SEATING AND POSITIONING

Lec#13

INTRODUCTION

- seating equipment for people with physical disabilities is important
- benefits of adaptive seating; includes improved postural alignment, development of motor skills, helping the prevention of fixed deformity.

BODY SEGMENTS

 referred to as the head, thorax, pelvis, lower limbs and feet, whilst the body 'linkages' are considered as the spinal joints, hips, knees, ankle and shoulder joints

POSTURE

- may be defined as,
- "the position of one or many body segments in relation to one another and their orientation in space"



CENTER-OF-GRAVITY

- The point about which the mass is evenly distributed
- The <u>balance</u> point
- If an object is symmetrically loaded the COG will be at the geometric center





WHAT IS BALANCE?

 Technically defined as the ability to maintain the center-of-gravity (COG) of an object within its base-of-support (BOS)



WHAT IS POSTURE?

The alignment of body/limb segments

- Types
 - Standing (static)
 - Walking running (dynamic)
 - Sitting
 - Lying
 - Lifting

RELATIONSHIP - BALANCE & POSTURE

- Postural alignment is the way balance is maintained
- ${\scriptstyle \bigodot}$ Maintaining the COG within the BOS
 - If this relationship isn't maintained then a system will be <u>unbalanced</u>



CHANGES OF POSTURE

- StandingSitting
- Lying

STANDING POSTURE

- Standing upright is physiologically efficient
- Anterior superior iliac spines and pubic symphysis are vertical
- Variation in sacral angel



SITTING POSTURE

- Frequently adopted
- 90 degree flexation of knees, hips to bring trunk forward over thighs
- 60 degree flextion causes discomfort
- the head is held erect, balanced over the neck, with the head's center of gravity situated slightly anterior to the atlanto-occipital joint.



Figure 4.12. Two positions of the pelvis during sitting. Sitting posture essentially depends on the relationship of the body's center of gravity to the ischia. *Left*, it is far posterior; *right*, it is well balanced over the ischial prominences.

DISC PRESSURE

- Lumbar IVD pressure is increased during sitting as compared to the erect posture.
- The reason for this is that disc pressure increases with the tendency toward lumbar kyphosis.
- This increased pressure while sitting can be diminished by arm rests on the chair, back support to maintain the lumbar lordosis, and reclining the back of the chair from 90°-100°.

LYING POSTURE

Comfort and relaxation position
May be varied, supine, prone or side lying
Least energy consuming
Disc pressure in supine is 35%, 75% in lying

CHARACTERISTICS OF POOR POSTURE

Postural pain syndromes

- Postural dysfunctions
- Poor postural habits



CHARACTERISTICS OF POSTURAL ABNORMALITIES

- Relaxed or swayback posture
- Hyperlordotic posture
- Flatback posture
- Scoliosis







Normal

spine



Spine with scoliosis

Shortened psoas



C. Sway back



Increased kyphosis
Flat upper back
Forward head
Flat neck



CAUSES OF POSTURAL PROBLEMS

- Genetic factors
- Enviornment factor
- Psychosocial factors
- Physiological factors
- Idiopathic factors



GENETIC FACTORS

- Gender
- Body type
- Congenital birth defects
- Intrinsic disability and diseases
- Joint flexibility



ENVIRNOMENT FACTORS

- Nutrition
- Trauma
- Extrinsic disability and disease
- Ageing
- Clothing
- Physical adaption
- Occupation
- Physical exercise
- o climate



PHYCHOSOCIAL FATORS

- Self-esteem
- Body image
- Mental health
- Learned postural habits
- Lifestyle
- motivation

PHYSIOLOGICAL FACTORS

- Age
- Growth
- Pregancy
- Physiological processes
- Fatigue
- Body weight
- Muscle tension
- Flexibility
- o pain



IDIOPATHIC FACTORS

- Paralysis
- Bone malformation
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- Vertibular system function



GENERAL GOALS OF SEATING AND POSITIONING

- Facilitate normal movement patterns or control abnormal movement patterns
- > Maintain skeletal alignment
- Prevent, accommodate or correct, skeletal deformity
- Provide stable base of support to promote function

- > Promote comfort and relaxation
- Manage pressure or prevent the development of pressure sores
- > Decrease fatigue



THERAPY TECHNIQUES FOR POSTURE

- Alexander technique
 Foldenkrais method
- Feldenkrais method



ALEXANDER TECHNIQUE

- Developed by Frederick Matthias Alexander (1869-1955)
- voice loss during his performances
- works to change (movement) habits in our everyday activities
- simple and practical method for improving ease and freedom of movement, balance, support and coordination
- technique teaches the use of the appropriate amount of effort for a particular activity, giving you more energy for all your activities
- it is not a series of treatments or exercises, but rather a reeducation of the mind and body.

- The Alexander Technique is a method which helps a person discover a new balance in the body by releasing unnecessary tension.
- It can be applied to sitting, lying down, standing, walking, lifting, and other daily activities.



FELDENKRAIS METHOD

- Developed by Dr Moshe Feldenkrais
- Method of self observation and learning
- Studied his habitual way of moving
- Explore alternatives in order to minimize his physical disability
- Worked on methods to teach people how to learn about their bodies
- remarkable approach to human movement, learning and change



AWARENESS THROUGH MOVEMENT (ATM)

- Verbal instruction given for movements, which lead to heighted sensory awareness
- Lesson based on theme such as crawling or rolling or fuctional movement such as standing or walking
- Focused on how muscle and joint interact with each other
- Learning through sensory awareness
- Person has to be sensitivite to feedback that they receive from their body



FUNCTIONAL INTEGRATION (FI)

- Functional Integration (FI) is a one-to-one approach
- Based on same principles but taught on individual basis
- Replace the verbal instruction
- Attention drawn to parts touched and as teacher moves the part.

THANKS