

## Guideline C4: Seating adjustment – moving forwards/backwards in a chair

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following guidance before assisting an individual to reposition in a seat.**

<b>Self help</b>	Can the activity be avoided i.e. can the individual reposition themselves independently? You may be able to encourage them to walk their bottom forwards/backwards by verbal or tactile cues. Alternatively the individual may be able to stand and sit down again, or push on the chair arms to slide backwards.
<b>Ergonomics</b>	Check that the chair is of suitable height and style. Slippery clothes or upholstery fabrics can encourage sliding. Consider the use of an overhead, mobile or standing hoist, one way glide, wedge shaped cushion or footstool. The use of wheelchair footplates placed at an appropriate height may also prevent sliding forwards.
<b>Communication</b>	Always check how the individual wishes to be assisted and consult their handling plan. Encourage the individual to push on chair arms with their hands and lead the movement with their head.
<b>Safety</b>	Do not attempt to reseat an individual whose bottom has slipped beyond the front edge of the chair. If this happens, guide them gently to the floor using pillows/cushions for support. If an individual repeatedly slips forward it may be that they have been sitting in the same position for too long or that a reassessment of the chair is needed. Advice on seating can be sought from an OT. Check that the movement will not damage the individual's skin and that the seat will not move. One way glides and wedge shaped cushions may not be suitable for people with fragile skin or poor circulation and are not recommended for use on the top of pressure relieving cushions. Where manual assistance is hazardous consider hoisting.

### Method 1: Manual assistance for seating adjustment or moving forwards/backwards

This method releases the pressure from one buttock and assists that hip to move forwards/backwards in the seat, a high level of skill is needed and good teamwork for this activity.

#### Preparation

1. Two carers are usually needed. Carer 1 stands close to the individual's trunk at an oblique angle either to front or rear depending on access available. The other takes a position opposite, close to the individual's thigh at an oblique angle (Fig: 1).



Fig: 1

2. Carer 1 should give the instructions.
3. Ensure that the individual can understand and give a good level of cooperation.
2. Check that the movement will not damage the individual's skin.
3. Check that the chair will not move or that wheelchair brakes are on.
4. Assist the individual to position their feet closer to the chair if necessary.

## Providing assistance

1. Carer 1 assists the individual forwards off the back rest using palm holds and then takes a long low hold around the individual's back with appropriate, open palm hold on their forearm, trunk or upper arm. This carer then asks the individual to lift their head (Fig 2). As they do so the carer moves into an upright position assisting the individual to transfer their weight slightly off the opposite hip.
2. As the individual's weight is eased off the hip carer 2 standing or kneeling at an oblique angle as appropriate, close to the opposite hip, eases the individual's hip backwards/forwards (Fig: 3).



Fig: 2



Fig: 3

3. Each carer moves to the other side and repeats the actions on alternate sides until the required position is achieved. Lifting the individual should be avoided since a slight release of the weight is all that is needed.

## Method 2: Using a one-way glide/low friction aid to move back in a chair

This method involves the use of a low friction aid that only slides in one direction to assists the individual to move forwards/backwards in the seat.

### Preparation

1. 2 carers are needed. Carer 1 stands at an oblique angle either to the front or behind the individual and carer 2 takes a position opposite, close to the individual's thigh at an oblique angle, half kneeling.
2. Carer 1 should give the instructions.
3. Ensure that the individual can understand and give a good level of cooperation.

## Providing assistance

1. Encourage the individual to move enough to feed the glide/aid under their bottom.
2. Encourage the individual to lean forwards and push their body back. Carers can give gentle support around the trunk and the knees to assist the slide.
3. If using a low friction roller remove it immediately by drawing out the bottom layer towards the rear of the seat.

## Warning

- Do not attempt these manoeuvres with people who cannot give a high level of cooperation.
- Do not lift all or most of the individual's weight.
- Do not overreach over high back chairs to insert or pull rollers/ glides.
- Do not use undue exertion. It may be that a mechanical aid is more suitable.
- Do not attempt to reseat an individual who has slipped over the edge of the seat.
- Do not leave an individual unattended on a low friction aid - a carer must remain in front.
- Do not leave low friction aids on the floor – they may cause slipping.
- Do not position low friction aids directly on the edge of a seat, leave a gap (approximately 8cm/3") to prevent the individual sliding off the chair.
- Do not tug at a low friction aid. If it does not come out easily change the angle you are pulling.

## Falls prevention

It is estimated that between a third and half of people over 65 suffer a fall in any given year. Most result in minor injuries but about a quarter require medical attention.

### Causes of falls

- **A previous fall** - someone who has fallen in the last year is more likely to fall again.
- **Medication** - some drugs, including anti-depressants and diuretics, can cause dizziness and loss of balance.
- **Poor balance and impaired gait** - these problems become common as we get older and can increase the likelihood of falling.
- **Effects of illness** - many conditions increase the likelihood of falling e.g. Parkinson's disease, stroke, Alzheimer's disease, low blood pressure, low blood sugar levels. Osteoporosis does not cause falls but significantly increases the possibility of fracture
- **Poor vision** - means obstacles may not be seen and bifocal/varifocal glasses can distort view.
- **Environmental hazards** - most falls occur due to hazards in the home e.g. trailing flexes, rugs, poor lighting, clutter on floor or stairs or climbing on chairs/stools to reach high items. Outside, uneven paving or unexpected steps may cause problems.

### Consequences of falls

Even if a fall does not injure an individual it may make them anxious about falling again and in the long term, this fear and lack of confidence can be disabling as a fall itself. For those who live alone a fall may result in hours of discomfort on the floor. Injuries may prevent a person from remaining independent and sadly, 40% of those who have a hip fractures die within six months, and a quarter of those who need hospital treatment die within a year.

## Managing the risk of falls

- **Exercise** - it is important to encourage activity to maintain or **improve balance**. Weight-bearing exercise, such as walking and dancing help to maintain bone density. Strong bones are less likely to fracture if a fall occurs.
- **Diet** - as with all other aspects of health and well-being, eating a good varied diet, helps to keep energy levels high and bones and muscles strong.
- **Around the home** - ensure that homes are as safe as possible, remove tripping hazards and ensure good lighting. Sturdy steps properly set up on ground level should be use to climb.
- **Vision** - regular eye tests are important and ensure that glasses are worn if needed
- **Foot care** - is extremely important, individuals are less likely to walk with confidence if feet are painful. A podiatrist (chiroprapist) can deal with problems like corns, bunions and verrucas. Shoes should be comfortable and secure.
- **General health** - checks should be made with a GP if dizziness or loss of balance occurs.
- **Ears and hearing** - ear infections can upset balance, as can a build-up of wax in the ear canals.
- **Clothes** - trailing garments like long skirts or trousers can catch heels particularly on stairs.
- **Alarms and monitors** - there are various alerting products available that will let you know if an individual is trying to move, so that you can assist them.
- **Low beds and bedside rails** - for those who are liable to fall or climb out of bed and hurt themselves ultra-low beds are available. These can be raised for carers to work at a convenient height. Bed side rails must only be used after a careful risk assessment by a competent person, to ensure that individuals cannot become entrapped.

## If someone has fallen follow your organisations falls procedure

- Don't panic - check the person is breathing and conscious. If not, call for emergency help immediately.
- Reassure them, if they are conscious, and cover them with a blanket to keep them warm until help arrives.
- Do not attempt to move them if they are injured.
- If they are uninjured you may be able to encourage them to follow the procedure for getting up from the floor in **Guidance C6 Assisting a fallen person**

### Quiz: Falls and Falling

1. List 3 things you can do to prevent individuals falling:

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2. If an individual is falling should you:

- a. Let go of them
- b. Lower them to the floor
- c. Hold them up till help arrives

3. When would you not intervene if an individual is falling?

4. When would you give advice to an individual on how to get up after a fall?

5. What is your organisation's procedure for dealing with falls?

6. What equipment may be useful to raise an individual up after a fall?

7. What steps could you take to respect an individual's dignity following a fall?

8. How might a fall affect an individual's risk assessment?