



Taking Action for Optimal Community and Long-Term Stroke Care

A Resource for Healthcare Providers

Chapter 6: Activities and Participation
Section 6.2: Shoulder Care and Positioning

Updated September 3 2020



Disclaimer

- Taking Action for Optimal Community and Long-Term Stroke Care is for informational purposes only and is not intended to be considered or relied upon as medical advice or a substitute for medical advice, a medical diagnosis or treatment from a physician or qualified healthcare professional. You are responsible for obtaining appropriate medical advice from a physician or other qualified healthcare professional prior to acting upon any information available through this publication



TACLS Overview

Overview



- This presentation has been developed to complement the information provided in Taking Action for Optimal Community and Long-Term Stroke Care
- TACLS content is aligned with the most current Canadian Stroke Best Practice Recommendations (www.strokebestpractices.ca)
- Some of the best practice recommendations are included in this resource for quick reference. For the full Canadian Stroke Best Practice recommendations visit: www.strokebestpractices.ca
- As you consider the following information, always ensure that you are practicing and working within your scope of practice and seek advice from qualified and appropriate team members as needed

- In light of COVID-19, resources are being shifted across the healthcare continuum to help meet ongoing and changing needs.
- There may be some variability in the staff who would typically work with patients who have had a stroke.
- There are many **considerations** that are key to **promoting safety** and **optimizing recovery** when working with individuals who have had a stroke.
- TACLS can be used to help **support healthcare providers** and may be helpful to informal caregivers during this time by providing key information, skills and guidance when providing care to individuals who have had a stroke in any setting, from acute inpatient care to the community.

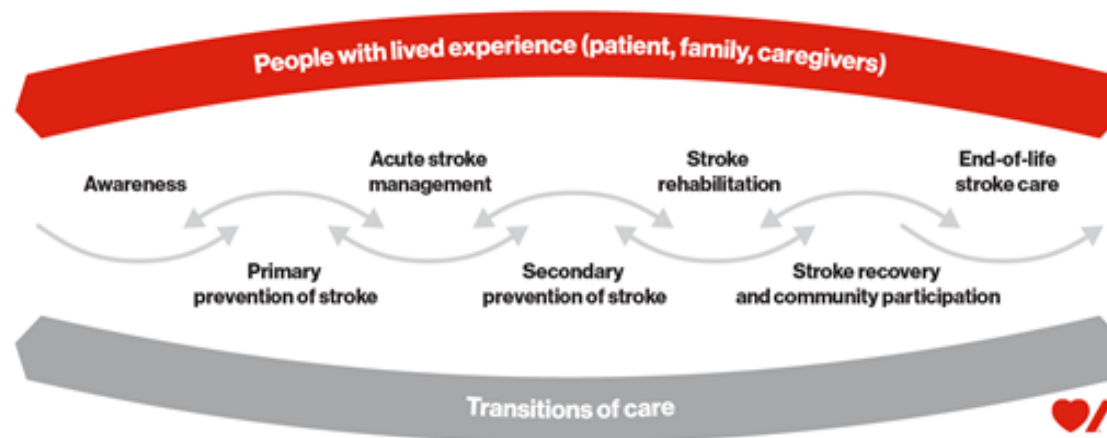
Purpose and Use of TACLS

- TACLS slide presentations are designed to be used as a resource, in conjunction with the TACLS manual, for informing and educating healthcare providers about how to care for individuals who have had a stroke across care settings
- Informal caregivers may also find these resources helpful
- TACLS content is aligned with the Canadian Stroke Best Practice Recommendations (www.strokebestpractices.ca)



Target Audience

- Healthcare providers who care for individuals who have had a stroke and are in acute care, inpatient rehabilitation, or community settings (such as at home or in long-term care)
- Informal caregivers, such as family members, may also find these resources helpful as they provide practical information to deliver safe and appropriate care



Your role

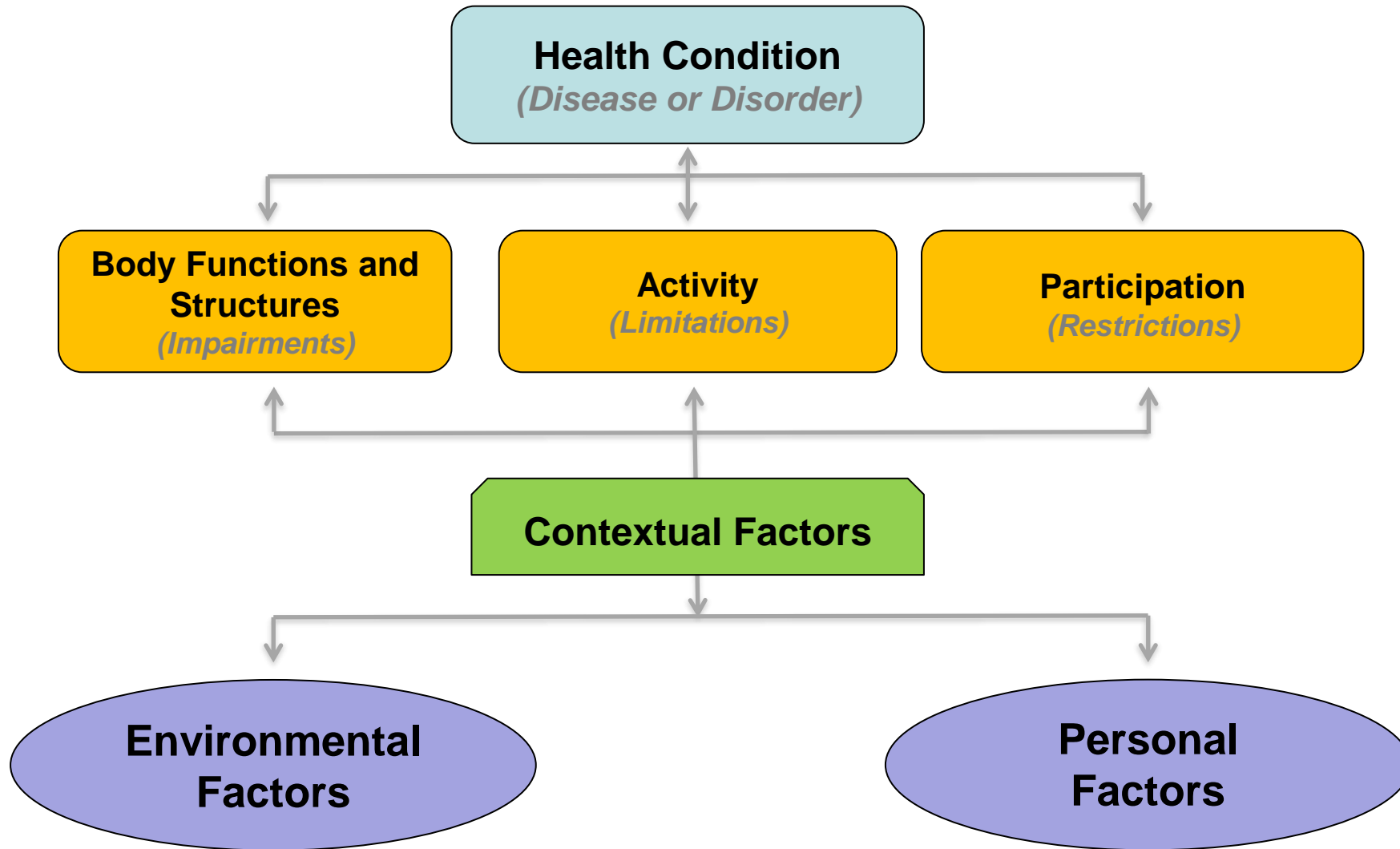
- It is very important to **review** and **understand** your role **within the stroke care team**
- **Consult** with your **team** if you
 - ❖ Are **unclear** about any aspect of the care plan
 - ❖ Have **questions** about how to implement the recommended care
 - ❖ Have **concerns** about the health of the person you are caring for
- Know your **direct contact** on the team and follow your workplace **guidelines** for **communicating with the team**
- **Do not delay** if a situation requires **immediate attention** – contact the appropriate team member as quickly as you can
- There may be times when the information in this resource **differs** from the **instructions** or **care plan** that have been developed by the organization you work for or by the stroke team. **In these cases, always follow the direction from your employer, your team, and the care plan**

Your Role: Communicate with your Team

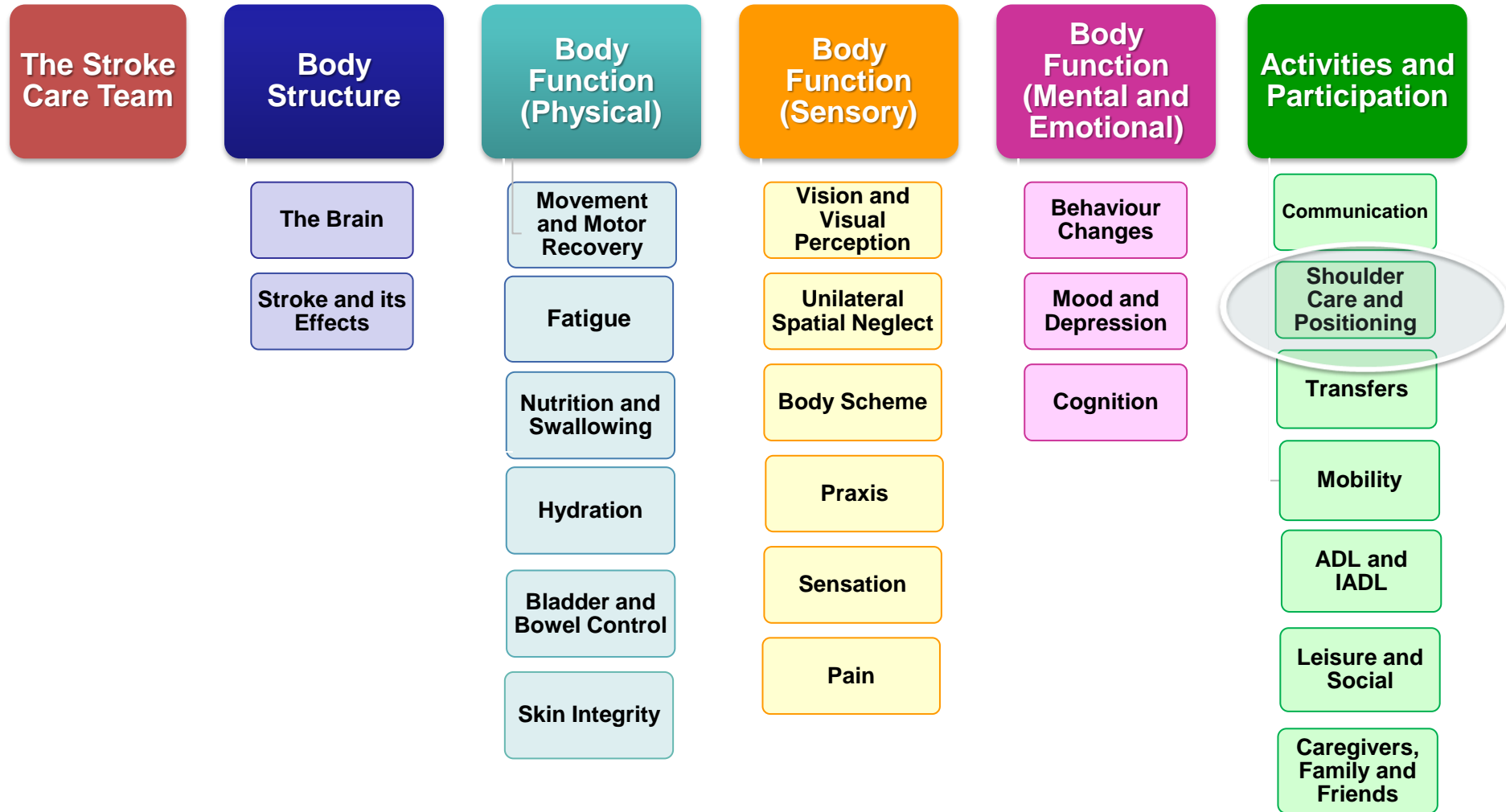
Stroke care is a **TEAM effort. The team is there to support you. Make sure to reach out to your team if you have any questions so that the safety and recovery of the individual you are working with and/or caring for is not compromised.**

TACLS Structure

TACLS is organized to follow the International Classification of Functioning (ICF) structure.



TACLS Content and Layout





Section 6.2

Positioning

Positioning

- Topics in this section
 - ❖ Positioning in bed and wheelchair
 - ❖ Changing positions
 - ❖ Managing the affected arm and leg



For additional important information regarding care and positioning of the affected upper extremity please refer to the TACLS slide deck [Shoulder Care](#)

Key Messages: Positioning

- Stroke frequently affects a person's **ability to move** and position their body, especially their affected arm and leg
- **Proper positioning** can help minimize complications such as contracture and pain and also assist people to be more independent, safe, and comfortable
- **Know the techniques and strategies** for movement and positioning that are specified in the person's care plan. They can help prevent injury and further loss of function

Best Practice Recommendations

- Healthcare staff, patients and family should be educated to correctly protect, position, and handle the involved arm
 - ❖ For example, careful positioning and supporting the arm during assisted moves such as transfers; avoid pulling on the affected arm

Your Role as a Healthcare Provider

- Stroke frequently affects a person's **ability to move** and **position their body**, especially their **affected arm and leg**
- Proper positioning can help **minimize complications** such as contracture and pain and also assist people to be **more independent**, safe, and comfortable
- Ensure that you have **received education** from the stroke care team and/or your organization regarding safe client handling including positioning, transfers and mobility



Positioning and Repositioning

- When positioning a person in sitting or lying, the **goal** is to maintain **normal body alignment** while **reducing pressure** on bony and compromised areas
- When changing or moving positions reduce rubbing or friction - **lift and roll** rather than dragging or pulling
- Use **sliders** (friction reducing devices) as prescribed when you move someone



Positioning

- If the person **cannot turn** in bed alone, they will need to be **moved** regularly to **reduce** the risk of **pressure injuries**
- When sitting, encourage **weight shift** at least **every 15 minutes** if the person is able; if not, the person should be **repositioned at least every hour** or according to the care plan
- Remember to always **follow the care plan** and the **policies** of your organization
- The following slides explain ways to position a person in a bed and wheelchair, supporting the affected side. **As every person is different, ensure that you follow the current care plan of the person that you're working with**
- **Consult with the occupational therapist for recommendations on positioning, positioning equipment and the use of pressure redistribution devices** to help reduce risk of pressure injury (e.g., specialty mattresses, wheelchair cushions, foam wedges)



The Goals of Positioning

- When positioning a person in sitting or lying, the **goal** is to maintain **normal body alignment** while **reducing pressure** on bony and compromised areas
- Encourage normal muscle tone patterns and discourage abnormal tone patterns associated with **hemiplegia** (paralysis on one side)
- **Increase awareness** of the affected side
- **Encourage** optimal functional recovery
- **Manage** pain
- Reduce **edema** (swelling) if present

Lying on the Back

To position the person stroke comfortably on their back:

1. **Tell** the person what you are going to do so they are ready, and you don't startle them
2. Make sure the person's **head** is in a **neutral** position, not bent forward or backward
3. **Place** a small pillow behind the affected shoulder blade (scapula)
4. **Place** the affected hand on a pillow above heart level



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Lying on the Back

5. A **pillow** beneath the affected hip and/or knee is **optional**, making sure that the feet are in a neutral position
6. **Support** the person's head, affected arm, and affected hip with pillows
7. **Pressure can be relieved** on the heels by placing a water pillow, or thick foam under their calves (not behind knees) with or without a specialty boot
8. **Ask** the person if they are comfortable



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Consult with the occupational therapist and stroke care team for education and training regarding positioning

Positioning - Lying on Back

- **Avoid** raising the head of the bed unnecessarily to help prevent shearing forces. Encourage the person to keep the head of the bed at or below 30 degrees when able
- If you need to raise the head of the bed for certain care activities or it is needed for their health, raise it to the **lowest point possible** for as **short a time** as possible. Ensure the knee gatch is raised appropriately prior to elevating to help prevent sliding
 - ❖ **Sometimes**, there may be **orders in the care plan** to **keep the head of the bed raised to a specific angle**
- **Always consult the individual's current care plan and consult with the stroke care team if you are unsure**



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Lying on the Affected Side

Many people are more comfortable lying on their side. If positioning the individual on their side, ensure that this position does not affect their breathing

1. **Tell** the person what you are going to do, so they are ready and you don't startle them
2. **Turn** the person to the **affected** side. Use a turning sheet/positioning slider if available or have another person help you
3. **Place** a pillow under the person's head. Make sure their neck is slightly bent and in a comfortable position



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Lying on the Affected Side

4. **Position** the affected leg straight and slightly behind the trunk
5. Position the person in a **30-degree side-lying position** (rolled back slightly onto their buttock)
6. **Position** the affected shoulder slightly forward so the shoulder blade (scapula) lays flat and the arm appears slightly forward from the trunk. **Do not pull on the affected shoulder, arm or hand.** Make sure the affected wrist and fingers are extended
7. **Place** a pillow under the upper arm in front of their stomach, so the person doesn't fall forward
8. **Place** the unaffected leg forward on one or two pillows with the hip and knee bent



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Lying on the Affected Side

9. **Place** a pillow between the legs to reduce friction, pressure points and increase comfort
10. **Place** a pillow behind the person's back and ensure they are not lying directly on their hip bone
11. **Ask** the person if they are comfortable



Consult with the occupational therapist and stroke care team for education and training regarding positioning

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Positioning on the Unaffected Side

- Positioning on the **unaffected side** is the **same** as positioning on the **affected side**
- People with a lot of impairment on the affected side **may feel trapped** lying on their side **and want to roll** onto their back



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Positioning on the Unaffected Side

Ask the person to:

1. **Bend** their knees before rolling to make the roll easier
2. **Be aware** of their affected arm. A person who has had a stroke often “leaves the affected side behind” when rolling onto the unaffected side.
Position the affected shoulder forward with the arm supported on a pillow
3. **Place** a pillow behind their back and ensure they are not lying directly on their hip bone



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Positioning on the Unaffected Side

Ask the person to:

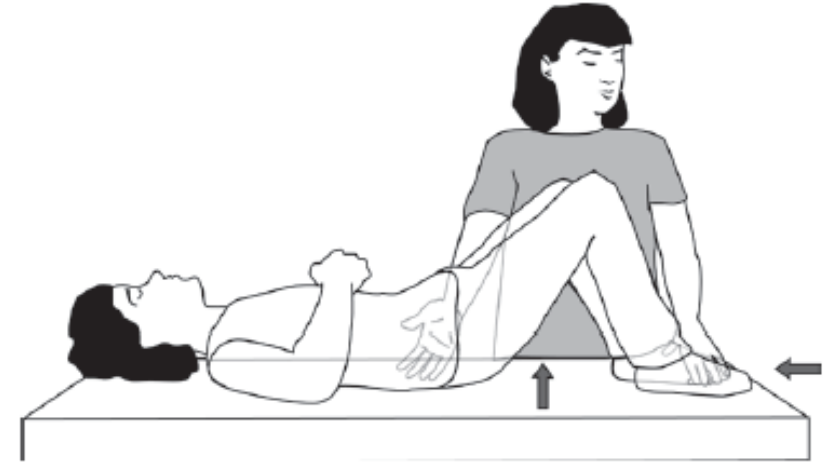
4. **Look in the direction** they want to roll. This is easier when they lift and turn their head in the direction they want to roll
5. As the affected **arm** is on top and **supported by pillows**, make sure that the **shoulder is protracted forwards** with the **elbow extended**. Make sure that the **affected leg is supported by pillows** and with the **hip extended** and the **foot in neutral position**
6. **Ask** the person if they are comfortable

Consult with the occupational therapist and stroke care team for education and training regarding positioning



Moving on the Bed

- **Bilateral bridging** is a way to help a person raise their hips when they are on a bed
- This can help when providing personal care or when the person needs to move towards the edge of the bed
- **Bilateral bridging** may be an activity that the person is working on with the physiotherapist. The physiotherapist can provide you with strategies to support this activity



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Moving on the Bed

When helping someone with bilateral bridging, ask the person to:

1. **Lie on their back** and **bend at the hips and knees**. The person may need help to bend their affected hip and knee. Ensure the upper extremity is supported as required
2. **Place** the soles of the **feet flat** on the bed. You should secure their feet, so they don't slip back down
3. Ask the person to **raise their hips**, making sure their weight is taken through both feet
4. **Remind** them not to push too hard as they change position, so they don't move or slide toward the head of the bed

Sitting Up

- Consult the care plan to determine if a person is ready and able to transition from lying to a sitting position and to know the amount of assistance required. A person may require assistance from one or more than one person, equipment to do so safely or be unable to complete this movement
- The steps a person would use to move from lying to sitting include:
 1. **Bend** their knees
 2. **Lift** and turn their head and look in the direction of the roll
 3. **Roll** completely over onto one side. Remember to **carefully move the affected arm**
 4. Draw both **knees toward their chest**
 5. **Slide** both feet over the edge of the bed
 6. **Push** up with one or both arms, and **look up** while pushing up
 7. **Sit** up straight

Always follow the care plan and safe client handling information from your organization

Moving from Sitting to Standing

- Consult the care plan to determine if a person is ready and able to transition from a sitting to a standing position and to know the amount of assistance required. A person may require assistance from one or more than one person, equipment to do so safely or be unable to complete this movement
- The steps a person would use to move from sitting to standing include:
 1. **Slide** their hips forward to the edge of the bed or chair
 2. **Sit** up straight
 3. Put **feet** shoulder width apart, with their **heels slightly behind their knees**
 4. Make sure both heels are **touching the floor**
 5. **Bend forward** at the hips and **look up**, keeping their back straight
 6. **Bring their shoulders forward** in line with their knees. Their trunk and neck should remain extended as the hips bend
 7. **Push up** with both legs, keeping their weight spread equally over both legs
 8. **Stand** up straight

Always follow the care plan and safe client handling information from your organization

Proper Sitting Position

- When a person is **sitting**, whether in a chair or a wheelchair, their **hips** should be **back and centered**
- Hips often slide forward in a chair, creating a slumped posture
- Use the **90-degree rule**, where the person sits with their hips, knees, and ankles flexed at 90 degrees
- This is more **comfortable**, promotes sensory and motor **recovery**, and ensures an even **weight distribution** under the thighs and buttocks

Note: Donut devices should not be used as they can decrease blood flow and increase skin breakdown. Consult with the occupational therapist for appropriate pressure redistribution equipment



How You Can Help

- Regularly remind the person to keep their **hips back in the chair**. Help them reposition if you need to
- If you are having **trouble seating** a person in the wheelchair in the right position, let the team know. The wheelchair, cushion, or backrest (if used) may need to be **re-evaluated**
- **Support the affected arm** on a lap tray, if recommended. If a lap tray isn't available, try using a pillow
- **Adjust the wheelchair footrests** to make sure the affected foot is supported, while ensuring the hip, knee, and ankle joints are all at about 90 degrees for even weight distribution



Managing the Affected Foot

- A person may have **limited movement** and **sensation** in the **foot** and **leg** on the **affected side**
- Decreased movement and impaired sensation can cause:
 - ❖ **Pain**
 - ❖ **Stiffness**
 - ❖ **Swelling**
 - ❖ **Possible skin damage**

Managing the Affected Foot

- **Reduce swelling** by having the person **lie down** with their **legs elevated** to chest level (or slightly above) with a pillow, rather than elevating the footrests on the wheelchair
- **Circulation** in the legs and feet can be **impaired** by exaggerated hip flexion in sitting
- **Elevating** the legs when in a wheelchair is also not good for maintaining skin integrity due to **uneven weight distribution**

How You Can Help

- **Monitor** the affected limb and **report** any concerns to your team (e.g., pain, swelling, redness, change in movement, etc.)
- **Help** the person follow the physician's orders to reduce swelling, such as wearing prescribed compression stockings



How You Can Help

- The therapy team may recommend completing activities in standing to encourage use of the affected side. This is to promote equal weight bearing and recovery, and to help prevent ankle and foot stiffness and/or loss of range of motion
- When possible and if prescribed, make **standing** part of the person's daily **routine**
 - ❖ E.g., have a person stand at the kitchen counter or bathroom sink with their weight spread evenly over both legs and heels on the ground
- If directed to do so, **complete prescribed exercises** with the foot/ankle





Quiz

Test Your Knowledge

1. The goals of positioning are to:
 - a. Preserve normal body alignment
 - b. Encourage normal muscle tone patterns and discourage abnormal tone patterns associated with hemiplegia (paralysis on one side)
 - c. Increase awareness of the affected side
 - d. Keep the person off the affected side
 - e. a, b and c
 - f. All of the above

Test Your Knowledge

2. True or false: When positioning someone on their back, ensure their head is in the neutral position and support the head, affected arm and the affected hip with pillows. Always tell the person what you are going to do.
3. True or false: The 90-degree rule is where the person sits with their hips, knees, and ankles flexed at 90 degrees.

Test Your Knowledge

4. When managing the affected foot, which of the following strategies are appropriate?
 - a. Reduce swelling by having the person lie down; elevate the legs to chest level or slightly above with a pillow
 - b. When possible, make standing part of the daily routine
 - c. Raise the legrests on the person's wheelchair to help reduce swelling
 - d. All of the above
 - e. a and b only

Conclusion

- More information regarding stroke and stroke care can be found at www.strokebestpractices.ca
- For additional resources visit:
<https://www.strokebestpractices.ca/resources/professional-resources>
- Questions and comments can be sent to strokebestpractices@heartandstroke.ca

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Thank You

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