

STROKE POSITIONING, TRANSFERRING & SHOULDER MANAGEMENT IN ACUTE AND REHAB

PRESENTED BY:

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OVERVIEW

- Objectives
- Factors affecting mobility
- Guiding principles for safe/effective mobility
- positioning
- Bed mobility
- Care of the affected arm
- Transfers
- Walking

OBJECTIVES

- Understand the philosophy of stroke patient care
- Understand care within the first 48 hours
- Understand the importance of positioning
- Understand the guiding principles for safe/effective mobility

PHILOSOPHY

These techniques are designed:

- To allow the stroke patient optimal recovery
- For the safety of the stroke patient
- For the safety of YOU, the caregiver for the patient

YOU are an integral part of the stroke care team

POSSIBLE DEFICITS FROM STROKE

(These are dependent on the area of the brain affected by the infarct or hemorrhage)

- **Motor Loss:** Is one side weak?
- **Sensation:** Is there sensation in all 4 limbs?
- **Fatigue:** Does the patient tire during the day?
- **Muscle Tone:** Is tone increased or decreased?
- **Balance:** Is balance impaired in sitting or standing?
- **Posture:** Do they list or push to one side?
- **Perception:** Is there neglect or visual loss?

POSSIBLE DEFICITS CONT'D..

- **Communication:**

 - Inability to follow instructions

 - Inability to speak

- **Personality:**

 - Anxiety & fear of moving/falling

 - Impulsiveness, personality changes

- **Cognition:**

 - Is patient able to understand and follow instructions

- **Other Physical Factors:**

 - e.g. obesity, fractures, pain

GUIDING PRINCIPLES FOR ASSISTING WITH MOBILITY & MOTOR FUNCTION

- Each stroke is different and each person a unique individual
- Talk with the patient
- Encourage the patient to participate as much as possible
- **Never pull on the patient's affected arm or under the patient's shoulders**
- Use good body mechanics
- Move slowly and gently

CORRECT POSITIONING OF PATIENT WHEN IN BED

- Position as shown on the positioning sheets
- Change position every 2 hours
- In supine put pillow support under the affected shoulder and do not put pillows under the knees
- Lying on affected side bring shoulder forward and arm out straight
- Lying on unaffected side support affected arm on a pillow

ASSISTING THE PATIENT WHO HAS SIGNIFICANT ARM WEAKNESS OR SHOULDER PROBLEMS

- Always be careful when handling the affected arm
- Never pull on the affected arm
- When using a lifting device (Hoyer, ceiling lift) ensure affected arm is positioned inside the sling. Never let the arm hang outside the sling
- When the patient is sitting, support the affected arm

MOVEMENT IN BED

- Bridging
- Movement of the upper trunk
- Rolling onto the side
- Moving from lying to sitting position

BRIDGING AND MOVING UPPER TRUNK

- Encourage/assist patient to:
 - Bend knees up, place feet flat on bed
 - Lift hips off bed
 - Shift hips to the left or right to move sideways
- Move upper trunk by putting your arm **under patient's shoulders and slide towards you.**

ROLLING ONTO THE SIDE

- Encourage/assist the Patient to:
 - Bend knees up before rolling
 - Hold the affected arm
 - Look towards the direction of the roll
 - Use their hips and shoulders to assist with the roll

MOVING FROM LYING TO SITTING POSITION

- Roll patient on their side in the method described in rolling
- Slip both feet over the edge of bed
- Push up with arm(s), looking up while pushing up
- Sit up tall

MOVING FROM SITTING TO STANDING

This is not a LIFT. Ask patient to:

- Slide hips forward to edge of bed/chair
- Sit up tall
- Position feet correctly
- Bend forward at the hips
- Bring shoulders forward
- Keep weight equally distributed over both legs
- Stand up tall

TRANSFERS

- One person standing pivot transfer
- Two person standing pivot transfer

- One person standing step around transfer
- Two person standing step around transfer

- One person sit pivot transfer
- Two person sit pivot transfer

SITTING IN A CHAIR

Tips to help you help your patient sit comfortably:

- Remember the 90 degree rule at the hips
- Use a lap tray to support the affected arm
- Remember symmetry of both sides
- Have both feet supported on floor or foot plates

GUIDELINES FOR ASSISTED WALKING

- Consult with the Physiotherapist regarding the specific ways to help your patient walk and whether a patient should be walked
- Follow guidelines for sit-to-stand
- Stand and support patient on their weak side
- Step with the same foot as they do

- Questions/Discussion

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