

Sleep positioning systems for children and adults with a neurodisability: a systematic review

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Summary

The use of sleep positioning systems for children and adults with a neurodisability is a widely accepted practice amongst many therapists. This review of a wide range of literature demonstrates that the quality of evidence is low, and recommends seeking a consensus of experts to provide advice on best practice.

Aims & Objectives

To summarise all available evidence on the effectiveness and acceptability of sleep positioning systems, and provide best practice guidance for therapists.

Background

Sleep positioning systems are prescribed for children and adults with a neurodisability to help delay, reduce or prevent hip migration, to increase comfort, and to improve sleep (Gericke, 2006; Humphreys et al, 2012). Although use across the UK and other countries is patchy, it is a widely accepted practice amongst many physiotherapists and occupational therapists.

Discussion

Fifteen studies were eligible for inclusion; all were small and of low quality. The results were largely inconsistent. Improvements in hip stability and quality of life were indicated for those that can tolerate sleep positioning systems. The evidence suggests use of sleep positioning systems requires ongoing support and training for users and carers. The quality of evidence is low. Recruitment to a large randomised trial may be difficult to achieve; however, seeking a consensus of expert opinion could provide advice on best practice, the outcomes to measure, and the characteristics of those who are most likely to benefit and adhere to the use of a sleep positioning system.

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