



Positioning in Bed After Stroke

A stroke can cause weakness (hemiplegia), changes in sensation and body awareness, and altered muscle tone impacting a person's ability to position themselves in bed. Careful positioning can improve joint alignment, awareness of the affected side, reduce fatigue and improve comfort and safety.

What you should know

- ✓ A stroke can cause a lack of sensation on one side of the body, so it is important to monitor the person's skin for redness or other signs of skin breakdown
- ✓ Development of shoulder and/or arm pain is common after a stroke. The affected arm should always be well supported to prevent pain and injury (See Smart Tips for Stroke Care- Hemiplegic Arm and Hand)
- ✓ Positioning the person on the affected side for a period of time has benefits such as increasing circulation, sensation and awareness

Smart Tips – Always follow the care plan!

Before You Start



- Explain to the person what you are going to do and encourage them to participate
- Ensure you have everything you need to position the person safely, such as extra help, or devices/equipment (e.g. slider sheet) as required
- Ensure that you use good mechanics to avoid injury

Safety Considerations



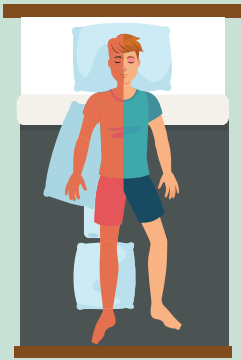
- Take your time. Position the person by moving slowly and gently, be mindful of the person's arm as you move
- Avoid pulling on the person's affected shoulder/arm as this can cause irreversible injury
- Check that the person is comfortable before you leave the room
- Ensure the head of bed is at the recommended height (especially if the person has difficulty swallowing)
- Make sure all necessary items are within the person's view and reach (e.g. call bell) on the unaffected side
- Check on the person regularly and offer position changes frequently (e.g. every 2 hours)

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Bed Positioning Examples

The proposed examples are based on the ideal position of a person with stroke. Some individuals may have limitations that make these recommendations uncomfortable or even impossible. Please consider comfort first as you position the person.

Positioning on Back



- Ensure the head and shoulders are centered in the bed
- The affected arm should be supported/elevated on a pillow, and positioned slightly away from the body with the elbow extended and the elbow crease facing slightly upward. Place the palm down with fingers straight
- Place folded towel (or similar) beside affected thigh to prevent leg from rolling outwards
- Use recommended equipment to reduce pressure under heel especially if the person is unable to move their leg

Lying on Affected Side



- Ensure the person is not lying directly on top of their affected shoulder. Draw the shoulder blade slightly forward, and have the elbow extended and hand supported with the palm up, fingers straight
- Support the unaffected arm forward on a pillow
- Place a pillow lengthwise behind their back so the person does not roll backwards
- Position the person with both legs bent, pillow in between knees and ankles

Lying on Unaffected Side



- Support the affected arm forward on two pillows. Elevate the hand as needed with fingers spread
- Place a pillow lengthwise behind their back so the person does not roll backwards
- Position the person with both legs bent at the hips and knees, a pillow in between knees and ankles

Seek extra support

- ✓ All team members have a role to play in positioning a person with stroke
- ✓ Occupational Therapists and Physiotherapists are experts in positioning. It may be helpful to involve them in the person's care

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