

6.2 Positioning

There are many considerations that are crucial to promoting safety and optimizing recovery when working with people who have had a stroke. The TACLS Quick Reference Guides were developed from the TACLS resource and can be used as quick reference to help *support healthcare providers* and informal caregivers who may not typically work with and care for people who have had a stroke.

We recommend reviewing the full **TACLS resource** for more complete information:
strokebestpractices.ca/resources/professional-resources/tacsls

Quick reference guide highlights

- **Always follow the current care plan for the person that you are working with.**
- Always consult the care team regarding positioning, safe client handling guidelines and equipment. Follow site protocols and/or bed and chair positioning posters if available.
- Stroke can affect a person's ability to move and position their body, especially the affected arm and leg. Proper positioning can help minimize complications such as contractures and pain, and also assist people to be more independent, safe and comfortable.
- The goals of positioning a person include to: maintain normal body alignment, reduce pressure on bony and compromised areas, encourage normal muscle tone, increase awareness of the affected side, manage pain and swelling, and encourage optimal functional recovery.
- If a person cannot turn in bed alone, they will need to be moved regularly to reduce the risk of pressure injuries. When sitting, encourage the person to shift their weight at least every 15 minutes (if they are able) or help to reposition them every hour, or according to the care plan.
- When helping a person move, reduce friction by lifting and rolling. **Do not drag/pull the person.** Use friction reducing devices (sliders) when recommended in the care plan.
- Always explain what you are going to do so they are ready and ask if they are comfortable once positioned.
- Ensure that position does not affect breathing.

Note: For more detailed descriptions of positioning, please refer to full TACLS Positioning resource. Positioning posters can be found in the [appendix](#).

In following images, the side affected by stroke is blue.

Steps to follow for positioning – Lying on the back

- Position their head in a neutral position, supported by a pillow.
- On the affected side, place a small pillow under the shoulder blade, and place the hand on a pillow above heart level.
- A pillow under the affected hip and/or knee is optional; keep feet in neutral position.
- Support the person's head, affected arm, and affected hip with pillows.
- Avoid raising the head of the bed unnecessarily (keeping the head of the bed at or below 30 degrees) to help reduce sheering forces.
 - If the head of the bed must be raised, raise it to the lowest point possible and for the shortest amount of time. Ensure the knee gatch is raised prior to elevating the head of the bed to help prevent sliding.



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Steps to follow for positioning – Lying on the affected side

- Turn the person onto their affected side and place a pillow under head, neck slightly bent.
- Position the affected leg straight, slightly behind their trunk and position the person in side-lying position
- Position affected shoulder slightly forward so the shoulder blade (scapula) lays flat and the arm is slightly forward from the trunk. Do not pull on affected arm. **Aim to have elbow wrist and fingers as straight as possible, with palm facing up.**
- Place a pillow under the upper arm in front of their stomach, so the person doesn't fall forward.



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- Place the unaffected leg forward on one or two pillows with the hip and knee bent.
- Place a pillow between the legs to reduce friction and pressure points. Place a pillow behind the person's back and ensure the person is not lying directly on their hip bone. Ensure that position does not affect breathing.

Steps to follow for positioning – Lying on the unaffected side

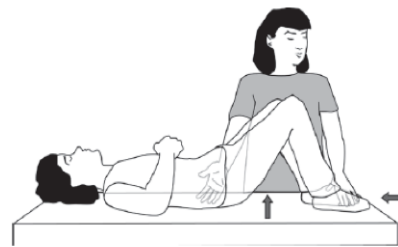
- Ask the person to bend their knees before rolling to make the roll easier.
- Ask the person to look in the direction they want to roll. This is easier when they lift and turn their head in the direction they want to roll.
- Be aware of their affected arm. A person may “leave the affected side behind” when rolling onto the unaffected side. Position the affected shoulder forward with the arm supported on a pillow.
- Place a pillow behind their back and ensure they are not lying directly on their hip bone.
- With affected arm on top and supported by pillows, make sure the shoulder is protracted forwards with the elbow extended and the affected leg is supported by pillows and with the hip extended and the foot in neutral position.



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Moving on the bed

- Bilateral bridging can help a person raise their hips when they are on the bed. This can help when providing personal care or when the person needs to move towards the end of the bed.
- The physiotherapist may be working on this activity and can provide strategies to support you.
- To assist: have the person lie on their back and bend at hips and knees with feet flat on bed, with upper body supported. Secure feet. Ask the person to raise their hips, putting weight through both feet. Avoid pushing too hard which can cause sliding towards the head of the bed.



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Moving from lying to sitting and from sitting to standing

- Consult the care plan to determine if a person is ready and able to transition from lying to sitting and standing.
- Know the amount of assistance required. A person may require assistance from one or more person, equipment to do so safely or be unable to complete this movement.
- Consult the full **TACLS Positioning** document for tips on moving from lying to sitting and sitting to lying.

Proper sitting position

- For proper sitting position, a person's hips should be back and centered. Use the 90-degree rule: hips, knees, and ankles should be flexed at 90 degrees.
- Regularly remind the person to keep their hips back in the chair, support the affected arm on a lap tray or pillow, and ensure the wheelchair footrests support feet with ankles at 90 degrees.
- Ask the occupational therapist if you are having trouble seating a person in their wheelchair.

Note: This information represents some of the priorities of care related to positioning strategies; consult the occupational therapist and physiotherapist for any questions or concerns regarding proper positioning.

References:

1. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca, **Rehabilitation and Recovery following Stroke**, 6th Edition, Section 5.3
2. Semenکو, B., Thalman, L., Ewert, E., Delorme, R., Hui, S., Flett, H. and Lavoie, N. (2017). An Evidence Based Occupational Therapy Toolkit for Assessment and Treatment of the Upper Extremity Post Stroke. [PDF] Available at: <https://professionals.wrha.mb.ca/old/professionals/occupational-therapy/files/UpperExtremityToolkit2017.pdf>.
3. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) – **Positioning**

Taking Action for Optimal Community and Long-Term Stroke Care is for informational and educational 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. Healthcare providers and other users of this TACLS content are responsible for adhering to their professional college standards of practice, their organizational standards and policies, and for obtaining appropriate medical advice from a physician or other qualified healthcare professional prior to acting upon any information available through this publication.