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The role of seating in managing posterior pain

Nicky Phillips, Clinical Specialist Occupational Therapist



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Upcoming Webinar

Pressure ulcers – To sit or not to sit

November 20, 2024



Heidi Sandoz



Nicky Phillips

In this session we will explore the critical clinical reasoning process around whether you can sit out of bed with a pressure area. To celebrate OT week and Stop the pressure week, we wish to recognise the importance of collaborative working.

This session will explore the risks of sitting and the risks of staying in bed. We wish to help clients make informed seating decisions to promote comfort, healing, function and overall well being.

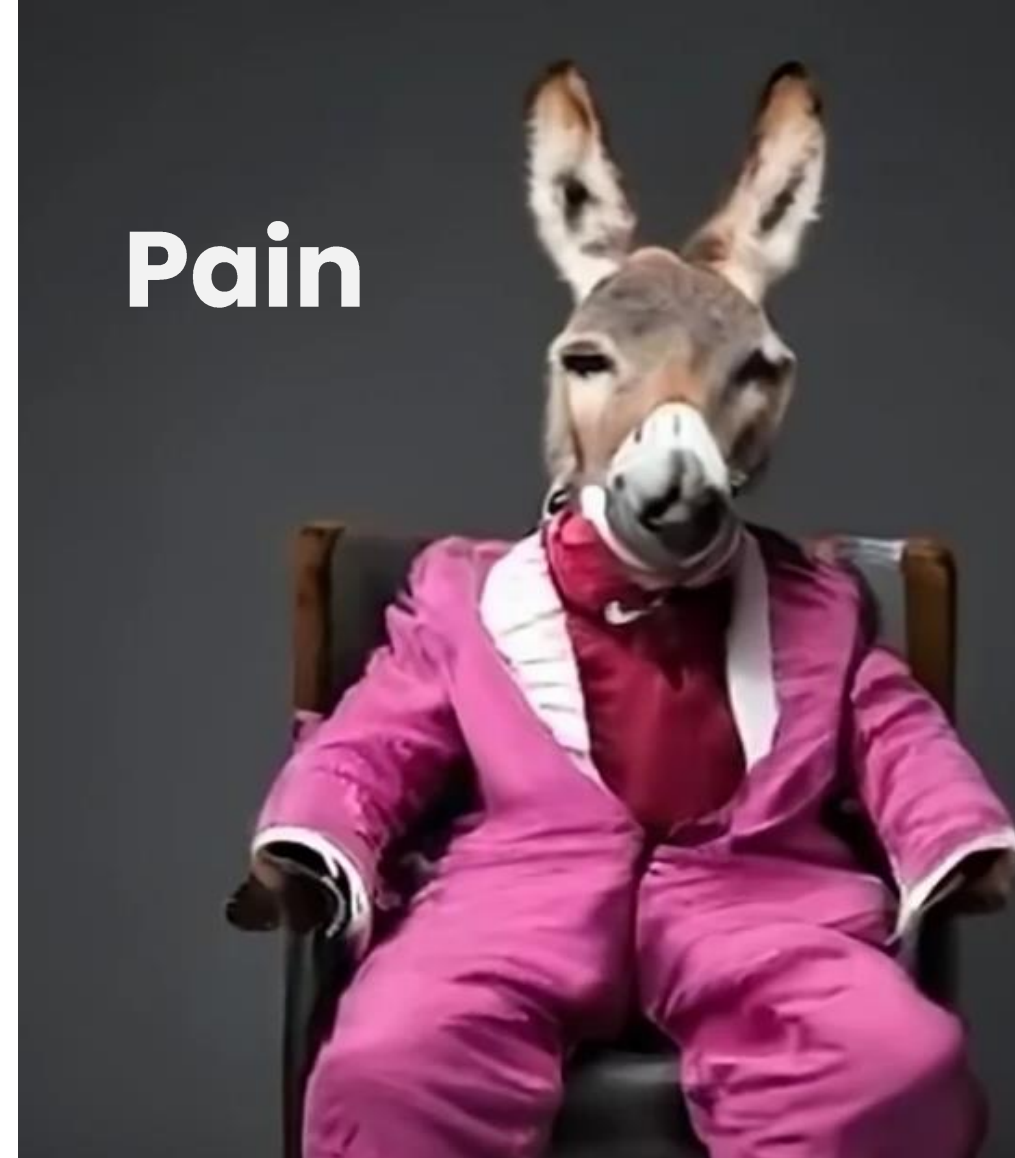
Learning Outcomes

- Understand 24-hour posture and positioning
- Practical advice we can pass onto clients about managing pressure and preventing further damage
- Recommendations for alternative positions and equipment
- A review of current evidence

Objectives

- Defining/ reviewing different types of pain
- Pain and seating
- Common causes of secondary pain
- How seating can contribute or help
- The role of seating in management of posterior pain
- What can you do?

Pain



Pain: is a commonly experienced symptom which can be subdivided

- **Acute pain**- has a sudden onset, identifiable causal factors and a short duration
- **Chronic** pain- persist or recurs for more than 3 months (Bonezzi et al, 2020)
 - 3 months is 90 days
 - 2190 hours!!
 - 131,400 minutes

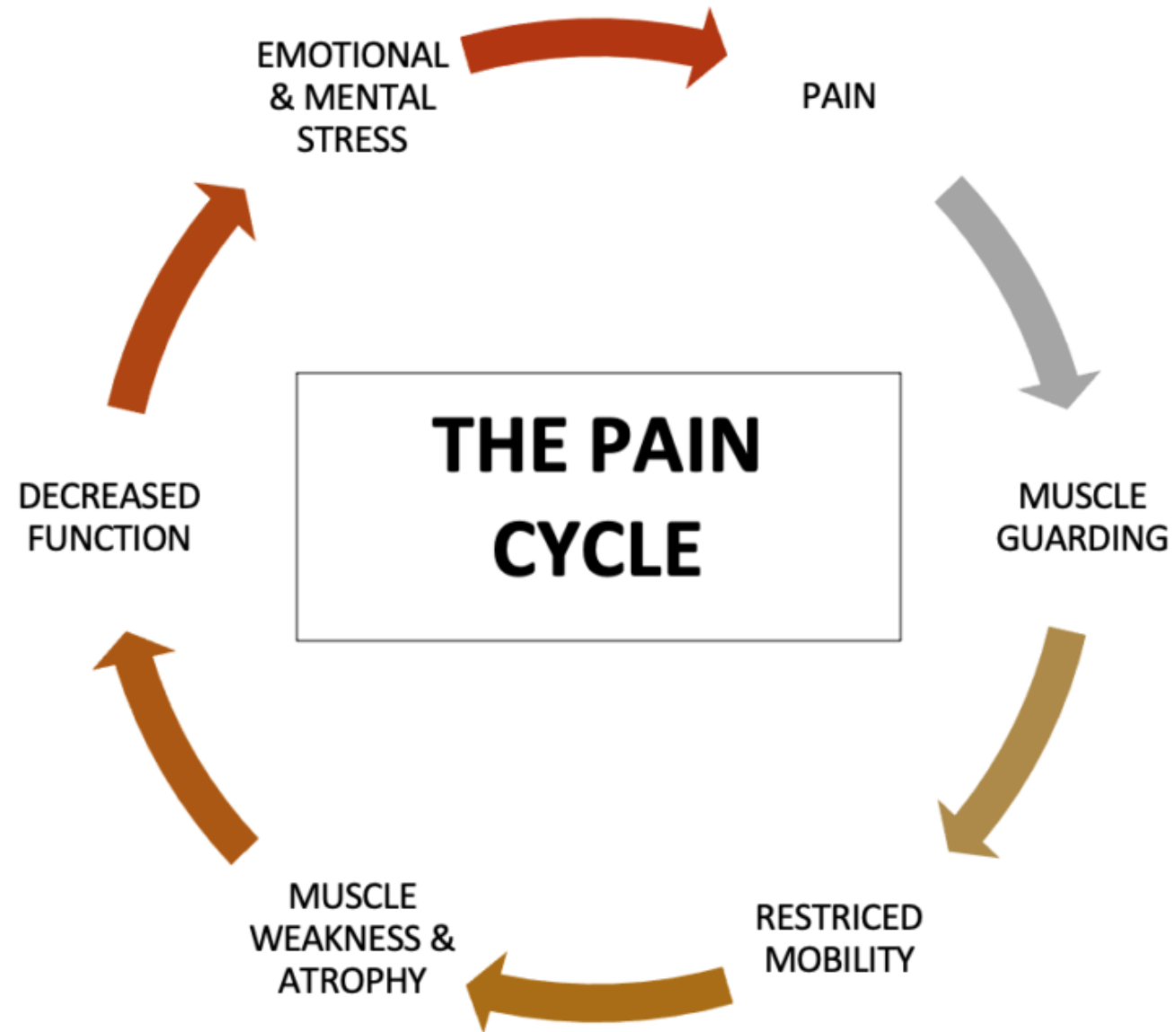
ANXIETY



Anticipation of pain can be as distressing as acute or chronic pain.

FEAR





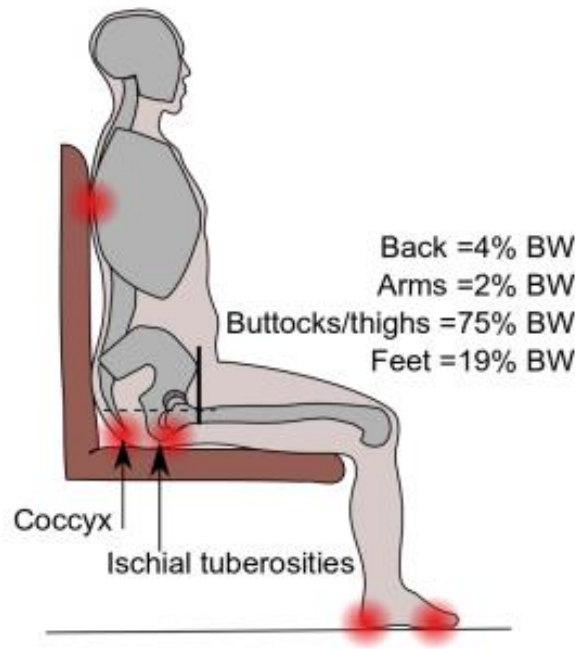


Pain continued

- Pain is defined as 'an unpleasant sensory and emotional experience associated with, or resembling actual or potential tissue damage' (Raja et al, 2020 p1976)
- Pain can be present on a physical, emotional, behavioural and cognitive levels.
- Referred pain
- Neuropathic pain
- Secondary pain/ problems



Posterior pain



It is estimated that typically 75% of the body's weight is taken through the pelvis when an individual is sitting (Collins, 2001). The main contact between the pelvis and the seat surface is via the small, rounded ischial tuberosities (sitting bones of the pelvis)

The prevalence of pain and seating clients

- 50% of MS clients experience pain throughout their disease course (MS society)
- 80% of people with SCI experience clinically significant chronic pain.
- 75% incidence of chronic pain reported in clients with cerebral palsy.
- 50% of wheelchair users report pain

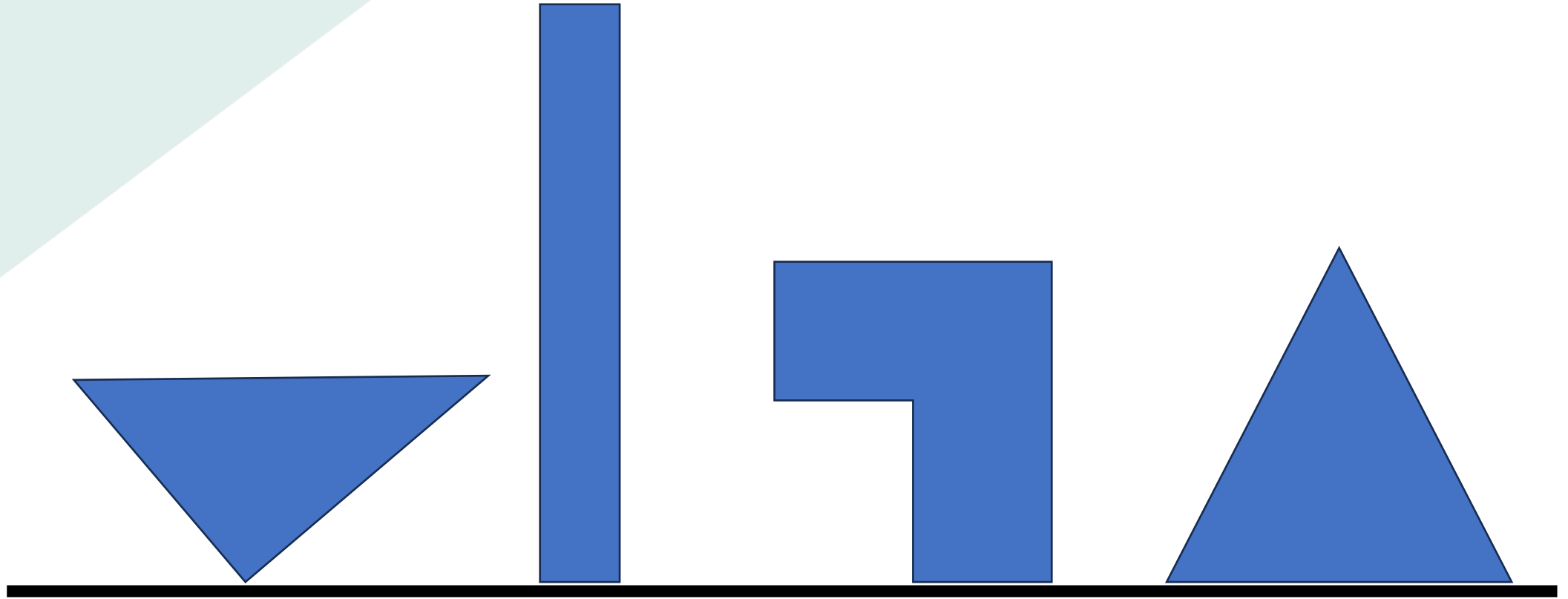
The assessment should be person-centred

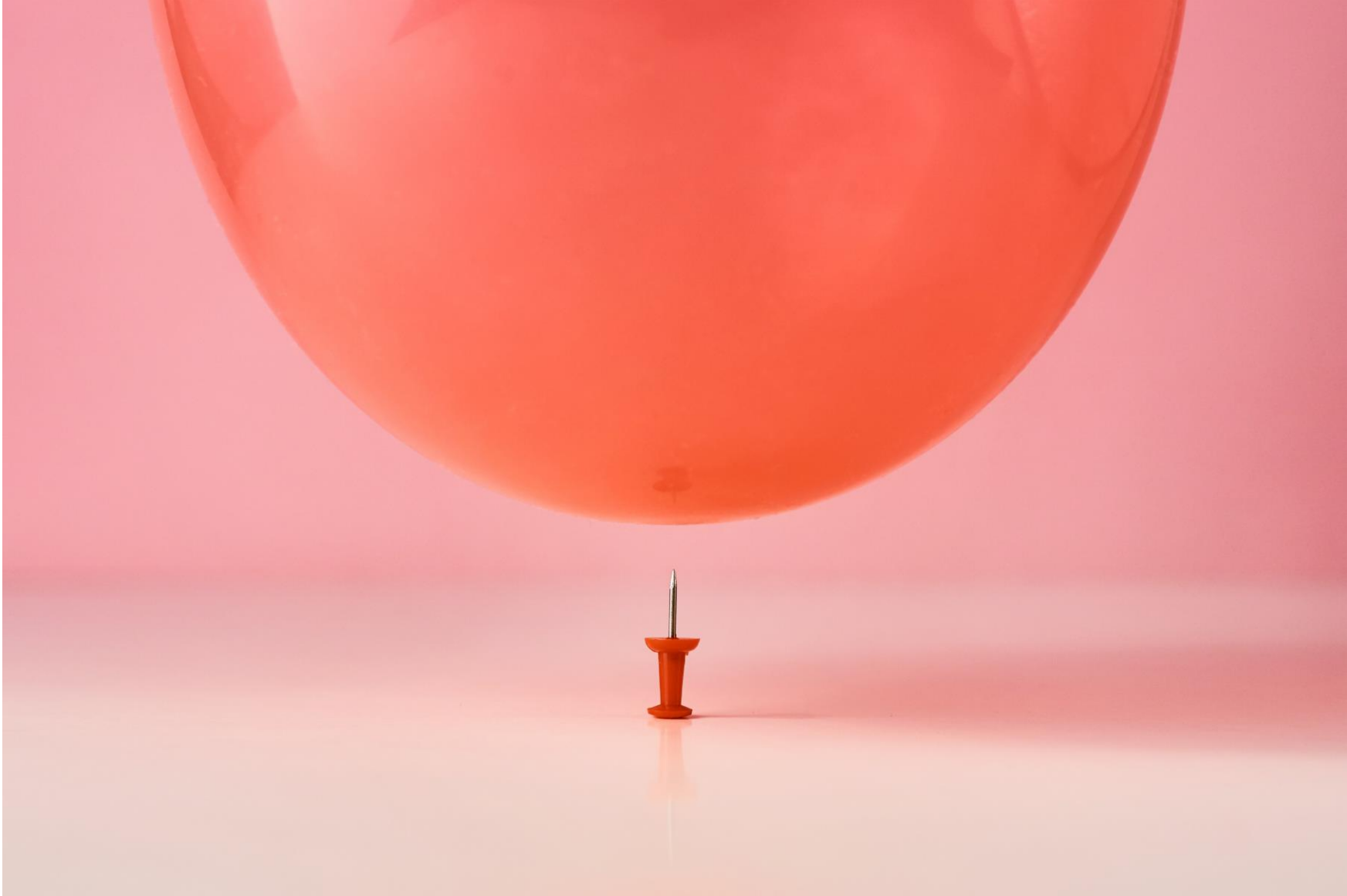
- The individual needs to understand why specialist equipment is required, the potential impact on their lifestyle and benefits such as the prevention of pressure ulcers (Stephens & Bartley, 2018).
- Equipment abandonment is more likely if these discussions do not take place (Stephens & Bartley, 2018).

Pain and seating

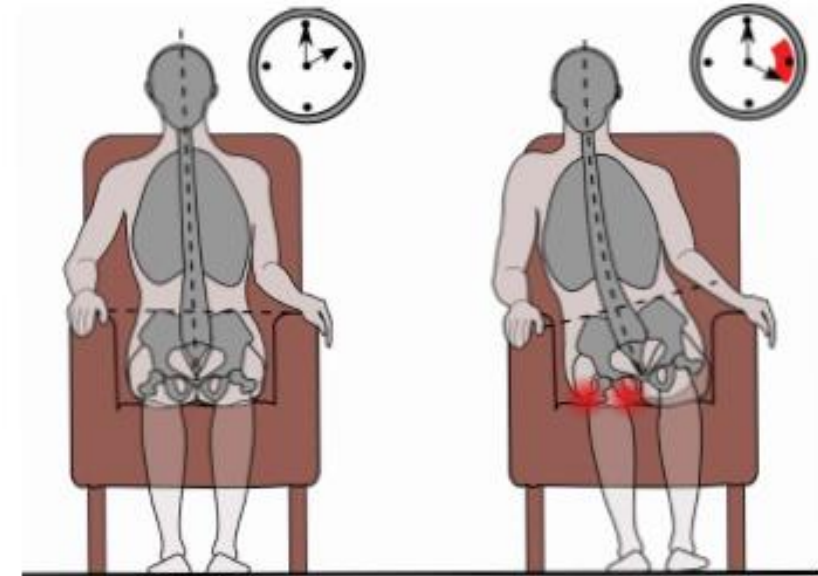
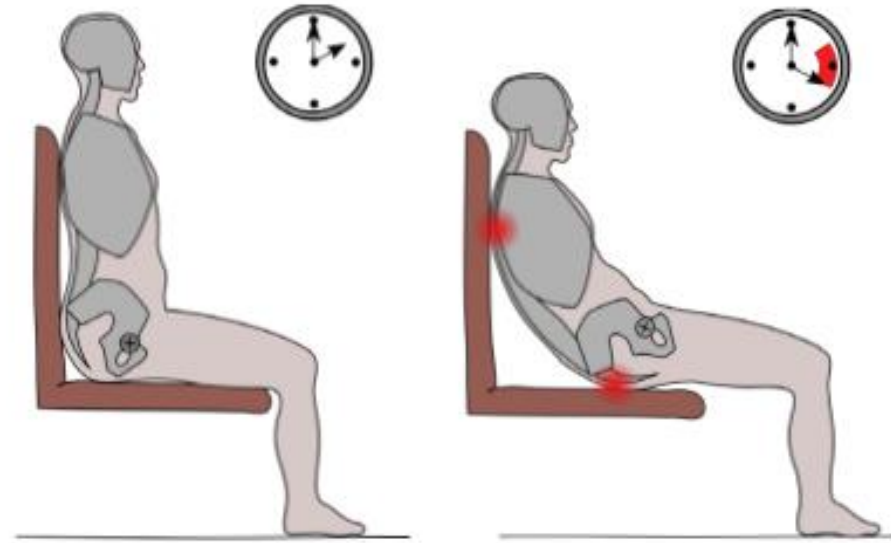
Thyberg et al (2009) study confirmed that there is the possibility of reducing, or even eliminating common secondary problems such as back pain and discomfort in seating by individually adjusted measures.

**Which of these
shapes is most
stable?**





Seating and time



Postural asymmetries and pain

- Casey et al (2020) identified that postural asymmetries increase with age and are directly linked with pain.
- Ageing clients are typically faced with increasing postural asymmetries including those of the spine and pelvis (scoliosis, kyphosis, pelvic obliquity and pelvic tilt).
- If left unaddressed, these negatively impact their ability to function which leads to an accelerated decline in their function, a rise in pain and fatigue, and an increase of dependency (Requejo et al, 2015)

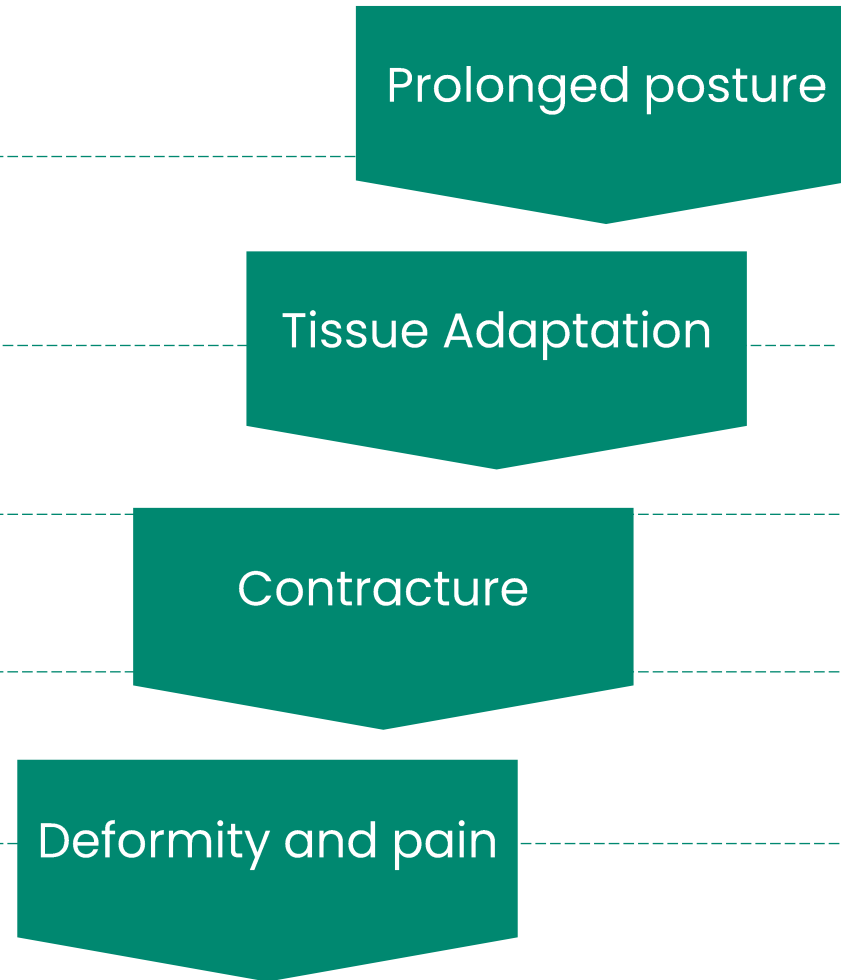


Prolonged postures and pain

Why do we care?

- may result in pressure injuries
- problems with balance
- reduced function
- associated pain

(Casey et al, 2020)





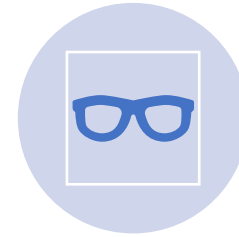
PAIN TOOL KIT- WHAT CAN
YOU DO???



P- PALPATE/ PRESCRIBE



A- ASK GOOD QUESTIONS/
ASSESSMENT



I- INVESTIGATE AND
OBSERVE



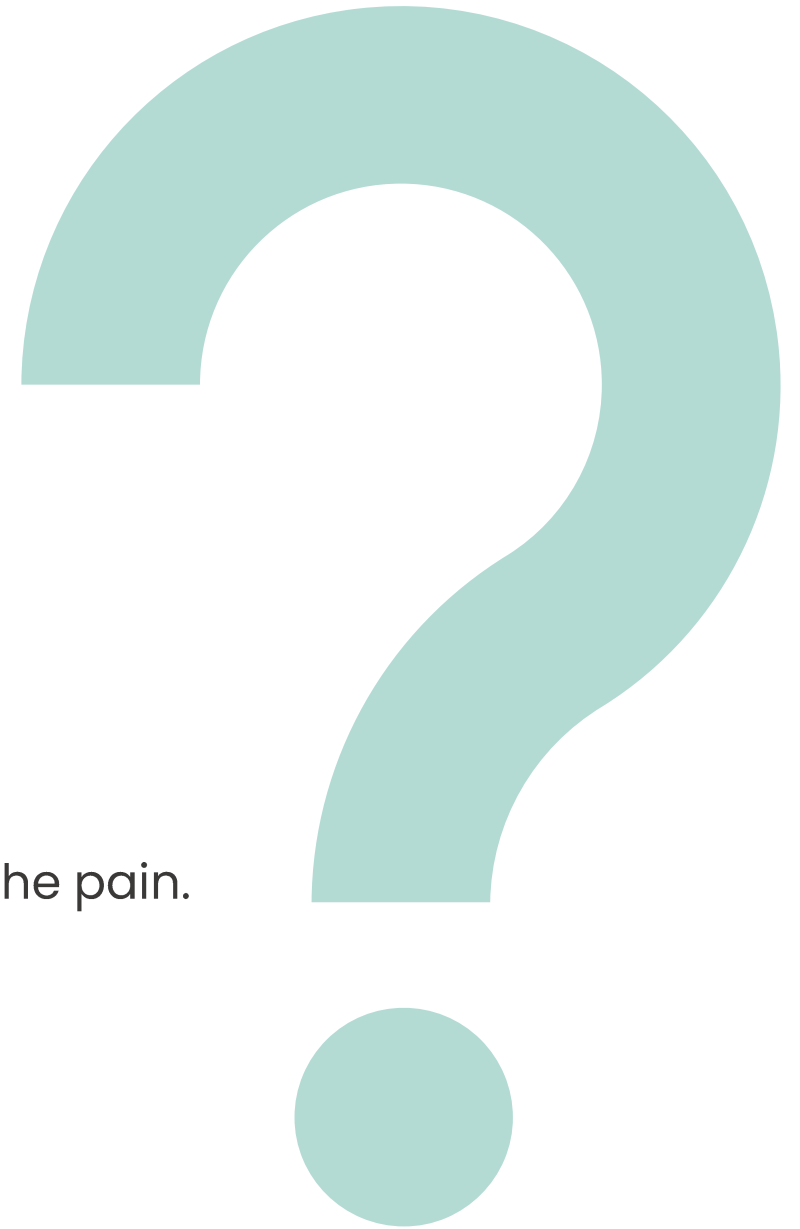
N- NOTES- WRITE IT
DOWN.

P- PALPATE

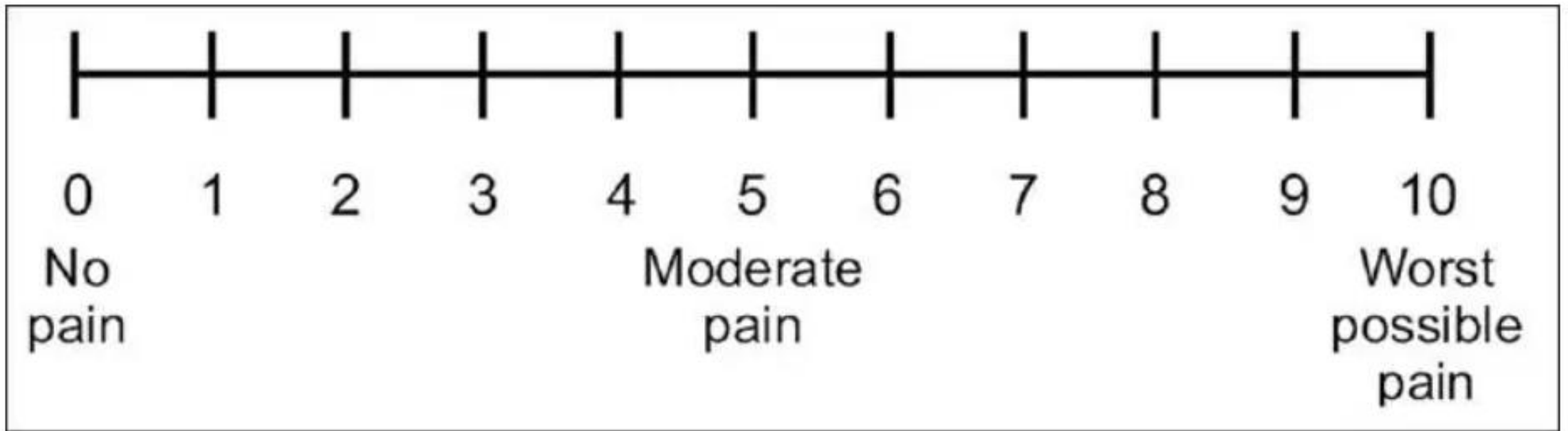
- Check the amount of contact the client is making with the chair.
- Palpate the bony prominences to ensure not bottoming out, cushions set to correct position/ pressure level.
- Review seating posture, check ASIS's- is there a postural recommendation/ is the seating set up optimally.
- Is there a part of the chair digging in/ rubbing/ label sticking out. Has the backrest shifted?

A-Ask good questions

- Ask open questions
- Where is the pain?
- When does it occur?
- What makes it better?
- What makes it worse?
- Try to get a measure off the pain.



Numerical rating scale



Investigate

- Observe the client and their movements (do they repeat a movement i.e. off load unconsciously)
- How is the chair different to their bed? (if there is a difference)
- Observe for signs of pain?
- Previous experience of pain can reduce confidence in equipment and increase anxiety.
- If changes are recommended- try to change one thing at a time (measure)
- Identify/ change/ monitor/ repeat



Notes

Record, record, record

Be as objective as possible, client reported 5/10 pain following 4 hours sitting.....

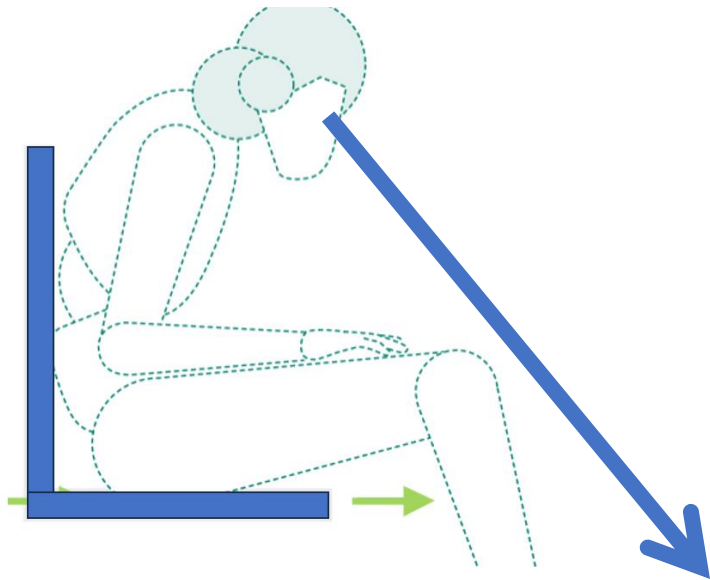
Goal set- keeps focus

Client goal= Mary wants to sit out for Bridgerton binge

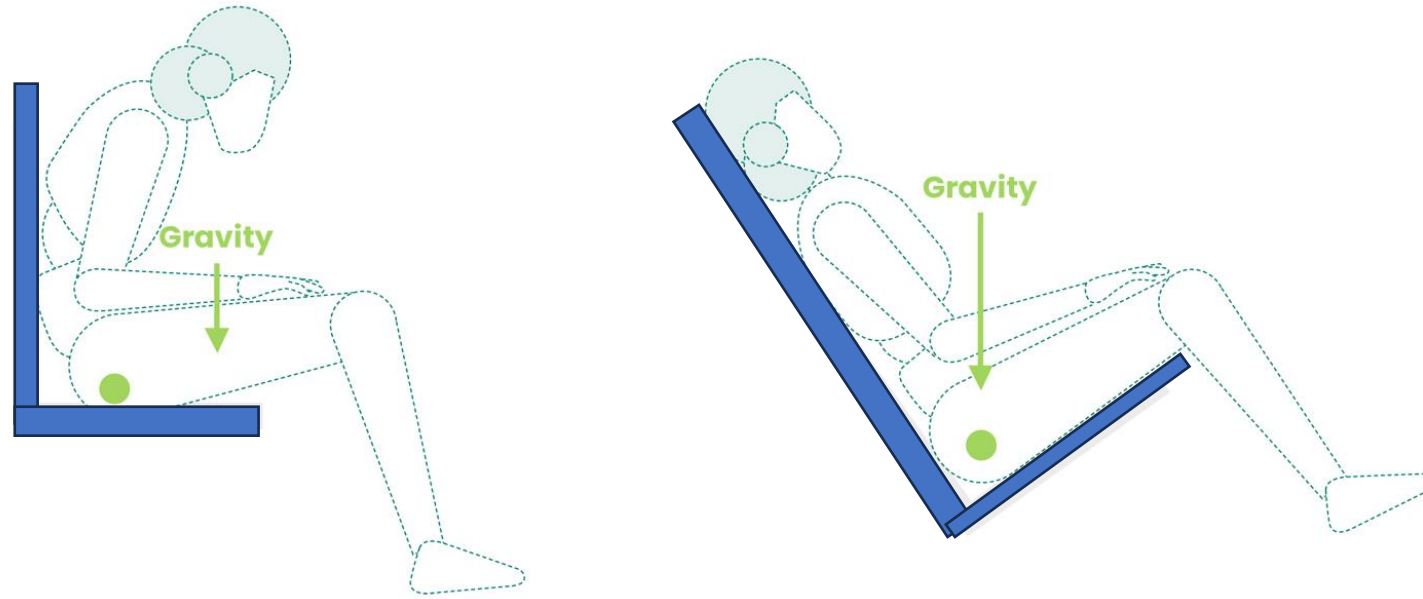
Therapist goal= Mary to achieve sitting tolerance for 3 hours.



Common presentations: Kyphosis



- C spine kyphosis leading client to extend at the neck for vision, causing pain, fatigue and pressure on the joints.
- No support in upper back and likely gap at lower back.
- Reduced mobility in the shoulders
- Compressing lungs
- Possible pain in sacrum, lower back and neck.



*Off load gravity by using **tilt in space***

- Increase base of support
- Increase loading
- Decrease pressure
- Reduce / eliminate shear

Pelvic tilt

Posterior pelvic tilt puts additional pressure on the lower back and sacrum.

Common causes from seating

- Seat depth is too long leaving a gap at the back
- Clients hamstring range is reduced, and footrest is raised (also at risk of sheer), review your initial assessment.
- Hip flexion is reduced, and back angle of the chair is too small. May need to open the back angle (recline).

Pelvic obliquity



- One side is higher than the other
- Body will compensate or cause lean to one side
- Support or correct

Scoliosis

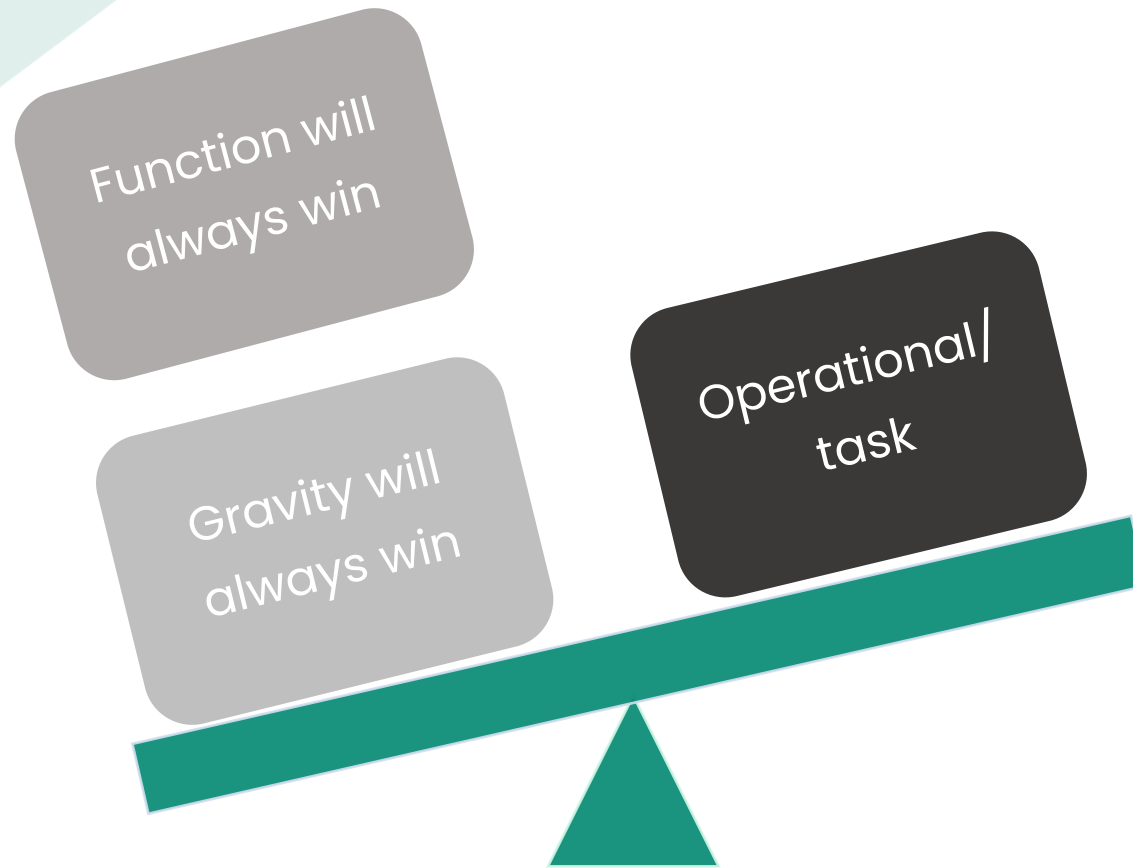
Pain can be caused by pressure on spinal discs, muscle pain, stretching or irritation of nerves due to the curvature, strained joints leading to inflammation.

Is the scoliosis correctable?

It won't be in isolation- full postural assessment recommended.



Summary



Backed up by
clinical and user
experience

Work from an
evidence-based
practice
perspective

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Jenny is a senior OT, who has been practising since 1997, and completed her MSc in Neuro-Rehabilitation in 2007. Her expertise lies in postural management and assessment.



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Debra qualified as an OT in 2006, and uses her wide range of clinical knowledge and experience to inform product development, and to provide clinical training on our product range.



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Jayne qualified as an OT in 1996 and has a wide range of clinical experience in acute and community settings. Her recent experience has been in community equipment stores providing training and support to prescribers and commissioners.



Mary Snow
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Mary qualified in 2006 and has held a seating/postural lead role in the county for several years, completing the 24 hr postural management course at Specialist Disability Service Oxfordshire in 2009 and 2016. Mary continues to work part-time for Oxfordshire services and is also a registered private practitioner.



Nicky Phillips
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Nicky is a dedicated Occupational Therapist, specialising in disability, posture and seating. Her 16+ years of experience spans both inpatient and community settings, enriching her professional skills and broadening her perspective in the field.



Heidi Sandoz
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Heidi has been practising as a Tissue Viability Nurse since 2002. She has experience in both acute and community care, and her passions centre around education, improving services for patients and team development.



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Sarah has been a Tissue Viability Nurse since 2010, gaining a vast amount of experience within wound care from the primary, secondary, and private sector. She prides herself in positive patient outcomes by utilising a patient-centred approach to their care.

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Contact info@accora.care for a joint visit.

Nicky Phillips