



Therapy while you sleep!
Working in partnership to support children with physical disability.

Denise Luscombe
Paediatric Physiotherapist
Accredited Postural Care Trainer

Why look at Postural Care?

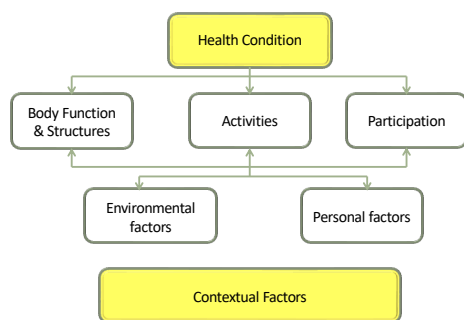
- Seating
- Standing
- Supported lying



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Where does it fit? ICF



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pca
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NATIONAL GUIDELINES
BEST PRACTICE IN EARLY CHILDHOOD INTERVENTION

FAMILY
CHILD
COLLEAGUES
OURSELVES

- Quality Area 1 FAMILY
 - Family-Centred Practice & Strengths-Based Practice
 - Culturally responsive Practice
- Quality Area 2 INCLUSION
 - Inclusive & Participatory Practice
 - Engaging the child in natural environments
- Quality Area 3 TEAMWORK
 - Collaborative teamwork
 - Capacity-Building Practices
- Quality Area 4 UNIVERSAL PRINCIPLES
 - Evidence base, Standards and Accountability
 - Outcomes Based Approach

ecia


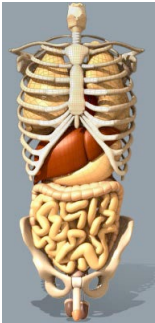
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Fred's Story

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Fred aged 3

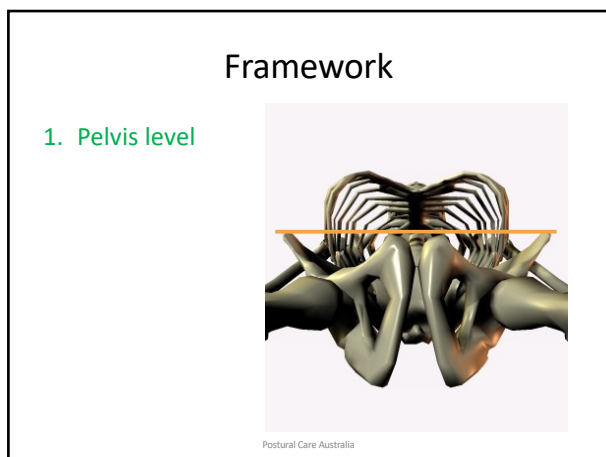



Simple Stuff Works

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What about the hips?

- Prevention and protection

- Patterns
 - Legs together or crossed / crossing the middle
 - Legs apart
 - Both legs go to one side

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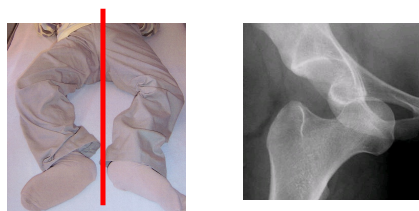
The direction of dislocation will depend on the position the person lies in as a habit



If the leg is crossing the middle (adducting) the hip will tend to dislocate backwards

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The direction of dislocation will depend on the position the person lies in as a habit



If the leg is falling away from the midline (abducting) the hip will tend to dislocate forwards

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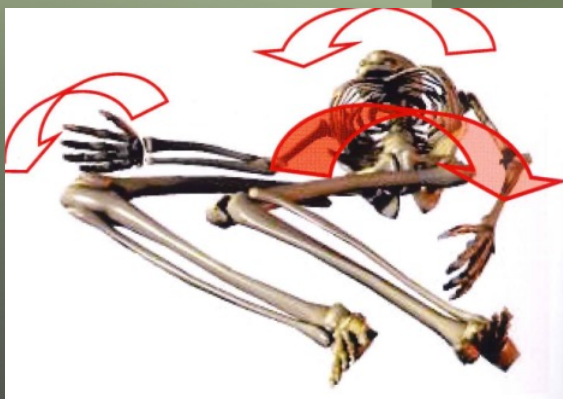


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Both legs go to one side

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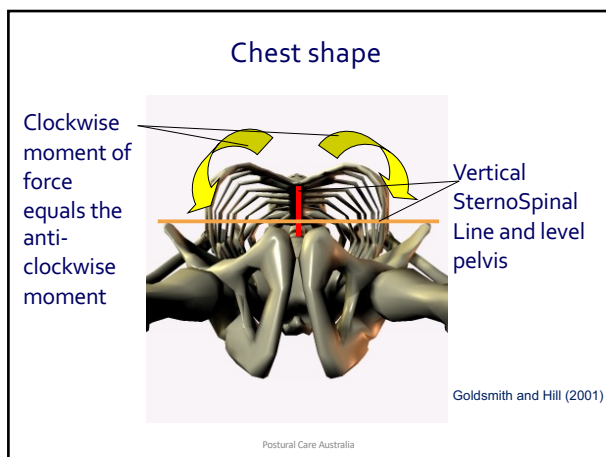
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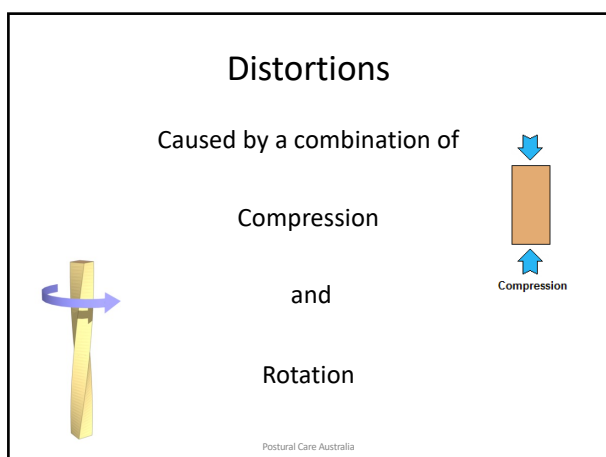
Framework

1. Pelvis level
2. Legs supported to keep the pelvis level

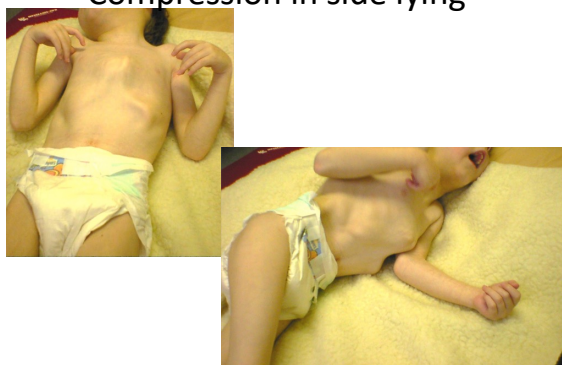
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Compression in side lying



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Compression



0.43



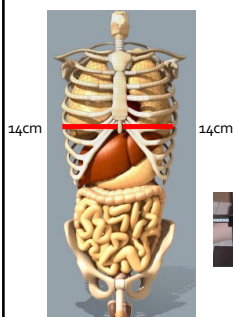
0.92

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Rotational Distortion

and Measurement

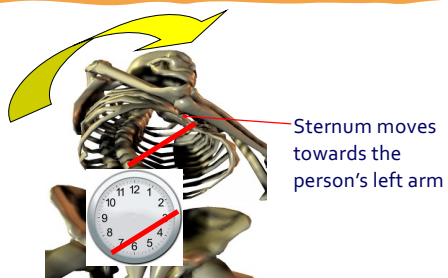
Expressed by the
right/left ratio



Symmetry (right divided by left) = **1**

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Clockwise rotation

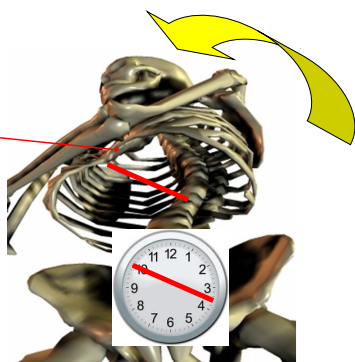


Sternum moves towards the person's left arm

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Anti Clockwise rotation

Sternum moves towards the person's right arm



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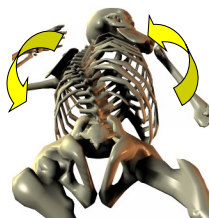


Chest rotation

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Rotation when lying on stomach

Unstable equilibrium caused by head turn, propping on elbow and drawing flexed legs into a windswept position.



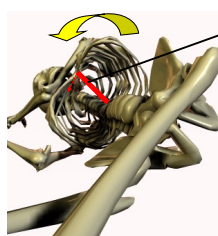
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Lying on stomach (prone)



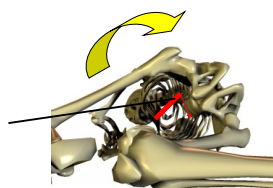
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Rotation in side lying



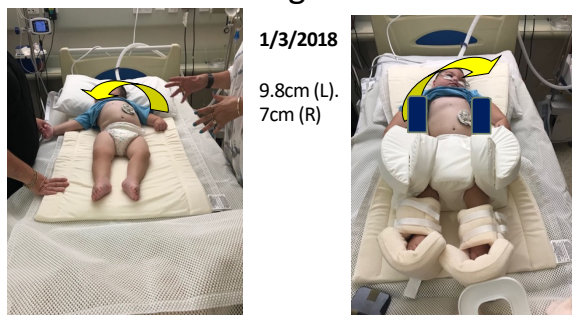
Top leg drops **back** -
anti-clockwise force

Top leg drops **forward** -
clockwise force



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De-rotating the chest



Use of an underlay to de-rotate

Framework

1. Pelvis level
2. Legs supported to keep the pelvis level
3. Sternum in the midline or as close to as possible
 - Block
 - Derotate

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Principles not equipment!



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Why is lying on your back the least destructive position?


- You put the heavy spine on the bottom
- You remove any rotation or twisting
- The spine can be kept in a neutral position
- The chest can be supported and symmetrical
- Gravity can be used overnight to gently stretch the hips and knees
- You still need support at the sides to prevent the chest becoming too wide
- Don't forget the feet!!



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Daryl's Journey

March – Sept 2019




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First measures



1/3/2018

9.8cm (L).
7cm (R)



Anti-clockwise rotation. (0.71)

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Debbie's reflection

Prior to using the Sleep System Daryl had developed a large raised area in his chest, where his ribs were rising up, sort of like a pigeon chest. He was also developing scoliosis. This was very upsetting to us. We are aware that scoliosis is a likely outcome for Daryl and we have always tried to prevent it by positioning him with towels, pool noodles and pieces of foam.

Daryl requires support with all aspects of his life. Safe, supportive positioning is our number one goal. When you have a child with special needs, everything is a fight. Every piece of equipment or support you need, you have to fight for. **If I had the knowledge I have now, in the beginning, I would have fought for the Sleep System we are now lucky to have.**

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22/4/2018

10cm (L).
10.5cm (R)



Clockwise rotation (1.05)

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Debbie's reflections

Learning to position him and roll him slightly to put him into the best position for gravity to help his developing scoliosis has changed our life. Once trained and confident I was easily able to position Daryl in the system every night.

He sleeps more soundly, with less wake ups. We don't position his head with any specialised equipment, but I have noticed he is sleeping with his head in a more desirable position. From a very young age, Daryl always favoured one head position. He still does, however, I feel when in bed, it is straighter and when he's out of the system he is starting to move his head more.

Daryl's spine seems straighter and the raised chest bump is not so raised!

If there was one thing I could change, it would be to have used this system from Day 1. Of all the equipment, the sleep positioning system is the one that has made a massive impact on Daryl's quality of life.

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Framework

1. Pelvis level
2. Legs supported to keep the pelvis level
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 - Derotate

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Daryl's journey



Measuring
1/3/2018:
9.8cm (L), 7cm (R)

22/4/2018
10cm (L), 10.5cm (R)

Oxygen saturation
No of awakenings
No of reflux
Pain Scale
Time in equipment



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Daryl's journey



Feb 2018

1st May, 2018



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September 2019



22/4/2018
10cm (L), 10.5cm (R)

23/9/2019
10cm (L) 10.5cm (R)



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