



IMPROVING
PEOPLE'S
LIVES®



POSTURAL CARE

OUTSIDE THE WHEELCHAIR

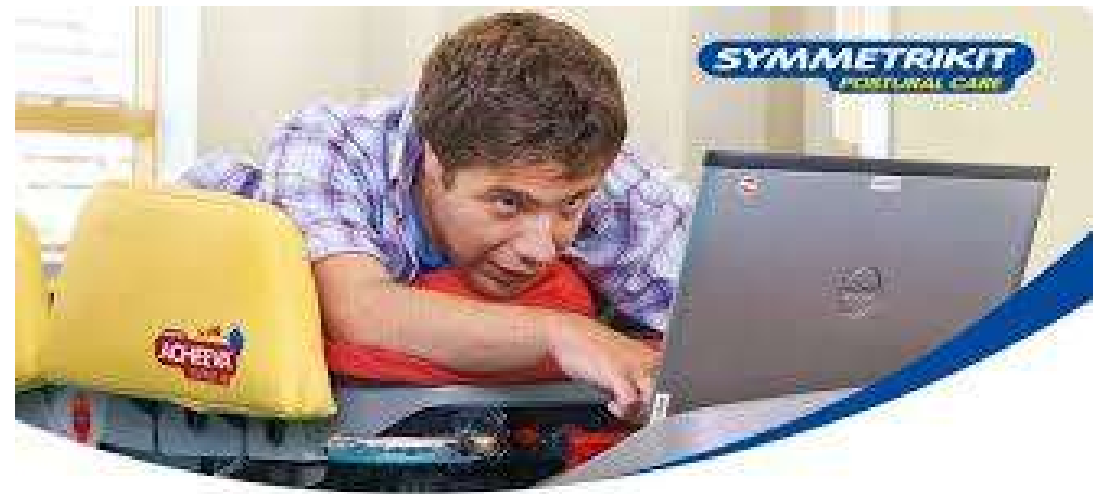
PRITHY SIVARAMAN

6TH MARCH 2025

SESSION OUTLINE



1. DEFINING POSTURE
2. WHO CAN BENEFIT FROM POSTURAL CARE?
3. AX AND CONSIDERATIONS FOR IMPLEMENTATION
4. OPTIONS FOR THE DAY AND NIGHT



HUMAN POSTURE



“THE POSITION OF ONE OR MANY BODY SEGMENTS IN RELATION TO ONE ANOTHER AND THEIR ORIENTATION IN SPACE”
HAM ET AL, 1998

POSTURE IS A BALANCE OF:

- COMFORT
- STABILITY
- FUNCTION (INCLUDING MVT)

WHY CONSIDER POSTURE:

- SUPPORTS CRITICAL FUNCTIONS
- ENABLES ENGAGEMENT AND ACTIVITY
- CONSTANTLY CHANGING

WHAT DETERMINES POSTURE?



POSTURE IS INFLUENCED BY:

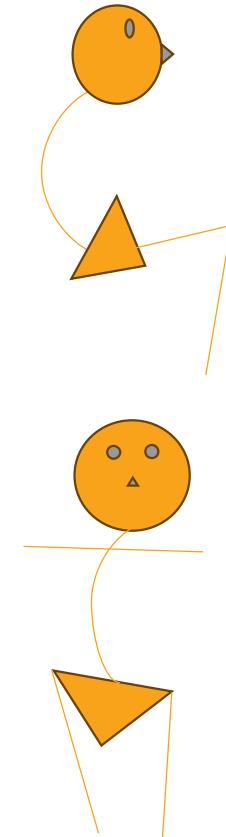
- MUSCLE TONE (HIGH OR LOW)
- BODY SHAPE AND SIZE (INCLUDING DISTRIBUTION)
- GRAVITY
- THE SUPPORTING SURFACE
- THE TASK AT HAND
- LENGTH OF TIME IN A POSTURE
- GENERAL HEALTH AND WELL BEING

IDENTIFYING THE NEED

REGARDLESS OF AGE AND DIAGNOSIS, ANYONE WHO HAS

- MOVEMENT DISORDER
- EXISTING ASYMMETRY
- TENDENCY TO ADOPT HABITUAL POSTURES
- DIFFICULTY OR INABILITY TO REPOSITION INDEPENDENTLY

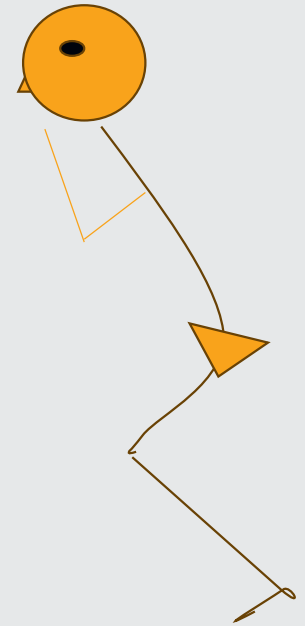
WILL BENEFIT FROM POSTURAL CARE



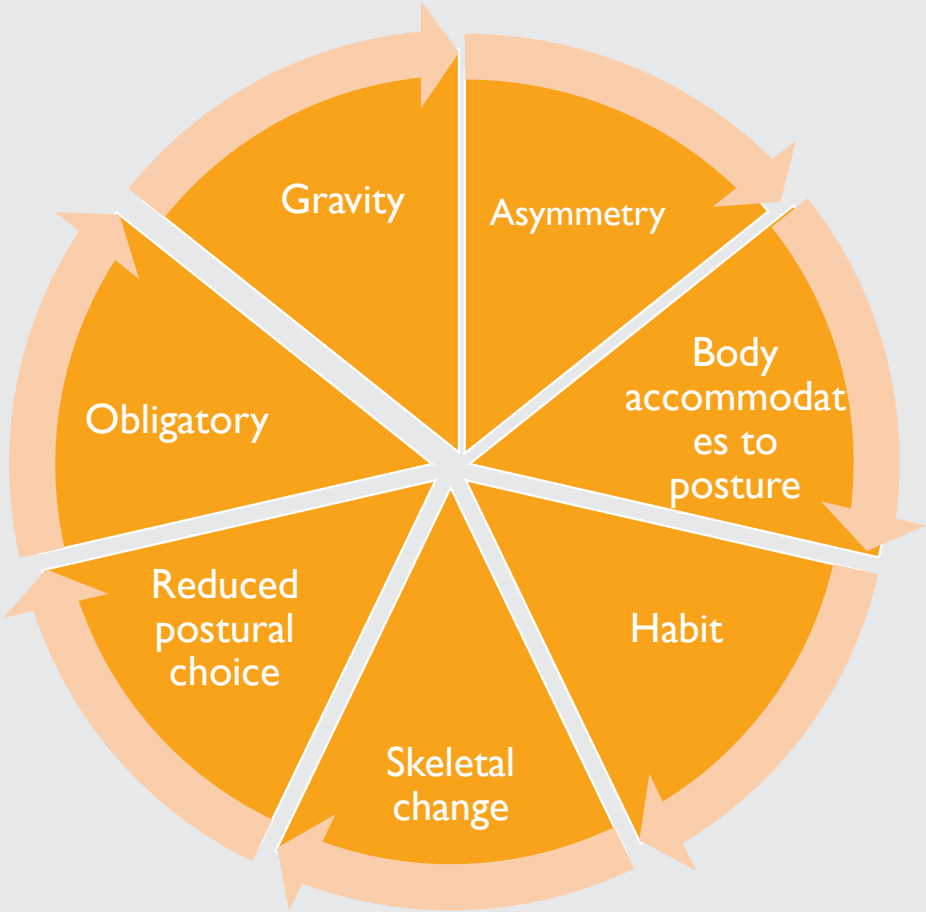
THE MANSFIELD CHECKLIST OF NEED FOR POSTURAL CARE



- DOES THE BODY STAY IN A LIMITED NUMBER OF POSITIONS?
- DO THE KNEES SEEM TO BE DRAWN USUALLY TO ONE SIDE? OR INWARDS? OR OUTWARDS?
- DOES THE HEAD SEEM TO TURN MAINLY TO ONE SIDE?
- DOES THE BODY TEND TO FLEX FORWARD? OR EXTEND BACKWARDS? OR BOTH?
- IS THE BODY SHAPE ALREADY ASSYMETRIC?



POSTURAL ASYMMETRY PROGRESSION



WHY INTERVENE?

- PAIN AND DISCOMFORT
- DIFFICULTY WITH MOVEMENT
- CONTRACTURE AND DEFORMITY
- TISSUE DAMAGE AND PRESSURE INJURY
- COMPROMISED TRUNK SPACE
 - CONSTIPATION
 - RESPIRATORY INFECTIONS
 - URINARY TRACT INFECTIONS
- REDUCED SOCIAL INTERACTION
- FATIGUE



GOAL OF POSTURAL CARE



- PROTECT BODY SHAPE BY SUPPORTING THE BODY IN A SYMMETRICAL AND COMFORTABLE POSITION
- HAVE AN IMPACT THROUGHOUT THE DAY AND NIGHT
 - REDUCE OR ELIMINATE TIME IN UNSUPPORTED POSTURES
 - CORRECT OR STABILISE WHERE ASYMMETRY IS PRESENT
- MAXIMISE HEALTH, POSTURE AND FUNCTION

OUR CHALLENGE:

**PROVIDE SUFFICIENT SUPPORT WITHOUT COMPROMISING
FUNCTIONAL ACTIVITY AND MAINTAIN COMFORT**

ASSESSMENT



- SUBJECTIVE

- DIAGNOSIS/PROGNOSIS
- HX OF PRESSURE AND RISK FACTORS
- COGNITION, PERCEPTION AND ENGAGEMENT
- ID TYPICAL DAILY ROUTINE BASELINE
- WHO WILL SUPPORT IMPLEMENTING POSTURAL CHANGES IN THE DAY AND/OR NIGHT?
- ANY MEDICAL CONSIDERATIONS/CONTRAINDICATIONS?
 - O2/SATS MONITORING
 - PEG
 - ASPIRATION RISK



NIGHT-TIME ASSESSMENT AND EVALUATION FORM

Date: _____ Client's Name: _____
Age: _____ Height: _____ Weight: _____
Therapist's Name: _____
Diagnosis / Issue: _____

Daily routine (time spent in bed/lying): _____

Other equipment used (other postures): _____

Temperature / Moisture Management: _____

Pressure Management: _____

Medical Considerations: _____

Safety (Breathing, Aspiration): _____

Additional notes: _____

ASSESSMENT



- POSTURAL ASSESMENT
 - SUPINE
 - SEATED AX AND BALANCE
 - CONSIDER TONE, SPASTICITY
 - ASSESS COMFORT AND TOLERANCE
 - CONSIDER TIME OF DAY AND IMPACT OF FATIGUE

EDUCATION
IN MOTION

WHERE THEORY MEETS PRACTICE

Seating & Mobility Evaluation

Patient Information:

Name: _____	Date of Evaluation: _____	Physician: _____
Address: _____	Sex: _____ Age: _____	Therapist: _____
Phone: _____	Height: _____ Weight: _____	Therapist: _____
Email: _____	Primary Caregiver: _____	Supplier: _____
Funding Source: _____	Caregiver Phone: _____	Company: _____
Reason for Referral: _____	Referred By: _____	Supplier Phone: _____

Patient Goals: _____

Caregiver Goals: _____

Medical History:

Current: _____

Other related Diagnoses: _____

Planned Surgeries: _____

Cardio-Respiratory Status: _____

Diagnosed: Yes No

Medications: _____

Current Seating/Mobility:

Chair: _____ Age: _____ Serial Number: _____ W/C Cushion: _____ Age: _____ W/C Back: _____ Age: _____

Reason for: Replacement Repair Update Comments: _____

Additional Equipment used on chair:

Replace with O2/Ventilator: _____ Age: _____ Stander: _____ Age: _____

Other Equipment: _____ Age: _____ Augmentive Com Device: _____

Mounting: _____ Comments: _____

Home Environment:

House Apt Asst Living Long Term Care Facility (LTCF)/Nursing Home Alone w/ Family-Caregivers

Entrance: Level Ramp Lift Stairs

Electric Accessible Rooms: Yes No Narrowest Doorway to Access: _____

Any Notable Critical Dimensions: _____ Comments: _____

Community Activities of Daily Living (ADL):

Transportation: Car Van Bus Adapted Van/independent driven Ambulance Other: _____

Dressing Requirements: _____

Employment Requirements: _____

Educational Requirements: _____

Terrain Encountered: _____

Typical Distance: _____

Other: _____

Cognitive / Visual / Hearing Status:

Memory Skills:	<input type="checkbox"/> Intact	<input type="checkbox"/> Impaired	Comments
Problem Solving:	<input type="checkbox"/> Intact	<input type="checkbox"/> Impaired	Comments
Judgment:	<input type="checkbox"/> Intact	<input type="checkbox"/> Impaired	Comments
Attention/Concentration:	<input type="checkbox"/> Intact	<input type="checkbox"/> Impaired	Comments
Reasoning:	<input type="checkbox"/> Intact	<input type="checkbox"/> Impaired	Comments
Hearing:	<input type="checkbox"/> Intact	<input type="checkbox"/> Impaired	Comments
Communication:	<input type="checkbox"/> Intact	<input type="checkbox"/> Impaired	Comments

Amputation:

Unable With Device


Stance: _____


Other Safety Issues: _____

USING POSTURAL SUPPORTS



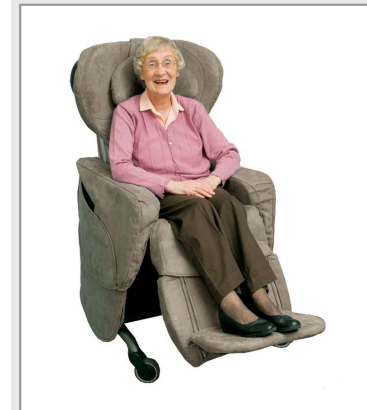
- POSTURAL ASYMMETRY IS EITHER NON-REDUCIBLE OR REDUCIBLE

- WHEN A POSTURE IS NON-REDUCIBLE
 - SKELETON IS “STUCK:
 - TRIAL SUPPORTS THAT WILL ACCOMMODATE
 - GOAL  HOLD POSTURE STABLE AND TRY TO PREVENT PROGRESSION

- WHEN A POSTURE IS REDUCIBLE
 - SKELETON IS MOBILE AND ASYMMETRY CAN BE REDUCED
 - TRIAL SUPPORTS THAT WILL HELP TO CORRECT
 - GOAL  RESTORE MOVEMENT OF THE SKELETON, PREVENT OR SLOW PROGRESSION AND ALLOW GREATER FREEDOM OF MOVEMENT

ALTERNATIVE DAYTIME OPTIONS

- SPINE IN NEUTRAL
- HEAD IN MIDLINE OVER SHOULDERS, OVER HIPS
- HIPS AND KNEES CLOSE TO 90 DEGREES, SUPPORT Laterally AS NEEDED
- SHOULDERS FORWARD AND SUPPORTED
- ANKLE AND FEET IN NEUTRAL

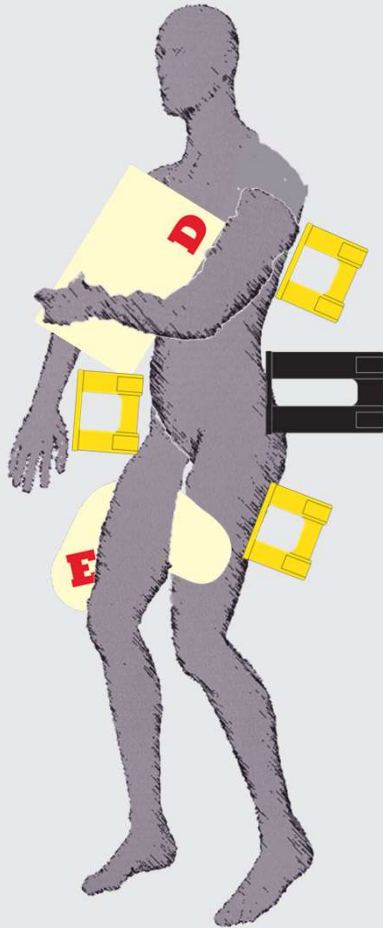


LYING OPTIONS

- HEAD IN MIDLINE
- SPINE IN NEUTRAL
- HEAD IN MIDLINE OVER SHOULDERS, OVER HIPS
- HIPS 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



TRY IT OUT



FOR ANY QUESTIONS OR FURTHER INFO

PLEASE CONTACT

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