

**SPMN - Postural Management Sub Group  
Best Practice Group – 2006**

**Evidence Table for Positioning in Lying and Postural Management**

<b>Author</b>	<b>Year</b>	<b>Title</b>	<b>Journal, vol, page</b>	<b>Reported findings</b>	<b>Comments</b>
Poutney T, Green A E, Gard P	2002	Management of hip dislocation with postural management	Child: Care, Health & Development. Vol. 28, Issue 2, Page 179	Children using ALL CAPS before hip subluxation maintained significantly more hip integrity than other groups	Postural management interventions have an important role in the prevention of hip dysplasia
Morris C	2002	Orthotic Management of Children with Cerebral Palsy	Journal of Prothetics and Orthotics Vol. 14, Num4 pp150-158	Review of orthotic management, various types and levels of interventions	53 references
Lunn J, Byrne S, Morris S, Mc Cormack D	2000	The Orthopaedic Management of Scheurmann's Kyphosis	Irish Journal of Orthopaedic Surgery & Trauma Vol.5 Issue 1	General review - only surgery can definitely 'straighten'	13 references
Boyd R.N, Dobson F, Parrot J, Love S, Oates J, Larson A, Burchall G, Chondros P, Carlin P, Natrass G, Graham H.K.	2001	The effect of botulinum toxin type A and a variable hip abduction orthosis on gross motor function: a randomised controlled trial	European Journal of Neurology Vol. 8 issue 5 page 109	39 children with bilateral CP (3yrs+2mths) Similar improvements	Small RCT
Hawkins S, Stone K, Plummer L	1999	A Holistic approach to turning patients	Nursing Standard Vol.14(3), pp.51-56	Review of hazards of specific lying positions reasons, methods and factors relating to good 'turning' practice	Many references
Chatterton HJ, Pomeroy VM, Gratton J	2001	Positioning for Stroke patients: a survey of Physiotherapists' aims and practices	Disability and Rehabilitation Vol.23 no.10, pp.413-21	The most common aims of positioning of 674 Physiotherapists working with patients in the first week following stroke	Postal survey of 674 physiotherapists from randomly selected English NHS Trusts. 73% return rate.
Walton K	2003	Management of patients with spasticity- a practical approach	Practical Neurology Vol.3, issue 6 page 342	Review of literature & clinical experience in a neurorehabilitation setting; spasticity due to acquired brain injury	Expert opinion

Hankinson J, Morton R.E	2002	Use of a lying hip abduction system in children with bilateral CP: a pilot study	Developmental Medicine & Child Neurology Vol 44 pp177-180	14 children aged 4-14 with hip subluxation using a Jenx Deama lying hip abduction system	Use justified, further studies needed
Richardson D	2002	Physical Therapy in spasticity.	European Journal of Neurology Vol. 9 issue s1 page 17	Key components considered are; education of parent & carer, accurate assessment, careful measurement, intervention & evaluation; accurate goal setting and staged approach over prolonged periods	Expert opinion
Becher J.G		Paediatric Rehabilitation in children with CP: general management, classification of motor disorders	Journal of Prosthetics and Orthotics. Vol. 14 no.4 pp.143-149	General management, medical management, classification of both impairment of muscle function and gait pattern	17 references
Lange M.L, Waugh K	2004	24 hour postural management	Newsletter of the children's hospital Physical Medicine & Rehabilitation, Denver, Colorado	Article on provision of 24 hr positioning for children under 21 with a high risk of orthopaedic deformities. Attendance at seating clinic, sleep position clinic and position and mobility clinic instead of just having postural intervention at a wheelchair clinic.	
Tobin J, McCleod P, Cameron D	1997	Posture and gastro-oesophageal reflux-a case for left lateral positioning	Archives Disability Child - adc.bmjournals.com	Lying in prone for gastro-oesophageal reflux recommended for infants but associated with sudden death syndrome, left lateral found to be a suitable alternative	N= 24 infants (< 5 months) with symptomatic gastro-oesophageal reflux were studied prospectively with 48 h pH monitoring in four positions (supine, prone, right, left). 22 refs
Jan MA, Marshall I, Douglas NJ	1994	Effect of posture on upper airway dimensions in normal human	American Journal of Respiratory and Critical care Medicine Vol. 149,no.1,145-148	It showed no significant change in pharyngeal cross sectional areas in lateral or supine positions. The study also demonstrated that the upper airway caliber increases with neck extension in conscious adults.	N=20 normal awake people. Appropriate to conscious adults only.
Manning F, Dean E, Ross J, Abbard RT	1999	Effects of side lying on lung function in older	Physical Therapy Vol.79(5), pp. 456-	The findings support the need for prescriptive rather than routine	Small uncontrolled study - Nineteen, non-smoking subjects

		individuals	66	positioning of patients with risks of cardiopulmonary compromise and the need to use upright positions	with no history of cardiac or pulmonary disease were tested over 2 sessions.
Heikkila E, Ryppy S, Louhimo I,	1985	The management of primary acetabular dysplasia, its association with habitual side lying	J Bone Joint Surgery Br. Vol.67(1), pp.25-28	N=51 infants limited abduction of the hip and acetabular dysplasia	Longitudinal study. The significance of the sleeping position on the development of acetabular dysplasia is discussed.
J Hankinson, R E Morton	2002	Use of a lying hip abduction system in children with bilateral CP- A pilot study	Developmental Medicine and Child Neurology. Mar. Vol.44(3), pp.177-80.	It contains the legs in abduction while allowing some hip flexion, allows side lying and enables individual contouring for back support on supine	Pilot study of 14 children using the 'Jenx Dreama' sleep support system. Hip X-rays, a parental questionnaire, and a sleep chart were outcome measures
Miyazaki et al	2004	Serial changes in independent sitting in adults with severe CP	International Journal of Rehabilitation Research. Sep. Vol. 27(3), pp.233-5.	Investigation the natural course of independent sitting in 28 institutionalized patients with severe cerebral palsy (CP). Evaluation of the factors associated with presence or absence of independent sitting during adulthood.	Longitudinal retrospective & prospective study