PTA 210
PTA Techniques
Patient Positioning and Draping

Patient Positioning

- **INTRO**
  - Must be considered before, during and after treatment AND when the patient is to be at rest for a prolonged period of time.

Proper Positioning Provides:

- Patient safety
- Prevention of soft tissue & joint contractures
- Support & stability of the patient’s trunk and extremities
- Access & exposure to areas to be treated
- Patient comfort
- Position changes to relieve excessive, prolonged pressure to soft tissue, bony prominences & circulatory/neurologic structures
Think-Pair-Share

- When would you position a patient in supine for a short period of time and when would it be for a long period of time?
- Prone?
- Seated?
- Sidelying?

Short-Term & Long-Term Positioning

- The objectives of short-term and long-term positioning are different

- Are the risks the same for short-term and long-term positioning?

Basic Positioning Principles

- 1. Always explain to the patient what you are about to do.
- 2. Have the patient participate as fully as possible.
- 3. Maintain normal spinal curves as best you can.
- 4. Use smart body mechanics when you provide positioning assistance.
- 5. Provide appropriate supervision or a way for the patient to call for help.

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Consider...

- What might be consequences be to leaving a patient (even for a short period of time) without appropriate supervision or a way to call for help?

2 Risks of Long-Term Positioning

- **Contracture**: shortening or tightening of the skin, muscle, fascia, or joint capsule that prevents normal movement or flexibility of the area
- The greatest pressure occurs over tissues that cover bony prominences, leading to **pressure injuries** (i.e., ischemia, necrosis)

Minimizing Risk

- Therefore, frequent changes in the patient’s position, approximately every 2 hours, may be necessary to prevent contracture or to relieve pressure to the patient’s skin
Using Extra Caution

- Extra Caution should be used when positioning a patient who:
  - Has decreased sensation to pressure
  - Is unable to alter his/her position independently or safely
  - Has minimal soft tissue protection over bony prominences
  - Is unable to express or communicate his/her discomfort

Any Position that causes the following should be limited to 30 minutes

- Excessive rotation or bending of the spine
- Scapular abduction or forward head posture (FHP)
- Compression of the thorax or chest
- Plantarflexion
- Hip &/or knee flexion
- Adduction & IR of GH joint
- Elbow, wrist or finger flexion *
- Hip add or IR/ER

Indicators of Excessive Pressure

- Areas that are RED indicate areas of pressure
- Pale, or blanched, areas may indicate severe, dangerous pressure
- Complaints of numbness or tingling
- Localized edema or swelling
Consequences of Excessive Pressure

- Pressure to a localized area of soft tissue, especially when there is an underlying bony prominence, produces local ischemia, which over time can lead to tissue necrosis.
- Ischemia: deficiency of blood in a part due to functional constriction or actual obstruction of a blood vessel
- Necrosis: cell death

Short-Term Supine

- Center the patient on the table
- Establish normal spinal curves (pillow under knees)
- Pillow under head if necessary
- Check for safety, comfort, and access.

Figure it out...

- Which areas of the body are prone to skin breakdown when positioned in supine for a prolonged period of time?
**Long-Term Supine**

- The patient’s body & extremities should be totally supported on the mat or table
- **Head/neck:** small pillow
- **Small pillow/rolled towel/bolster under the knees** to reduce lumbar lordosis (for comfort)
- **Small rolled towel or bolster under distal tib/fib** to relieve pressure on calcaneus
- **Rolled towel or pillow to maintain hip in neutral rotation** (they tend to ER)

**What is this thing for??**

**Long Term Supine**

- Which soft tissue(s) are likely to contract with prolonged supine positioning?
Short-Term Prone

- Center the patient on the table
- Establish normal spinal curves
  - Use face cradle, cutout, or turn head to side
  - Pillow under abdomen with reduce excessive lordosis
- Arms alongside trunk or in stick-up position
- Pillow under lower legs (why?)
- Check for safety, comfort, and access.

Figure it out...

- Which areas of the body are prone to skin breakdown when positioned in prone for a prolonged period of time?

Long-Term Prone

- Head: either turned to one side on a small pillow OR resting forehead on towel or special headrest
- Place pillow under lower abdomen to reduce lumbar lordosis
- Rolled towels under each anterior shoulders to adduct scapula
- Pillow, towel roll, bolster under anterior ankles to relieve stress on hamstrings, pelvis, back
Short-Term Sidelying

- Center the patient on the table
- Establish normal spinal curves
  - Move the hip slightly forward or back
- Pillow under head, between knees and between arms
- Check for safety, comfort, and access.

Johansson, p154

Figure it out...

- Which areas of the body are prone to skin breakdown when positioned in sidelying for a prolonged period of time?

Long-Term Side-Lying

- Position the patient in the center of the bed, mat or table with his/her head, trunk, & pelvis aligned
- Both LE flexed at hip & knee; uppermost LE slightly forward & resting on pillows
- Pillows to support patients head in neutral
- A folded pillow placed at the chest to support uppermost UE & to prevent forward rolling
- May be necessary to place a folded pillow along posterior trunk to prevent backward rolling
Short-Term Sitting

- Center the patient in the chair with hips all the way back
- Establish normal spinal curves
  - Small towel roll at back
- Armrests at correct height
- Check for safety, comfort, and access.

Figure it out...

- Which areas of the body are prone to skin breakdown when positioned in sitting for a prolonged period of time?

Long-Term Sitting

- Pt should be seated in a chair with adequate support for the trunk (you can use pillows, recline back of chair, rest forward onto table)
- LE supported by placing feet on footrests of W/C, foot stool, or on floor
- Popliteal region (gastroc/soleus) should not have excess pressure (depth of seat)
- Support arms on pillows, armrests, on treatment table
Sitting Continued

- Must relieve pressure on the buttocks and sacrum at least every 10 minutes
  - Chair pushups
  - Alternately leaning on one of the armrests
  - Leaning forward in the chair
  - Specialized cushions available

Think-Pair-Share

- If a patient is supine on a hospital bed and the head of the bed (HOB) is elevated...
  - Which areas have less pressure?
  - Which areas have more pressure?

Precautions for Positioning

- Avoid clothing or linen folds beneath the pt
- Observe skin color before, during and after
- Protect bony prominences from excessive and prolonged pressure
- Extremities should be supported on the surface
- Avoid excessive, prolonged pressure to soft tissue & circulatory/neurologic structures
- Use additional caution with pts who have decreased mental capacity, comatose, very young or elderly, SCI, or lacking normal circulation or sensation
Condition Specific Positioning

- There are specific positions that should be avoided for certain patients because their diagnosis or condition predisposes them to complications related to positioning.
- See handout

Positioning Techniques

- Anticipate and Prepare
  - Support surface
  - Pillows, towel rolls, bolsters, etc

Think-Pair-Share

- Do all patients who are going to be seated for more than 10 minutes need to be taught active weight shifting and pressure relief activities to do every 10 minutes?
- If yes, explain and support your answer.
- If no, which patients do need this instruction and which do not?
Draping

- Communication
  - What do we need to communicate?
- Informed consent
- Respect for boundaries
- Active participation by the patient
- Monitor for signs of discomfort

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Draping

- Why do we drape patients?
  - Provide access and exposure to areas to be treated while protecting other areas
  - Provide modesty for patient
  - Maintain appropriate body temp
  - To protect the patient’s clothing from being soiled or damaged

Draping Techniques

- PLEASE NOTE: each patient has his/her own concept of modesty
- Inform the patient of the type of clothing that should be worn for treatment sessions
- Inform the patient that clothing may need to be removed & WHY it is necessary to do so
Draping Techniques

- Tell the pt that their body will be protected by linen, except for the area to be treated
- Use clean linens
- The door should be closed while the pt is dressing and the patient should be allowed to don clinical attire independently
- Same-gender chaperone
- When you leave the room/cubicle, drape everything

Draping Techniques

- Draping should not restrict joint motion (of the joint you are treating / exposing)
- The drape needs to remain secure (secure the edges)
- Expose only the area being worked on at one time
- Layering will minimize exposure

Hospital Gowns

- Open in the back
- Two can be worn
- Some snap together at the sleeve to allow for IV lines and other tubing
Construct an Exam Question

- Include YOUR NAME
- Must be multiple choice
- Must have 4 possible answers
- Circle the CORRECT answer!

Questions???