**2017 PMG Conference Bursary Article:   
The Power of 24-hour Posture Care**

Amy Hilaire, Occupational Therapist

I love learning something at a conference that I can apply immediately to my work. A presentation that particularly struck me at the 2017 Posture and Mobility Group (PMG) Conference in Cardiff was *A person-centred approach to the protection and restoration of body shape: how can equipment in sitting and lying help meet individual goals and changing needs to improve quality of life,* byHelena Poulton (Occupational Therapist) and Tess Ellis (Physiotherapist).

I learnt that:

* The goal of posture care is to enable an individual to do what they want to do.
* **Habitual asymmetrical positions can produce predictable body shape changes.**Body shape changes, such as pelvic rotation and distortion of the chest, can be predicted for people with movement difficulties. Gravity exerts a continuous force on every body. Longer time spent in static positions increases the likelihood of body shape changes due to the constant force of gravity on the body (Hill & Goldsmith, 2010).
* **Posture care is not only about quality of life but prolonging life!**When body shape changes affect the rib cage, it can cause respiratory difficulties. This contributes to premature death for people with learning disabilities (Heslop, et al., 2013).
* **Posture care can restore body shape in children and adults** (Hill & Goldsmith, 2010).   
  How exciting is that! I had assumed that adult body shape was relatively fixed, or a deteriorating condition that we could only slow down. In one case study, a woman showed a clear improvement in body shape after she started using a posture management system in bed. The photo before intervention showed her windswept postural deformity, but the photo after intervention (using the system for 6 months, I think) showed fairly symmetrical pelvis and rib cage. I found this so encouraging.
* **Posture care should include support for lying and sitting positions**, as these are the positions used during the day by those most at risk.
* Supporting people to sustain **symmetrical** positions is best for function and health.   
  We need to work towards symmetry within our client’s physical limits and within our client’s comfort and preference (Hill & Goldsmith, 2010).
* **Supine is the only truly symmetrical posture for lying in a bed** (Hill & Goldsmith, 2010).

If the client can’t tolerate sleeping supine, work towards minimising rotation and reducing stretch on hip ligaments in side lying.

* **Posture management equipment needs to be flexible and sustainable.**   
  Consider off-the-shelf products that can be adapted (e.g. modular backrest systems) before custom moulded foam options, especially for clients who fluctuate in their condition or who are likely to change.
* **Talk to everyone involved** (client, family, carers, members of the multidisciplinary and education teams) to check that the postural management system is working. If some team members report it isn’t working, either compromise or educate them on why it can’t be changed.

Attending the PMG Conference was a fantastic experience. I came to the UK last year from Australia, and have been working in London for the past 11 months, for several different teams. I work in the NHS Wheelchair Service and the Adult Community Occupational Therapy team within the local authority.

I returned to my workplaces enthused about restoring body shape for the many clients seen in our services with asymmetrical postures due to neurological disabilities. Two clients immediately came to mind that I knew could live longer from postural support in lying. Both have respiratory problems already.

I went ahead and arranged a visit with a supplier, as I has assumed that something so essential would naturally be funded. Discussing the cases with my seniors, however, I realised it’s not that simple.

When I worked in Queensland, Australia, postural sleep systems were funded the same way as wheelchairs and bathing equipment, by the Department of Health. In the London borough where I work now, sleep positioning systems for adults have historically been funded only through charitable organisations.

Healthy body shape is fundamental good breathing, circulation and digestion (Hill & Goldsmith, 2010). When people breath properly, they can do more and are less likely to require hospital admissions. How much does the cost of one sleep positioning system compare to the cost of a hospital admission for pneumonia? Or new wheelchair and complex seating system every few years due to progression of body shape deformity? Prevention is better than cure.

This new knowledge has motivated me to advocate for provision of postural management systems. I’m not the first therapist to try this, nor the most qualified, but it’s important that we keep saying it.

Thank you, PMG, for awaking me to the power 24-hour postural care has to improve quality of life and longevity. I have learnt valuable assessment skills and improved techniques for therapeutic positioning. I’m excited to be a member of such a fantastic organisation and I look forward to watching the conference presentations again once they are available online.

# References

Ellis, T. & Poulton, H., 2017. *A person-centred apporach to the protection and restoration of body shape: how can equipment in sitting and lying help meet individual goals and changing needs to improve quality of life?.* Cardiff, Posture and Mobility Group.

Heslop, P. et al., 2013. *Confidential Inquiry into Premature Deaths of People with Learning Disabilities,* Bristol: Norah Fry Research Centre.

Hill, S. & Goldsmith, J., 2010. Biomechanics and Body Shape Distrotion. *Tizard Learning Disability Review,* 15(2), pp. 15-32.

Short Precis: The 2017 Conference was my first experience of the Posture and Mobility Group. This article describes my awakening to the power of 24-hour posture care for adults to not only prevent progression of destructive body shape changes, but to restore body shape. It includes the key learning points I took away and the barriers I face in implementing changes to my clinical practice.