issues
- Frequent Movement/Suggested Interventions
 - Check skin integrity
 - Assess cognition
 - Position changes/up/down schedule
 - Toileting schedule
 - Need for proprioceptive input
 - Assess ability to self-propel wheelchair
 - Pedal/scoot chair
 - Activities to address boredom
 - Interest inventory checklist
 - Anti-rollback device on wheelchair
- Seat Depth (too long or too short)
- Decrease ROM at Hip and Knees (tight or contracted joints)
- Pelvic Mobility (fixed or flexible)
- Leaning in Chair
 - Look at position of pelvis
 - Pelvic obliquity cushion
 - Lateral support
 - Firm wheelchair seat to prevent “sagging”
 - Address postural control
 - Pain/skin integrity
 - Teach repositioning/staff education
 - Width of wheelchair
 - Back cushion w/built in lateral support
- Forward Head
- Feet Off Foot Rest
- Unsupported Upper Extremities
- Wheelchair Propulsion

Basic Seating and Positioning Principles for Optimal Function Include:

- Slight anterior pelvic tilt
- Level pelvic landmarks
- Neutral rotation of the femurs
- Normal lumbar curves
- Neutral trunk alignment
- Level shoulders, squarely positioned over hips
- Neutral cervical spine

What Does it Impact and How to Assess and Identify Possible Solutions/Intervention?

- Identify the impairments: can they be treated or need accommodations
- No quick fixes
- Stabilize proximal and maintain good pelvic alignment to promote distal function/mobility.
- Provide comfort and safety