



IMPLEMENTING POSTURAL CARE

POSITIONING IN THE REAL WORLD

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ATSA – 6th March 2024

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INFLUENCERS OF POSTURE



What is posture?

Posture is influenced by a number of factors:

- muscle tone (i.e. high or low)
- body shape and size (i.e. height and weight)
- gravity
- the surface (e.g. uneven ground, slopes, sand, footwear)
- the task at hand
- length of time required to be in a particular posture
- level of health, well-being or emotional state



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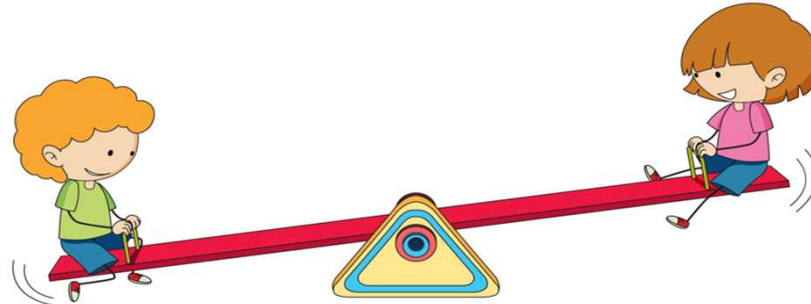
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HUMAN POSTURE



Posture is a balance of

- Comfort
- Stability
- Function (including movement)



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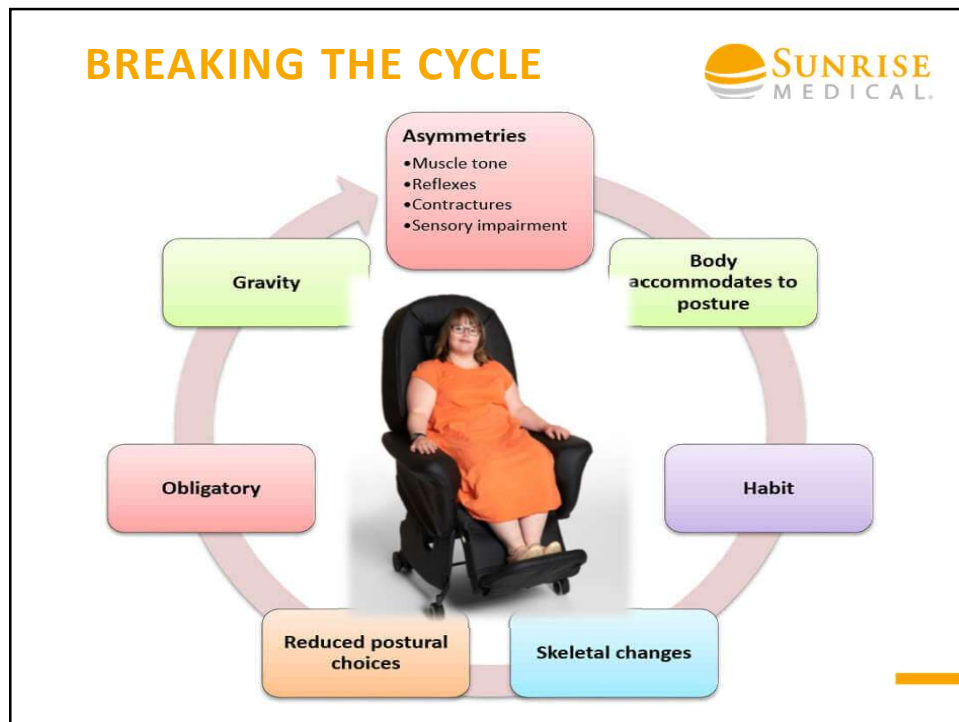
24 HOUR POSTURAL CARE



The challenge lies in
providing sufficient support without
compromising functional activity or
restricting development...

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ASSESSMENT – IDENTIFY GOALS

- What is a typical day currently
- Postural Ax – what are we starting with
- Any medical considerations/contraindications
- Consider Hx and risk of pressure

By determining what position is optimal, the required supports can be identified to support that position and then replicated with a trial of potential equipment.

SUNRISE MEDICAL.

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SITTING



- Spine aligned in neutral
- Head midline over shoulders, over hips
- Hips and knees close to 90 degrees, support laterally as needed
- Ankle and feet in neutral
- Shoulders forward and supported



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GETTING THE MOST FROM YOUR SEATING SYSTEM



- Does the seating system meet the goals of your client?
- Is it functional?
- Is it the correct size?
- Where does it fit in the context of 24 hour positioning?
- Set up considerations:
 - Pelvis – is it stable and secure?
 - Lower limbs and feet – is pressure distributed and feet supported?
 - Chest and laterals – “life box” are head and trunk aligned?

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POSITIONING WITH PURPOSE



- A seated posture is usually the primary position for functional activity, as well as mobility
 - Eating and drinking
 - Communication
 - A large majority of social engagement happens during mealtime
 - Equipment to support a variety of functions is available...know your goals, choose wisely.



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STANDING



- Spine is neutral
- Hips facing the front
- Neutral pelvis
- Foot posture supported and full contact with stander footplate
- Hips and knees under pelvis
- Upper extremities at sides or engaged in activity



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WHY STAND?



- Maintain bone density
- Improved digestion and elimination
- Improved respiration and voice control
- Protect hip joint integrity
- Improve skin integrity
- Slow or prevent formation of contractures



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LYING

- Head in midline
- Spine neutral
- Hip and knees bent with lower back in neutral
- Legs open and uncrossed,
- Ankles in neutral, night resting splints if needed
- Shoulders forward and supported
- Arms along sides



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WHY LYING



- Supine posture is most commonly linked with sleep to
 - Reduction of carer intervention overnight
 - Temperature management
 - “Undoing” daytime functional postures



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WHEN ELSE??



- Prone, supported for function
- Positioning for airways/digestive system Improved comfort and skin protection
- Reduction Spasticity
- Protect current body alignment



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INTRODUCING POSTURAL CARE



- **WHY?**

Why does the client need to be sitting/standing/lying?

- **HOW?**

How will they be getting into the posture/position?

- **WHO?**

Who will be getting them in/out of postural supports? Who will they interact with while in that posture?

- **WHERE?**

Which environments would be relevant?

- **WHEN?**

What activities use this posture?

- **WHAT?**

What will the client need to be able to do seated/standing/lying?

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ACHIEVING SUCCESS



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ANY QUESTIONS?



**PARTICIPATION IS ABOUT BEING
INVOLVED NOT JUST BEING THERE**

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