

Practical Positioning for People with Disabilities

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Benefits of good positioning

- Improved participation in activities of daily living, play, communication¹
- Prevent or manage pressure wounds, contractures, scoliosis, hip dislocation, difficulty breathing, aspiration¹⁻⁵



How to help a patient improve his position

- Encourage the patient to help as much as he can¹
- Incorporate position management into clinicians' daily activities

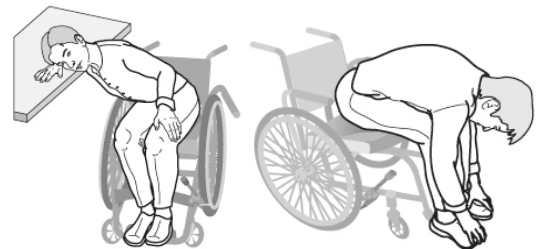


General positioning guidelines^{1,6}

- **Head and body:** straight, neutral pelvis
- **Shoulders and arms:** in front of body, hands free for use
- **Legs and feet:** uncrossed and supported

Position changes for pressure relief

- Avoid prolonged immobilization. Help patient move out of chair into different helpful positions throughout day⁸
- Weight shift in chair **every 15 to 30 minutes** to prevent pressure ulcers⁸
- **Lean forward $\geq 45^\circ$ or lean to side $\geq 15^\circ$ for 2 minutes⁹⁻¹⁴**



Helpful Positions

Standing in standing frame

Potential benefits^{1,15-18}

- Improve contractures, pulmonary function, bowel/bladder function, bone mineral density, spasticity, pressure relief, improved hip stability, social and educational opportunities, increased independence with reaching

Indications^{15,19}

- Begin standing program around 12 months of age
- *Supine stander:* poor head control/trunk control, contractures prevent placing feet flat on ground
- *Upright stander:* fair head control, good core activation

Contraindications¹⁹

- Current fracture
- Severe pain from hip dislocation, soft tissue stretch, excess pressure

Precautions¹⁵

- Low bone mineral density: determine standing tolerance; gradual increase in tilt/duration
- Orthostatic hypotension: monitor blood pressure and dizziness upon change to standing position

Dosage and positioning

- 60 minutes/day, 5 days/week¹⁹
- Legs and feet firm on ground (should not be able to easily move feet; can use properly fitting orthotics)¹⁹
- For children with CP: hip abduction 30-60 degrees to minimize hip dislocation^{3,18,20}
- Keep skin covered, check skin integrity¹⁹



Helpful Positions

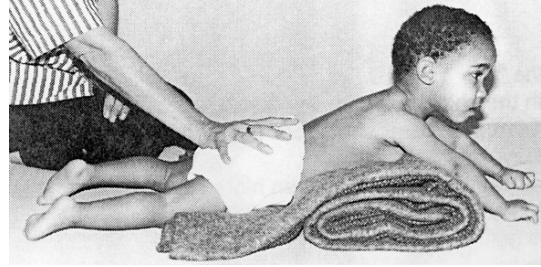
Sitting in chair

- Hips, knees, and ankles at 90 degrees^{1,6}
- Can use lumbar roll (towel) to maintain neutral pelvic tilt and reduce pressure on sacrum and ischial tuberosities⁷
- Can use block between legs to prevent excess adduction
- For feeding, keep head up and neck straight^{1,2}



Prone while awake^{1,8}

- Strengthens back and neck, encourages weight bearing through arms
- Hands or elbows should be positioned under or in front of shoulders
- To make the activity easier, can place rolled towel or wedge under chest, put pressure on bottom



Sleeping on back¹

- Head and body: straight, can use towel rolls to support both sides of body
- Hips slightly flexed, support under knees to maintain natural lumbar curve
- Legs uncrossed, abducted to 20 degrees (can use pillow between knees to prevent legs from crossing)



Sleeping on side¹

- Pillow under head, support behind back prevents rolling
- Pillow under top leg to prevent excess hip adduction



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