

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

Seating as a component of 24-hour postural management –

The following information is generally accepted but often not well supported by literature.

Why do we need to consider seating?

- To provide postural stability to enable function;
- To improve bodily functions – breathing is easier if a person is sitting upright in a neutral position
- To support the body – to provide weaker areas with control, to prevent deformities and contractures
- To relieve pressure – especially if sensation is limited
- To provide comfort – discomfort can affect functional ability.

What is seating hoping to achieve – the neutral posture? :

- Pelvis is upright and level (neutral) or slightly tilted forward
- Trunk is upright with the back following its natural curves
- Hips and legs are slightly separated.
- Knees and ankles are flexed- so that the feet rest on the floor or support surface
- Head is held upright, in the midline and balanced over the body
- Shoulders are relaxed and arms are free to move and function.

The neutral posture allows the person to achieve a stable base of support which enhances vision and optimises arm and hand function.

Correct seating should:

- Support the person in the neutral posture
- Allow and support the person in postures they require for function – provide postural options.

Assessment:

All of the following need considered during a seating assessment:

- Posture and restrictions – position of pelvis, spinal curvatures, ROM in all major joints, head position. Level of control , tonal patterns etc
- Position in space
- Seating surface – base, backrest, foot support, head rest
- Functional abilities – upper limb and visual
- Comfort.

Areas of controversy in seating:

- 90 – 90 – 90? Is this really the optimum position – try sitting in it?
- Certain elements of supportive seating systems – knee blocks, pommels, abductors, sub ASIS bars, lateral supports
- Harnessing – shoulders, ankles, pelvis, head
- Tilt in space
- Moulded seating

General lack of evidence to support many of the above established “principles”

References:

Key Themes:

Seating – general principles:

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Websites:

These sites can be found on the world-wide web – SPMG is not responsible for the content of the sites – they may be of interest to individuals requiring postural management and clinicians.

<http://scholar.google.com>

Key words used - seating, posture, children, adults, pelvis, harness, management.

<http://www.ncbi.nlm.nih.gov>

PubMed/Medline

Key words as above

<http://www.vard.org>

Journal of Rehabilitation Research and Development.

<http://www.emedicine.com>

Key words as above

www.hi.se

Swedish Handicap Institute
www.paramedisch.org
Dutch Paramedical Institute

www.shrs.pitt.edu
University of Pittsburgh, School of Health & Rehabilitation Studies

www.cando.com
Assistive technology website

www.motivation.org.uk
Partnership organisation linking organisations and people with mobility problems – projects across the world.

www.sitsite.net
Nordic website about sitting positions.

www.wheelchairnet.org
Virtual community for people with an interest in wheelchair technology.

www.dsc.wa.gov.au
Disability in Western Australia – they have a prescription booklet which may be available

Interactive CD Rom e-Learning Tool (author: Iona Novak)
The Spastic Centre – New South Wales
Still trying to confirm existence- presented at Vancouver Seating Symposium

International Seating Symposiums
Booklets of presentations are available.