

Provision of a riser to facilitate a standing transfer

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Introduction

This poster demonstrates making a case for the provision of a powered wheelchair with riser facility in order to assist a service user to stand from the seated position.

Background

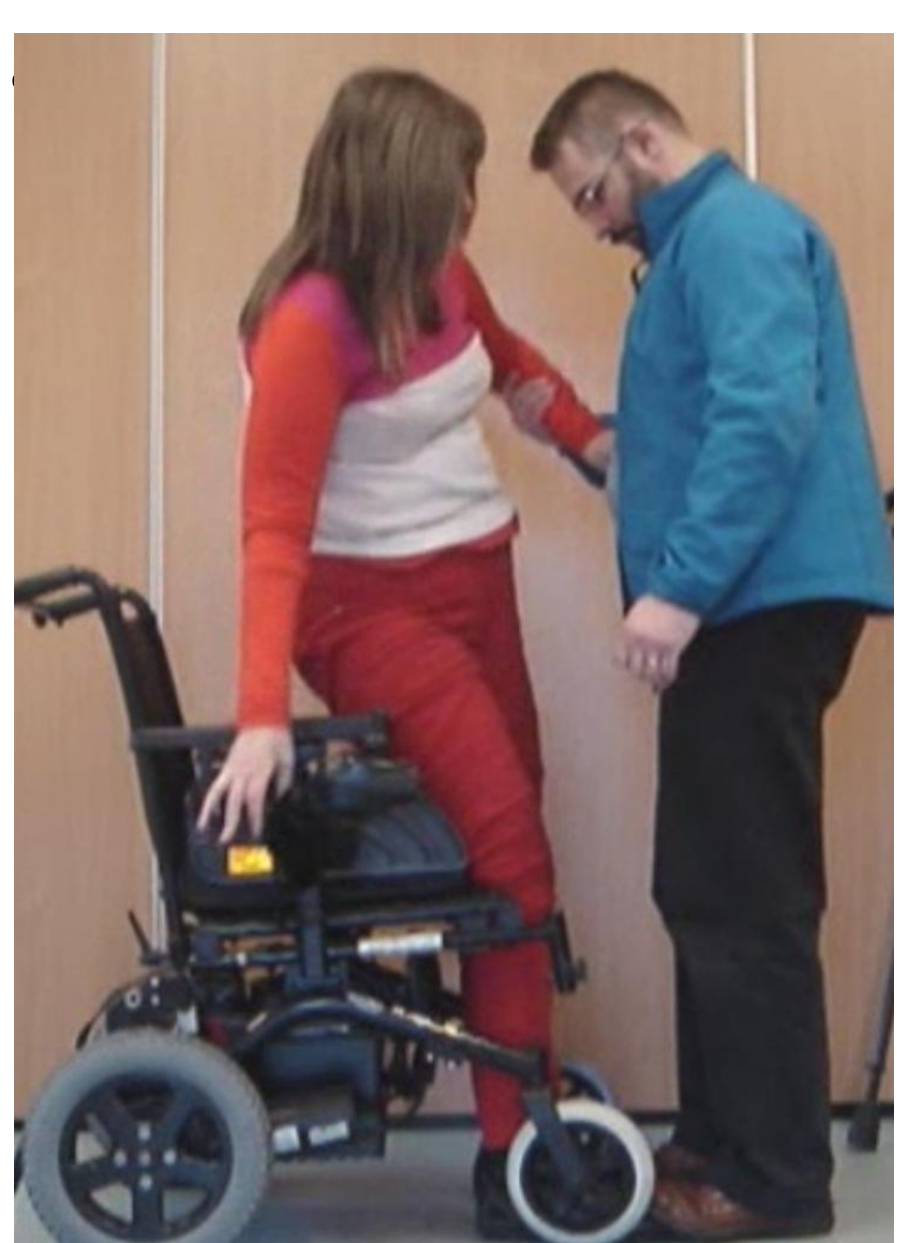
GNE Myopathy is one of a group of conditions known as distal muscular dystrophy. It is an inherited condition and in Mrs J's particular case is recessive in pattern which means both parents would have to pass on copies of the defective gene. Mrs J's children will be carriers.

Mrs J's condition has got progressively worse over a period of 14 years. Her tone is low and she has muscle weakness. In this condition the Quads are not affected and likewise neither are the heart and lungs. Mrs J's pain in her hips and legs is completely alleviated by weight bearing.

She was provided with an indoor/outdoor powerchair chair in 2010. At this time she was also informed that our service did not provide riser facilities for powered wheelchair provision.

Referral problem

In order for Mrs J to transfer into the standing position to use her crutches



her husband has to stand on her feet to secure them in position during the stand movement.

Please see video

Mrs J is determined to provide as normal a family life as possible for her children. She won't accept carers for herself during the day but has childminders within the home for the children. She very much retains

control of all their activity and the carers do not act without her instruction. In order to do this she needs to be able to: go to the loo herself; stand to relieve the radiating pain when it gets intolerable and she needs to contribute to domestic activity, for example she can help sort pack lunches etc if upright.

Working towards a solution

A colleague had previously tried to resolve issues through things like higher/firmer cushions without success. It was decided that a more innovative approach be taken. Using a chair with tilt we aimed to provide an ejector seat. By tilting the seat back as far as possible and fitting a wedge shaped cushion a flat seat surface was achieved. Mrs J could then tilt the seat forward again which in effect raised the rear of the seat and lowered her feet to the floor

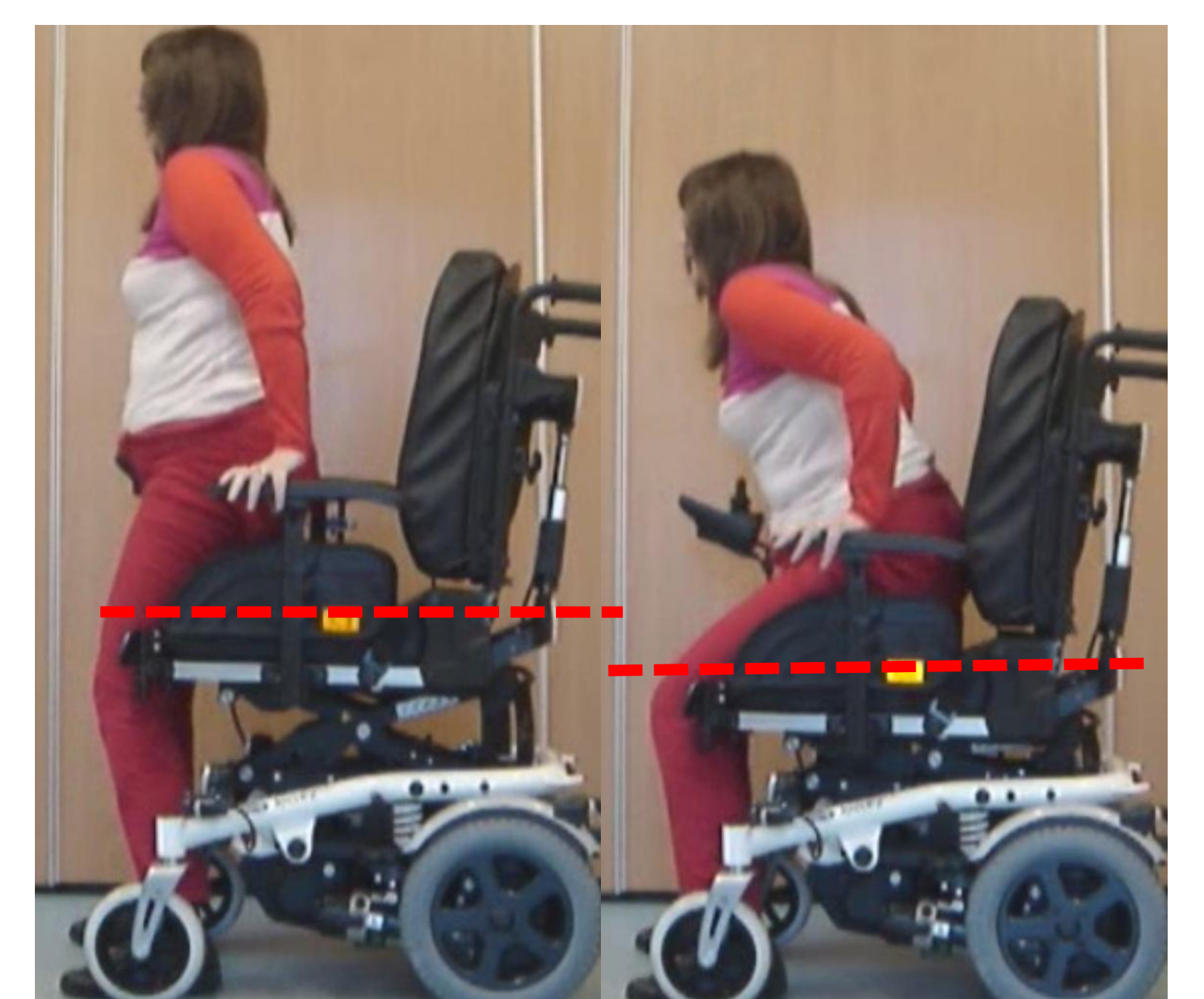


This enabled an independent stand. Had the pivot point for the seat, which was at the rear, been further forward more height would have been achieved resulting in an even more effortless sit to stand. Unfortunately, whilst this did show us that a high seat height was needed for standing we also observed a

low seat height was needed when sitting. It also highlighted the critical nature of the height of the footplates - When set at the correct height for her they were too high off the ground for her to lift her feet up onto. An additional problem highlighted was the need for modified armrests in order for them to be level, parallel to the seat base, when the actual seat frame was effectively in tilt.

Trialling a riser

By this stage in the process we had come to understand at least some of Mrs J's aims for herself and objectively speaking they were sound and achievable. We felt there was enough clinical evidence to suggest an exception be made in relation to riser provision. We borrowed a chair for trial. *Please see video*



The result was completely successful with Mrs J being able to achieve a stable and safe sit to stand movement and minimal energy consumption or pain. The variable seat height also meant that the footplates could be set correctly and the seat lowered until they were very close to the ground enabling Mrs J to lift her feet onto them relatively easily.

Conclusion

On this occasion we were able to make a case for the provision of a riser that is not normally available; we also hope the additional idea of using tilt will give food for thought.