

# **POSTURE CARE LTD**

Guide to 24hr Postural Care



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#### Introduction to the Posture Care Ltd 24-hour Guide to Postural Care

The purpose of this guide is to provide information to support individuals, families and practitioners when considering 24-hour postural care needs, with a focus on night time postural care requirements. The information is presented in a condensed format to enable identification of key elements, which can then be followed up and explored in more detail.

This guide has been developed from the evidence informed practice model, whilst closely aligned to the evidence based practice model, which has its origins in the evidence based medicine arena, however it has been suggested that evidence-informed practice is perhaps a more appropriate term for the process of integrating evidence and contextual factors, particularly when the amount and types of evidence available can vary as in the case of 24-hour posture care and management. (1)(2)

#### Posture Care Ltd 24-hour Guide outlines:

- theory and practice around 24-hour postural care
- evidence for 24-hour postural care
- using this knowledge to improve person-centred outcomes
- Posture Care Ltd. products

It is important to remain aware that any guide should always be used in the context of the individual therapist's tool kit, competencies, the organisation's policies and procedures, and professional responsibilities.

#### What is 24-hour Postural Care?

Postural care is a way of preserving and re-establishing body shape for people with movement difficulties. The principles of posture care are about ensuring that everybody with movement difficulties has their body shape protected over a 24-hour period, in all settings, to maintain or regain good body shape and reduce the risk of further deterioration and secondary complications

Royal College of General Practitioners (3)p50-51

24-hour postural care requires an inclusive intervention approach that considers the individuals postures throughout the 24-hour period, including sitting, standing and lying postures. The management of 24-hour postural care may include a combination of therapy, assistive technology and pressure care management. Postural care is not merely a clinical tool for one group of individuals, it encompasses many different client groups. To be effective, postural care requires the cooperation of disciplines, clear understanding of the aims and good communication between all involved, not least the individual, family members and care teams.(4)



#### The aims of 24-hour postural care:

There are a range of aims that can be related to postural care, which include:

- improved quality of sleep
- increase in amount of sleep
- improve function and communication in sitting, standing and lying
- to maximise comfort and reduce pain
- uphold and progress quality of life
- ease physical care required
- protect body shape
- maintain or improve muscle tone
- support in repositioning and moving and handling needs

Postural care may also have significant impact on the health status of individuals and therefore impacts on services and the ongoing cost of health care needed, for example:

- the musculoskeletal system prevent or reduce contractures and body shape distortion
- the neurological system provide proprioceptive feedback to aid maintenance of or improve muscle tone
- respiratory function maintain a good airway and to prevent body shape distortion from impeding the respiratory system
- digestion prevent body shape distortion from impeding the digestive system
- pressure care by improving the body shape and positioning, pressure can be more effectively distributed therefore supporting good pressure care, preventing pressure injuries
- personal hygiene

#### Impact on daily routines

The use of night time postural support systems should not be underestimated, they not only help people sleep better but can have a significant impact on the ability of individuals to engage during waking hours. Adopting asymmetrical postures during the night reduces the effectiveness of symmetrical alignment achieved during waking hours and therefore can:

- improved sitting and standing postures and tolerance
- increase successful use of seating systems
- help complex seating systems last longer

Therefore, impacting on the person's ability to engage in daily activities of living. Improved posture and reduced body shape distortion can facilitate the engagement in independent completion of daily living tasks. Further impacting on the care and support required by an individual throughout the day and night.



#### What to consider

It is important to acknowledge that optimal positioning is not always achievable. When assessing and agreeing an individual's positioning requirements there is a need to ensure they can achieve their positioning goals. Considerations are many and wide ranging such as:

- underlying cause of postural instability
- current body shape, including the length of time these have developed over and, or have been present
- pain experienced and ability to report pain
- the person's postural endurance levels
- individual routines and preferences
- medical equipment or interventions required
- the person's support needs and who provides the support
- moving and handling requirements
- pressure care
- temperature regulation
- continence care
- circulation
- postural equipment design and purpose, including limitations

(4)(5)(6)(7)(8)(9)(10)

### **Night Time Postural Care Systems**

Night time postural care systems are also known as 'night time positioning equipment' or 'sleep (positioning) systems'; these terms describe a range of products and devices including foam pillows, wedges and rolls and mattresses through to distinctively designed sleep systems. Sleep positioning systems are commercially available lying support systems that may have several component parts, which are held in place by a base sheet.

One third of our time is spent in bed, whilst lying in supine or prone can be considered the lowest functional postural positions it has been suggested that many destructive postures are formed through and associated with typical lying patterns which are sustained for prolonged periods of time. These lying patterns often become fixed distortions that cause pain and discomfort. Conversely, with the correct postural support the time spent in bed can be seen as an opportunity to positively influence posture. (11)(12)(10)(13)(14)

#### Considerations when assessing for and implementing night time postural care

Implementing a night time postural care routine and equipment can be a time intense process for the individual, their family, care team and the therapist which requires a significant commitment from all involved. Therefore, to increase the prospect of success the factors mentioned previously need to be considered, additionally night time intervention may incorporate the fitting of the sleep system and regular night time positioning.



The sleep system should be placed specifically to support a neutral or symmetrical position, if this is not possible the position should be as close to neutral as can be tolerated by the individual. Sleep systems are designed to disperse pressure broadly and away from bony prominences and for comfort.

Night time monitoring and repositioning may also be recommended to ensure the bed and the sleep system, including bedding, are checked for pressure or friction points and the bedding remains dry, both important in minimising the risk of pressure injury. Position should also be checked to ensure the respiratory system is not being compromised.

The exact repositioning routine will vary and should be personalised to take in to account the person's individual choices, routine, health, cognition, sensation and medication. To prevent pressure injuries, recommendations range from two hourly repositioning routines for high risk people; to a more flexible timeline for healthier people living in the community who are considered at less risk. Tools such as the Waterlow Score and Braden Scale have been designed to ascertain the levels of risk for individuals.

Whilst recent Cochrane reviews report that the evidence meeting the inclusion for the effectiveness of repositioning for the prevention of pressure injuries remains unclear; and that no evidence meeting the inclusion criteria was found for the use of repositioning to treat pressure injury it is acknowledged that repositioning is an integral component of pressure injury prevention and treatment and that it has a sound theoretical rationale, furthermore is widely recommended and used in practice as detailed in the NICE guidelines (15) for the prevention and treatment of pressure ulcers. (4)(16)(17)(18)(19)(20)(21)

## **Funding**

The current state of funding for night time postural support is patchy across the country. Some areas have developed services that address this matter, however for people living outside of these areas then funding is more of a concern. This is not a new phenomenon Polak and Clift reported in 2007 that in response to their survey of Physiotherapists; the second most common reason cited for not using night time postural support was lack of funding. Many therapists report that they are reliant on charitable funding for the provision of night time postural support. This complex system relies on individual therapists or teams to know where to go for funding. (22)(23)

#### **Funding Delays**

The impacts of delays in obtaining funding are variable depending on the actual delay experienced from completion of the assessment and delivery of the night time positioning system. Some areas have only small delays in the range of only 2-3 weeks, however experience has shown that in some areas this delay can be more than 12 months.



"Changes in body shape, particularly chest distortion, result in a poor quality of life, including problems with breathing and eating, and can lead to premature death. Body distortion is also costly in terms of equipment and increasingly complicated medical intervention."

"CCGs should consider investing in postural care interventions to improve quality of life and save money."

Royal College of General Practitioners p50-51 (3)

#### Personal Health Budgets

A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG).

Person-centred care and support planning is at the heart of making personal health budgets work well. A person-centred care and support plan helps people to identify their health and wellbeing goals, together with their local NHS team, and sets out how the budget will be spent to enable them to reach their goals and keep healthy and safe.

Adults eligible for NHS Continuing Healthcare and children in receipt of continuing care have had a right to have a personal health budget since October 2014.(24) Further information regards Personal Health Budgets is available from NHS England <a href="https://www.england.nhs.uk/personal-health-budgets/">https://www.england.nhs.uk/personal-health-budgets/</a>

#### Local Authority (Social Care)

CECOPS has produced practical guidance for local authorities to assist in complying with the parts of The Care Act 2014 which relate to Disability Equipment, which is available from the CECOPS website. http://www.cecops.org.uk/2016/03/the-care-act-and-cecops/ (25)

### About Helen OTUK Occupational Therapy & Professional Development

Helen OTUK provides Occupational Therapy and Professional Development services, as such Helen is registered with the Health and Care Professions Council and is a professional member of the Royal College of Occupational Therapists.

Being an avid proponent of lifelong learning and the connection to continual professional development has enthused Helen to maintain her knowledge and understanding of how the area of postural care has developed over the years. This combined with Helen's passion to support individuals, families and wider support networks to live life in a way that not only meets immediate or basic needs, but facilitates people to achieve their own life goals inspires Helen to consider things from an occupational narrative perspective.

With over 25 years of experience working with people who have postural care needs Helen has seen first-hand the importance of good postural care and the detrimental effects poor postural care can have on an individual's occupational performance. Having worked within social care departments for more than 10 years as an occupational therapist Helen is acutely aware of the ever increasing need to demonstrate not only the benefits of assistive devises to the individuals with whom we work; but also, the benefits and implications for funding partners.

#### About Posture Care Ltd.

Posture Care Ltd. was created by two friends who felt there was a huge gap in the healthcare industry for innovative yet simple and effective products that could help in providing postural support to those that need it. Furthermore, they noticed the approach should be far more patient and carer focused.

In 2012 in partnership with neuro physios they designed the Hugga sleep system. The first universal system of its kind. Since its creation, the Hugga has gone from strength to strength.

The product range is ever increasing with daytime positioning aids and cushions in development. Posture care prides itself on understanding the needs of the market in a time where budgets and care are being stretched to the limit.

Posture care is now working with NHS trusts and Social Services throughout England, Ireland and Scotland. We work closely with neuro rehab, stroke and palliative care teams that are community and or hospital based as well as care homes, nursing homes and rehabilitation centres.

Forging relationships with healthcare professionals who are expert in the field of postural management has been vital in the development of Posture Care as we strive to improve our offer and achieve our goal to serve those who have a clear identifiable need for postural management.

At Posture Care we firmly believe that posture should be managed 24/7 and to that end we will do our best to help provide the best quality, best price and best service.......



### The Hugga Sleep System



The Hugga Sleep System designed by leading neurophysiotherapists for adults and paediatrics can offer postural support in both supine and side lying. It offers a practical easy to use solution that can be integrated into your care plan.



#### **Features and Benefits**

- Improves function, communication and cognitive skills
- Clients have shown enhanced participation with the environment
- Maximises comfort for the client
- Can reduce or delay muscle contractures and joint problems
- Ultimately can avoid the need for corrective surgery
- Supports the body over an extended period making it more susceptible to corrective forces
- Easy to apply and change position

#### Sizes

- Hugga 1, approximate age 2-3 years to 8 years
- Hugga 2, approximate age 8 years to adolescent
- Hugga 3, designed for adults

#### Accessories

- Day-time positioning mat -foldable play mat allows the client to use the Hugga during the day, perfect for schools and day centres
- Day-time positioning sheets velcro sheets designed for use with the mat
- abduction/adduction rolls made to measure
- Leg rolls -made to measure, extra support for clients with high tone and limited range
- Bespoke cushions including wedges, T rolls and pillows



#### **Case Studies**

### Case Study One

## Case study 1

THE PROBLEM

Client positioned in a fixed straight manner and can't

The quality of life becoming more restrictive.



## Case study 1

THE SOLUTION

Placing the client in the "Hugga" sleep system provided greater opportunity for improved posture and increase "flexion". The client is now able to get into a chair.



## Case Study Two

## Case study 2

THE PROBLEM

Client has disturbed sleep and legs pinging up. Continually calling nurses. Constantly in poor posture



## Case study 2

THE SOLUTION

Placing the client in the "Hugga" sleep system gently but firmly persuaded the legs into a more comfortable position. Posture became improved. Sleep was undisturbed.



#### **Testimonials**

"As a Specialist Neurological Physiotherapist who works with postural management equipment on a daily basis, I have found that the Hugga sleep-system provides an excellent cost-effective solution for clients with altered postures. For me, the key features for an effective system is compliance and comfort for the client whilst optimising their postures, and acceptance and ease of application for the nursing team. The Hugga sleep-system achieves this at a very competitive price."

#### Simon Berrell MCSP. Specialist Neurological Physiotherapist

"Using The Hugga system has resulted in demonstrable and measurable clinical improvements, protection or maintenance of body shape for my clients. It's design and ease of use provides a cost effective and simple but highly effective solution to postural care. Compliance is exceptionally high because the client finds it comfortable and acceptable and because informal or commissioned carers find it easy to use, reducing carer stress and time demands."

#### Aurndra Golden Occupational Therapist

"People with severe and complex neurological disability often require a holistic approach to help manage their postural problems. The "Hugga" is a simplistic approach to night time postural support and is readily accepted by the user; carers find it easy to use and it is flexible in terms of side and supine lying."

#### Gail Russell, Occupational Therapist

"I have tried other sleep-systems which all have their negative features and a high price. The Hugga however provides a high level of support and comfort that I require whilst maintaining "airflow" around my body".

Client Mr W H

"The Hugga sleep-system is easy to apply and my client looks very comfortable lay in a symmetrical and supported position whilst using it. If he coughs or spasms the system is flexible enough to allow the movement to occur, and then return to the optimal position. After rejection of other systems, my client loves the Hugga and uses it every day".

Carer

#### The Onion



The world's first universal T roll makes the Onion perfect from paediatrics all the way through to adulthood. No longer do you need to buy several sizes throughout a client's development.





#### **Features and Benefits**

- Control posture and position of the body in supine lying
- Easy to remove layers
- Can be used throughout the life of the user
- Provides for correction of the user
- Helps manage adduction
- No need to choose the correct standard T roll sizes
- Wipe clean

#### References

- 1. Shlonsky A, Mildon R. Methodological pluralism in the age of evidence-informed practice and policy. Scand J Public Health [Internet]. 2014;42(13 Suppl):18–27. Available from: http://www.ncbi.nlm.nih.gov/pubmed/24553851
- 2. Royal College of Occupational Therapists. Research Guide: Evidence-based / evidence informed practice [Internet]. Royal College of Occupational Therapists Document. 2017. p. 1–9. Available from: https://www.rcot.co.uk/practice-resources/research-resources
- 3. Royal College of General Practitioners. Improving the Health and Wellbeing of People with Learning Disabilities: An Evidence-Based Commissioning Guide for Clinical Commissioning Groups (CCGs) [Internet]. Improving Health and Lives, Royal College of General Practitioners, Royal College of Psychiatrists. 2013 [cited 2017 May 25]. Available from:

  <a href="http://webarchive.nationalarchives.gov.uk/20160704150527/http://improvinghealthandlives.org.uk/securefiles/160704">http://webarchive.nationalarchives.gov.uk/20160704150527/http://improvinghealthandlives.org.uk/securefiles/160704</a> 1731//RCGP LD Commissioning Guide 2013 revised .pdf</a>
- 4. Clinical Innovation and Governance Directorate of Ageing Disability and Home Care. 24 hour Positioning (including Seating and Wheeled Mobility) Practice Guide. Department of Family and Community Services, New South Wales, Australia.; 2016. Report No.: V1.
- 5. Farley R, Clark J, Davidson C, Evans G, Maclennan K, Michael S, et al. What is the evidence for the effectiveness of postural management? Br J Ther Rehabil. 2003;10(10):449–55.
- 6. NHS Purchasing and Supply Agency. Buyers' guide: night time postural management equipment for children. Cent Evidence-based Purch. 2009;(June):1–40.
- 7. Scherer MJ, Craddock G, Mackeogh T. The relationship of personal factors and subjective well-being to the use of assistive technology devices. Disabil Rehabil [Internet]. 2011;33(10):811–7. Available from: <a href="http://www.ncbi.nlm.nih.gov/pubmed/20735272">http://www.ncbi.nlm.nih.gov/pubmed/20735272</a>
- 8. Kittelson-Aldred T. Postural Care the missing puzzle piece [Internet]. Blog. 2014 [cited 2017 Jun 10]. Available from: <a href="http://bit.ly/2uromL6">http://bit.ly/2uromL6</a>
- 9. Hill S, Goldsmith J. Biomechanics and prevention of body shape distortion. Tizard Learn Disabil Rev. 2010;15(2):15–32.
- 10. Innocente R. Night-time positioning equipment: A review of practices. New Zeal J Occup Ther. 2014;61(1):13–9.
- 11. Blake S, Logan S, Humphreys G, Matthews J, Rogers M, Thompson-Coon J, et al. Sleep positioning systems for children with cerebral palsy (Review). Cochrane Database Syst Rev. 2015;(11).
- 12. Martin ST, Kessler M. Positioning and handling to foster motor function. In: Martin ST, Kessler M, editors. Neurologic Interventions for Physical Therapy. 3rd ed. St Louis: Elsevier Health Sciences; 2016. p. 91–130.
- 13. Wynn N, Wickham J. Night-time positioning for children with postural needs: What is the evidence to inform best practice? Br J Occup Ther. 2009;72(12):543–50.



- 14. Goldsmith S. The Mansfield project: Postural care at night within a community setting. Physiotherapy [Internet]. 2000;86(10):528–34. Available from: <a href="http://dx.doi.org/10.1016/S0031-9406(05)60987-X">http://dx.doi.org/10.1016/S0031-9406(05)60987-X</a>
- 15. The National Institute for Health and Care Excellence. Pressure ulcers: prevention and management. NICE clinical guideline CG179. 2014.
- 16. Duncan KD. Preventing pressure ulcers: The goal is zero. Jt Comm J Qual Patient Saf [Internet]. The Joint Commission; 2007;33(10):605–10. Available from: <a href="http://dx.doi.org/10.1016/S1553-7250(07)33069-9">http://dx.doi.org/10.1016/S1553-7250(07)33069-9</a>
- 17. Bluestein D, Javaheri A. Pressure Ulcers: Prevention, Evaluation, and Management. Am Fam Physician [Internet]. American Academy of Family Physicians; 2008 Nov 15 [cited 2017 Jun 11];78(10):1186–94. Available from: <a href="http://www.aafp.org/afp/2008/1115/p1186.html">http://www.aafp.org/afp/2008/1115/p1186.html</a>
- 18. Judy Waterlow, Waterlow Score, Pressure Ulcer Care and Pressure Ulcer Risk Assessment, Waterlow Scale, Pressure Ulcer Prevention [Internet]. [cited 2017 Jul 19]. Available from: <a href="http://www.judy-waterlow.co.uk/index.htm">http://www.judy-waterlow.co.uk/index.htm</a>
- 19. Prevention Plus: The Home of the Braden Scale [Internet]. [cited 2017 Jul 19]. Available from: <a href="http://www.bradenscale.com/">http://www.bradenscale.com/</a>
- 20. Gillespie BM, Chaboyer W., McInnes E, Kent B, Whitty JA, Thalib L. Repositioning for pressure ulcer prevention in adults (Review). Cochrane Database Syst Rev. 2014;(4):1–42.
- 21. Zeh M, Moore ZE, Cowman S. Repositioning for treating pressure ulcers (Review) Repositioning for treating pressure ulcers. Cochrane database Syst Rev [Internet]. 2015;(1):1–3. Available from: <a href="http://www.thecochranelibrary.com">http://www.thecochranelibrary.com</a>
- 22. Polak F, Clift M. The Use of Night Time Postural Management Equipment: A Survey of UK Paediatric Chartered Physiotherapists. In: Eizmendi G, Azkoitia JM, Craddock GM, editors. Challenges for assistive technology: AAATE 07 [Internet]. Amterdam: IOS Press; 2007 [cited 2017 Jun 11]. p. 458–61. Available from: https://books.google.co.uk/books?isbn=1586037919%0A
- 23. Humphreys G, Pountney T. The development and implementation of an integrated care pathway for 24-hour postural management: a study of the views of staff and carers. Physiotherapy. 2006;92(4):233–9.
- 24. NHS England » What are personal health budgets (PHBs)? [Internet]. [cited 2017 Jun 19]. Available from: <a href="https://www.england.nhs.uk/personal-health-budgets/what-are-personal-health-budgets-phbs/">https://www.england.nhs.uk/personal-health-budgets/what-are-personal-health-budgets-phbs/</a>
- CECOPS. Practical guidance for complying with the parts of The Care Act 2014 which relate to Disability Equipment. [Internet]. CECOPS Support Guidance for Local Authorities (England) 2015.
   2015 [cited 2016 May 2]. Available from: <a href="http://www.cecops.org.uk/2016/03/the-care-act-and-cecops/">http://www.cecops.org.uk/2016/03/the-care-act-and-cecops/</a>

