RT03

POSITIONING OF THE UPPER LIMB WITH SERVICE USERS SUFFERING A STROKE

Supine or Side Lying in Bed

Aim

- To understand the anatomy of the shoulder joint and upper limb
- To understand why the shoulder and upper limb are affected after stroke
- To understand how to care for the shoulder and upper limb after stroke

Why the Shoulder and Upper Limb are Affected after Stroke

Shoulder pain and stiffness is a serious problem in service users following stroke. Successful rehabilitation depends not only on the treatment given within therapy sessions but also on what happens to the Service user's affected arm during the hours of the day and night between therapy sessions. If the service user's arm is poorly positioned throughout the day and night a strain can be placed upon the muscles, tendons, ligaments and joints. As a result of the stroke, the service user may not be able to move their affected arm themselves and they will find it difficult to protect their arm and avoid damage to it.

Good Care and Positioning of the Affected Arm Aims to

- Avoid muscles shortening
- Encourage muscles on both sides of the body to work together
- Reduce the risk of tissue breakdown
- Improve the efficiency of movement
- Reduce and avoid discomfort and pain

If muscles become shortened there is a reduction in the range of movement available at a joint. This leads to problems regaining function e.g. hygiene, dressing, feeding, standing and walking.

© Rachael Smith & Jayne Duffy
All rights reserved. Not to be reproduced in whole or part without permission of copyright holder.

RT03

Some Areas in the Affected Arm are More at Risk than Others

- At the shoulder the pectorals muscle can become tight and the arm is pulled inwards into internal rotation at the shoulder gleno-humeral joint
- The biceps muscle and long finger flexors can become tight and the elbow joint is difficult to fully straighten / extend
- At the wrist tightness in the long finger flexors can result in the fingers curling into flexion and the fingers being difficult to open and extend

All of the above, either in isolation or in combination, contribute to an arm that is curled against the front of the body.

How to Position the Affected Arm When the Service User is Lying Supine in Bed

Procedure

1. **Check** the plan for variation and specific instructions.

2. **Position of the Service User –**
   The arm can be positioned close to the side of the service user if they lying on their back in bed (supine). To move the arm onto a pillow hold the arm as close to the top as possible with your hand as close to the service user's axilla as possible. With your other hand and arm, support as much of the service user's arm as possible from the hand to the elbow area. Carefully lift the service user's arm onto the pillow or into the gutter arm rest. As you do so, rotate the service user's upper arm outwards from the shoulder and give a little upward pressure to the upper arm to bring the gleno-humeral head and labrum together.

3. The service user's elbow should be as straight as possible, with almost full extension or as much extension as can be achieved. Leave the service user's supported upper arm on the pillow. With your hands have one hand above the service user's elbow and one hand below their elbow and use the hand below the elbow to gently and slowly straighten the elbow out.

4. The service user's wrist should be positioned into some extension with either the palm facing downwards or with the hand resting on its little finger side. Leave the service user's arm supported on the pillow. With your hands, use one hand to hold the service user's arm just below the wrist. With your other hand, take the service user's hand and gently move the wrist into an extended position. When you have achieved a little extension at the wrist either turn the hand and lower arm to rest on the little finger side or turn the palm to face downwards.

© Rachael Smith & Jayne Duffy
All rights reserved. Not to be reproduced in whole or part without permission of copyright holder.

5. The service user's fingers should be straightened as much as possible. Leave the service user's arm supported on the pillow. With your hands use one hand to hold the service user's hand in the palm and with your other hand; gently straighten out the service user's fingers.

6. When moving the service user's arm into the positions described in steps 2 – 5 care must be taken when handling the arm and moving the arm. Only move the service user's arm and individual joints within a pain free range.

7. **Position of the Rehabilitation Assistant**
   Either facing the service user's arm or to the side of the service user's arm.

8. Document in the notes.

9. Feedback to the registered practitioner who has allocated the task regarding how the service user did.



Figure 3

© Rachael Smith & Jayne Duffy
All rights reserved. Not to be reproduced in whole or part without permission of copyright holder.

RT03

How to Position the Affected Arm when the Service User is side lying in Bed

Procedure

1. **Check** the plan for variation and specific instructions.

2. **Position of the Service User** – the arm can be positioned close to the side of the service user if they are lying in their affected (see Fig 4) or unaffected side (see Fig 5).

3. **Lying on the affected side**

   Ensure the shoulder the user is lying on is protracted (brought forward) so the person is not on the point of the shoulder, for comfort. Straighten the users elbow as much as possible and turn the forearm and palm upwards (supinated). The Cot side of the bed should be in place behind the user to ensure safety, as the patient should be close to the edge of the bed with pillows in place for support and comfort.

4. **Lying on the unaffected side**
   The arm should be supported on enough pillows to prevent strain on the shoulder joint. It should be positioned with the elbow, fingers and wrist as straight as possible. The Cot side of the bed should be in place for safety and comfort.

5. **When moving** the service user's arm into the positions described in steps 3 and 4, care must be taken when handling and moving the arm. Only move the service user's arm and individual joints within a pain free range.

6. **Position of the RA**– facing the service user's arm and to the side of the service user's arm.

7. **Document** in the notes.

8. **Feedback to the registered practitioner** who has allocated the task regarding how the service user did.

© Rachael Smith & Jayne Duffy
All rights reserved. Not to be reproduced in whole or part without permission of copyright holder.

RT03

How to Position the Affected Arm when the Service User is side lying in Bed



Figure 4



Figure 5

© Rachael Smith & Jayne Duffy
All rights reserved. Not to be reproduced in whole or part without permission of copyright holder.

RT03

SUPERVISED TASKS/EXERCISES CARRIED OUT BY REHABILITATION ASSISTANT – COMPETENCIES				
NAME:		**TAUGHT**	**MODELLED**	**COMPETENT**
RT03	**HOW TO POSITION THE AFFECTED ARM WHEN THE SERVICE USER IS LYING IN BED ON THEIR SIDE**	**DATE**	**DATE**	**DATE**
1	Read plan and identify any specific instructions			
2	Demonstrate knowledge of;			
	– Why the affected shoulder and arm need care and positioning following stroke			
	– How to care and position the affected arm –			
3	Give a verbal explanation of what you are going to do to the Service User and gain their consent			
4	Assist the Service User into the correct position in bed			
5	Position of the RA – relative to the Service User			
6	Correctly position the affected arm (see procedure)– care when moving the arm – gentle handling pain free range			
7	Documentation			
8	Feedback to professional who delegated exercise/task			

Sign and date when achieved	**Signature of Learner**	
	Signature of Assessor	
	Date of Review	

© Rachael Smith & Jayne Duffy
All rights reserved. Not to be reproduced in whole or part without permission of copyright holder.

RT03

SUPERVISED TASKS/EXERCISES CARRIED OUT BY REHABILITATION ASSISTANT – COMPETENCIES				
NAME:		**TAUGHT**	**MODELLED**	**COMPETENT**
RT03	**HOW TO POSITION THE AFFECTED ARM WHEN THE SERVICE USER IS LYING SUPINE IN BED**	**DATE**	**DATE**	**DATE**
1	Read plan and identify any specific instructions			
2	Demonstrate knowledge of;			
	– Why the affected shoulder and arm need care and positioning following stroke			
	– How to care and position the affected arm			
3	Give a verbal explanation of what you are going to do to the Service User and gain their consent			
4	Assist the Service User into the correct position in bed			
5	Position of the RA– relative to the Service User			
6	Correctly Position the affected arm 9as per procedure) – care when moving the arm – gentle handling pain free range			
7	Documentation			
8	Feedback to registered practitioner who delegated exercise/task			

Sign and date when achieved	**Signature of Learner**	
	Signature of Assessor	
	Date of Review	

© Rachael Smith & Jayne Duffy
All rights reserved. Not to be reproduced in whole or part without permission of copyright holder.

RT03

© Rachael Smith & Jayne Duffy
All rights reserved. Not to be reproduced in whole or part without permission of copyright holder.