Beyond the Wheelchair – Reflections on Static Seating Needs

I am an occupational therapist with 11 years' experience practicing in acute and community physical settings, currently on secondment from my role as a community neuro therapist to complete a Masters degree in clinical research. I received an email from the University of Brighton advertising the PMG conference bursary place and thought it would be a great opportunity, particularly considering my personal interest in seating and my Masters research topic - seating provision after stroke. I have never practiced in a wheelchair service, nor had direct access to rehabilitation engineers or specialist posture and seating services.

Throughout my band 5 and 6 acute physical rotations I never gave static seating much thought. Many clients required a wheelchair to get them from A to B and this often needed to be in place for their discharge. Access to wheelchairs from the local wheelchair service was relatively easy, so this is what I prescribed. What that person sat in for the rest of the day wasn't always given much consideration because alternative options were limited. Other than a basic upright armchair, I have never been able to access a range of static seating, therefore developing an over reliance on wheelchairs.

There seemed to be a silent agreement amongst multi-disciplinary team members that it was more 'practical' to leave someone in their wheelchair for access purposes and to reduce the number of assisted transfers. In my current post I have observed this same approach in care home and domiciliary settings.

This approach doesn't seem unreasonable until one considers one's own seating habits. I generally sit on 6 or more different chairs throughout a day. For example, the office chair I am sitting on at my computer to write this piece, the dining chair I sat on earlier to eat my dinner, and the sofa that I am shortly going to collapse onto. Each of these chairs has been designed for these specific functions. So why do I expect others to spend most of their day sitting on a chair that is primarily designed for mobility purposes?

It has been in latter years, when working in the community treating clients following a neurological event, that I have given static seating more consideration. Seeing clients in their own home suddenly highlights just how many chairs are out of bounds. Furthermore, a rehabilitation approach has helped me appreciate that, for many patients, regular transfers between wheelchair and chair can contribute to their rehabilitation programme. Transfers can provide an opportunity for repetitive practice, an opportunity to stretch, to weight bear, and to relieve pressure.

Like my early clinical experience, wheelchairs seemed to overshadow static seating at the PMG conference. As a new member of PMG and a conference first-timer, I was unsure what to expect, and assumed that the group had been set up solely for wheelchair services. However, as the conference proceeded and as I read more PMG journals, I realised that the group is set up for any professional with an interest in 24 hour postural management and mobility. Where then were the static seating options in the exhibition hall? And where were the other neuro therapists and social services therapists who are frequently involved in 24 hour postural management and seating provision in the community?

I sat on the coach back to London reflecting on the conference. I had found the overall experience hugely valuable, and I left feeling inspired by Dave Calver's plenary session on wheelchair provision in developing countries, and the Worcester wheelchair service session on the "Unseatables". I took away some ideas to develop my own practice, specifically around making recommendations to clients who want to privately purchase an electric wheelchair. I also developed my awareness of seating products and services.

Nonetheless, I left the conference with some questions. I found myself curious as to whether there is more interest, investment, and research in wheelchairs in comparison to static seating. And, if so, is it because the need for static seating isn't recognised? Or have wheelchairs progressed enough to allow users to sit for prolonged periods with reduced risk? Or has wheelchair development and prescription been fuelled by national policy and high profile media campaigns such as the recent My Voice, My Wheelchair, My Life (NHS Improving Quality, 2014)? Or is there less incentive for companies to develop such products? I don't know the answers to these questions, but it appears that some others at the conference, like John Tiernan from Enable Ireland, were also questioning the adequacy of specialist seating provision.

I also left the conference eager to raise the profile of the client group that presents me with the greatest seating provision challenges: those living in care homes with complex postural needs as a result of progressive long-term conditions and years of immobility. Despite clear evidence documenting the benefits of individualised specialist seating for care home residents with physical disabilities (Daly, et al., 2012), people in this client group often don't meet wheelchair services criteria and struggle to obtain funding for static seating. They may not be able to tolerate sitting out in standard armchairs or riser recliners. They may not have the strength to self-propel a wheelchair or the skills to use an electric wheelchair. Nevertheless, they would benefit from sitting out in something to engage in leisure activities, eat their meals, and socialise with family and friends.

This is a group that can be vulnerable, elderly, and without voice. Without advocacy, their posture and mobility needs are often left unmet. My hunch is that this cohort of patients would benefit from more attention when developing new products, policies, and services.

I look forward to returning to the conference in the future and becoming a more active member of PMG and, on my return to work I will share my experiences with social service and neuro occupational therapy colleagues and encourage them to become PMG members. This experience has left me motivated to highlight any gaps in local static seating provision services and to raise the profile of care home residents' postural and mobility needs.

References

Daly, O. et al., 2012. *The effectiveness of specialist seating provision for nursing home residents.* [Online]
Available at: http://www.botved.dk/sites/default/files/studie,%20University%20of%20Ulster_2.pdf
[Accessed September 2015].

NHS Improving Quality, 2014. *My Voice, My Wheelchair, My Life.* [Online]
Available at: http://www.nhsiq.nhs.uk/improvement-programmes/my-voice,-my-wheelchair,-my-life.aspx
[Accessed September 2015].

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