

# Seating Principles and Upper Limb

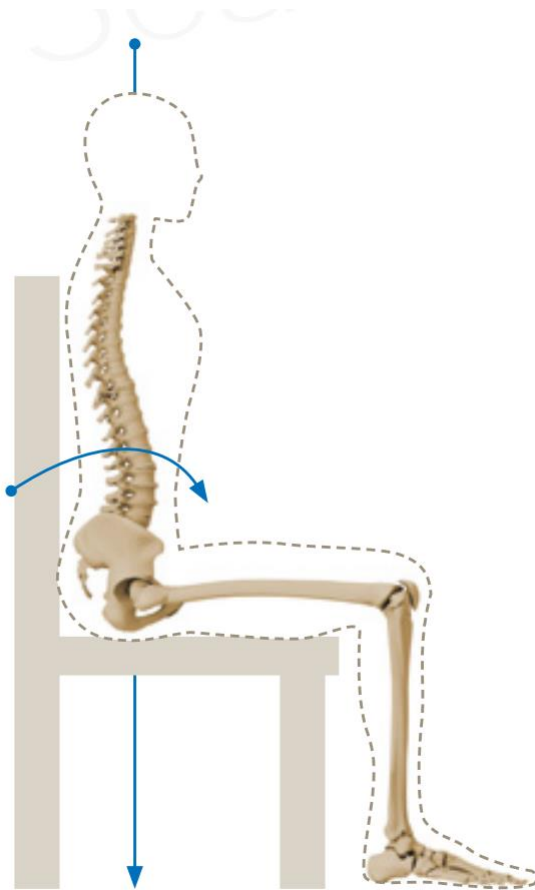
Stroke Study Day

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# Good posture



- Pelvis and spine in straight line
- Pelvis minimal anterior tilt
- Head over hips
- Hands free for function

# Bad Posture positions

- Anterior tilt
- Posterior tilt
- Pelvic rotation
- Pelvic obliquity
- Abduction hips
- Adduction hips
- Windsweeping
- Lordosis/Scoliosis/Kyphosis

# Seating in stroke

Difficulty repositioning due to

- Weakness
- Impaired sensation
- Impaired cognition
- Impaired proprioception
- Impaired tone
- Impaired balance

# Problems associated with poor posture

- Breathing difficulties
- Feeding difficulties
- Development of pressure areas
- Discomfort and fatigue
- Reduced upper limb function
- Contracture development
- Reduced spatial awareness
- Isolation
- Pain

# Principles of pressure management

- Load the body
- Postural support
- Effective repositioning
- Pressure cushion

# Common difficulties faced

- Use of pillows
- Chair too high - feet dangling
- Chair too shallow
- Chair too low

# Bedside assessment

- Are they in the optimal sitting position ?
- Can they maintain independent balance for over 5 minutes without using arms for stability?
- Can they reposition with minimal assistance for guidance?
- Are they collapsing to one side or forward?



# SMART seat



- Offers tilt and space
- No recline function
- Adjustable foot plates
- Pressure relief

## Pros

- Suitable for all

## Cons

- One size fits all

# Rea / IBIS



- Offers tilt and space
- Recline function

## Pros

- Fully customisable

## Cons

- Needs PR cushion

# 3 key ideas

- Best chair on the ward for them
- Appropriate pressure relief
- Regular repositioning

# Upper limb uses

- Crawling / climbing
- Comfort
- Walking
- Feeding
- Writing
- Expression / Communication
- Manipulating / Using objects
- Roles / Work



# Problems

- Power / Strength
- Sensation
- Tone
- Pain
- Fine motor skills
- Inattention
- Apraxia
- Oedema

# Subluxation

- Slings in transfer
- Pillows in bed/chair

# Other considerations

- Contracture prevention by regular passive ranging
- Monitor skin integrity
- To splint or not to splint?

# Encouraging use

- Hand over hand assistance
- Position of environment
- Bilateral hand tasks



# 3 key ideas

- Positioning/ Slings
- Encourage use
- Regular passive ranging

**Thank you!**

Any questions