

#### How to have good posture when sitting, standing, exercising and relaxing

A Guide for Teaching Assistants, Educationalists, Children, Young People, Parents and Everyone.



Developed jointly by members of the Kent Multi-agency Physical Disability Steering Committee, representatives from Canterbury Christ Church University, Occupational Therapy and Parent Ambassadors supported by Kent County Council Physical Disability Project funding.

An initiative to promote understanding of Postural Care within schools and education. Advice and guidance for Teaching Assistants, Educationalists, Children, Young People, Parents and Everyone.

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#### NO SPEEDING IN THE CORRIDORS



# **Postural care:**

The constant promotion of good posture to enable children to participate in all activities thus enabling them to fulfil their potential



# Welcome

An A to Z of Postural Care is designed to help you in your work with children with postural care needs. It has been written jointly by specialist teachers, therapists and parents of children with physical impairments. The information provided is informed by research<sup>\*</sup> that explored the views of teachers and teaching assistants about their experiences of looking after children with physical impairments in mainstream primary schools in Kent.

This A to Z booklet aims to give basic information and may act as a starting point for discussions with the therapy team, the child's family and others in the school. It should link to more general awareness raising within your school of the importance of good posture for learning.

We hope you find it useful!

\*The research was funded by a grant from the Posture & Mobility Group, a national charity supporting research into the field of posture and mobility. http://www.pmguk.co.uk/Research/2007+Projects/Eve+Hutton

Hutton E (2008) Postural Management for children with physical disabilities in mainstream primary schools - a pilot study of the views of teachers and teaching assistants. Posture & Mobility. 25 (2) 21-22.

AMIMEANT TO BEND OVER BACKWARDS?





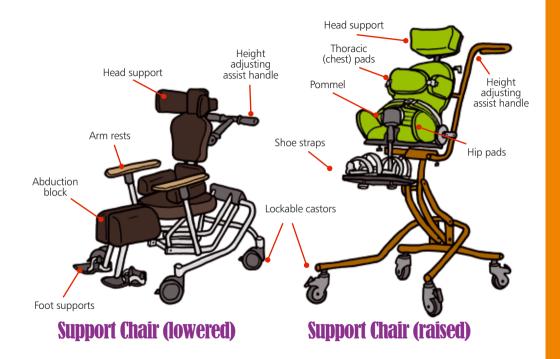
# **Types of Equipment**

The next few pages show some of the types of equipment that children use to assist their posture and activity requirements. These range from simple chairs with armrests, to fully supportive seating. Children may also use standing frames, walking frames, benches and toileting chairs. Each child will require their own individual level of support.

Many Teaching Assistants, Teachers and helpers may feel anxious when they see the range of equipment a child needs to use at school. Equipment can seem daunting at first and may cause concerns about lack of confidence, training, experience and safety issues. Talking through anxieties with the child's therapist and family can help. They will explain how to position the child in the equipment and the purpose of the various parts and adjustments. Taking a 'hands on' approach works well.

# **Chairs & Seating**

Some children need more support when sitting than others and so chairs need to be as individual as the children that use them. A chair which has armrests and a footrest provides sufficient support for some children with additional needs whereas other children will require a more supportive seating system such as the ones illustrated. It is essential that all children have good supportive seating in order for them to engage in learning and participate in functional tasks such as writing, cutting and colouring - in fact any task that involves the skilled use of their hands. The chair needs to be suitable for the child and the task. Chairs can be adapted, raised and lowered to enable children to access activities.



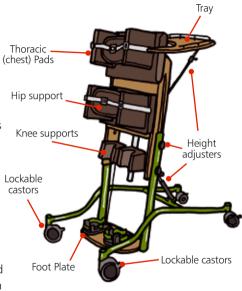




# **Standing Frames**

A standing frame helps children who otherwise would not have the experience of standing unaided. The frame allows them to have a good stretch and assists their breathing. Research confirms regular standing as improving good cardiovascular health and promoting bone density and strength. There are many different types of standing frame, children will need to be positioned differently depending on their needs. Always check with the therapists on the best positions and adjustments for the frame.

It is important to try to use a child's standing frame at a time in the school day when all the other children are standing. Don't expect children to carry out complex fine motor tasks when they are standing. Reading, singing and chatting are good activities when standing but check with the child - what activities would they like to do when they are standing?



### **A Typical Standing Frame**

# **Desks, Furniture & Other Equipment**

It is important to have appropriate sized furniture for all children. You may require adaptable furniture and other equipment that can accommodate a child with individual positioning requirements.

Consider appropriate desks, seating, standing or mobility equipment suitable for the task.

Sometimes no specialist help is needed. During relaxation exercises, PE or other free-style activities the child may need to be positioned in a certain way in order to be comfortable so please consult with the child, therapist and family.





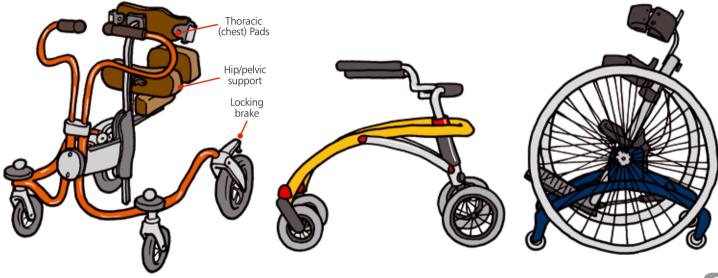
# **Mobility Devices**

As well as wheeled walkers and frames, there are many types of equipment and devices that children can manoeuvre themselves. Like all children's bikes, pedal-cars and toys, there is a vast array of fun devices to enable the child to exercise and have fun as well as be mobile.

From the humblest of wheelchairs to exotic customised scooters and frames, each has it's own abilities and considerations in normal day to day activities.



#### Wheeled Walkers & Frames





# **Hoists & Slings**

Hoists are used for the safety of the carer and the child when transferring in or out of equipment or for use in their personal care.

Often schools will have one hoist that is used by several children. However each child may have their own personal sling. This is because, like clothing, a sling needs to fit well and feel comfortable and every child will be a different shape, size and weight.

Always check with your therapists that you have the correct sling for the child. Parents and other professionals will be able to guide and support you through the process of learning the best way to use the hoist and sling.

A Typical Hoist/Sling



# **Straps, Belts & Buckles**

You will notice that many items of children's equipment have adjustable straps on the footrests and around the hips, knees and chest. These are there to help support the child in the equipment and not to restrain them.

Many children with disabilities experience involuntary movements or find it difficult to sit and stand well without the assistance of straps to hold them firmly in the equipment. You may feel uneasy about tightening the straps, but like car seat belts, if they are not comfortably secure, they won't do the job they are designed for.

Talk to the child's therapist and share any concerns you may have.

#### IT'S OKAY SIR, IT DOESN'T NEED TO BE SO SNUG FITTING.



# **Risk Management**

Heath & Safety rules and regulations are a part of everyday life. We all have to take care to observe the sensible rules and protect ourselves and others against unnecessary injury or problematic situations. Awareness of health and safety principles should enable safe participation in everyday activities and should not be seen as a barrier.

Nonetheless problems and difficult circumstances do occur from time to time and as long as you do your best and consider all concerned including yourself, then problems can be limited. If in any doubt about many of the issues that concern you or others then please consult your Head Teacher, Health & Safety Officers, SENCOs, Therapists and the families of all concerned with the wellbeing of any child or young adult during care outside of home care. The child or young person themselves may be a good person to talk to in the first place. They are often most informed about what is required, desired or needed, however, it is best to check and cross-reference information with others if at all unsure about any procedure. If in doubt, ask questions or for advice.



# **Manual Handling**

Paediatric Manual handling is about moving and handling children and young people in a safe way. It protects staff and children from injury. There are two important sources of help and advice available to you with regard to the safe handling and moving of children in your care. The therapy team, typically Occupational Therapists and Physiotherapists, will provide you with the 'bespoke' training you need to meet the individual needs of the child, especially those children with complex needs. Therapists will be able to explain how to use the specialist equipment that has been provided and the individual requirements of each child. Alongside this advice and support Kent County Council provide a free one day training course for their staff. This course provides you with the general principles of safe moving and handling. By the end of the day, staff should be able to:

- Describe and demonstrate the principles and practice of safe moving and handling
- Understand the application of Moving and Handling Risk Assessment in their workplace

- Implement good back care and injury prevention
- Identify alternatives to manual handling using a range of equipment and techniques
- Start to address Manual and Handling techniques in their own work environment.

For the safety of children and staff themselves, everyone should receive training before undertaking manual handling, this should be updated regularly.

Attention should also be given to Risk Assessment in general. A personal emergency evacuation plan should be drawn up for each individual child.

Staff and children need to feel confident about their safety at all times but especially in an emergency.

For further information, contact David Graeme, Manual Handling Advisor at david.graeme@kent.gov.uk and talk to your therapists about any concerns you may have.

# **Problem solving approach**

Having a positive "can do" approach to the use of posture equipment will be extremely important if it is to be successfully used. Not only will parents and staff gain confidence but also the child or young person will be aware of the attitudes surrounding them.

When difficulties inevitably occur, through breakages or changed routines, having a problem solving approach which involves the child will be beneficial. This is also developing in the child an essential skill that is useful for life.

# **Emotional Support**

No one likes to see a child or young person in distress. Fitting and wearing splints, orthopaedic brace or using a standing frame can be stressful. A calm approach with ongoing explanation of what is being done by the carer can be helpful.

The development of a trusting relationship between carer and child develops with time and consistency and is also important.

All staff deserve acknowledgement and recognition of a job well done in what can be a challenging role. Emotional support for those working so closely and personally with children and young people is required.

# **Inclusive Education**

Whatever occurs in school should be available to every child and young person. What is good for a child with a physical impairment is often good for every child. This includes posture management.

School staff should seek ways of ensuring activities can involve all children and that a child's need for independence is promoted. For example during art encourage the child to collect their own equipment

# **Golden Rules**

- Ensure all belts, buckles, straps and supports on the equipment are adjusted and tightened for comfort and safety
- The small lockable castors on equipment are only intended to aid moving the equipment when it is unoccupied. A child should never be pushed any distance using them due to the risk of destabilisation.
- Don't forget to use the locks on the castors once the child is in position.
- Check that equipment is located on a flat surface.
- It is important that the equipment is adjusted to suit each individual child.
- Take care of your back! Always use safe moving and handling techniques when manoeuvring children on their equipment, this may involve using a specially designed hoist. (See page 10 and 'Hoist' in the Glossary section on page 45)

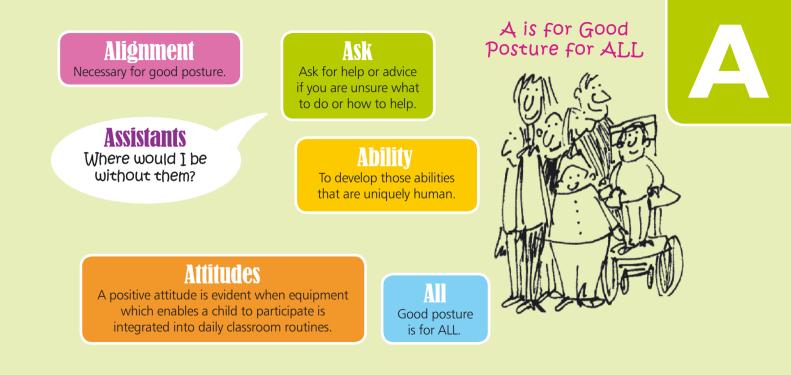








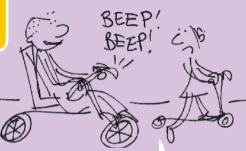






**Bone Density** Regular standing helps to keep bones strong.

Bottoms need to be at the back of the seat.



#### **Backs**

Take care of your back! Always use safe moving and handling techniques when manoeuvring children and their equipment.

## **Breathing**

Being upright helps me fill my lungs better.

## **Breaktimes**

I need breaks and playtimes too! Make sure I don't always do exercises or see therapists when I should be having fun with my friends.

#### Because Good posture helps learning.

#### **Best practice** Use the child's exercises as a basis

Use the child's exercises as a basis for the whole class P.E. session.

### **Co-operation**

Only through working together can we make a child's experience at school a positive one. Everyone in the school should feel confident and familiar with the notion of good posture.

#### **Children**

Children will always have an opinion. A child will be able to tell you whether they have any preferences on (for example) how they are helped in and out of their chair. Chairs One that is a good

fit is best. They need to be as individual as the children that need to use them.

## Comfort

If I am comfortable I will achieve so much more.

## Challenge

Let me have a go, encourage me to try.

#### C is for CONCENTRATION

I'M NOT FIDGETTING I'M 'CONCENTRATING'





#### **Concentration** If I am sitting well I Can Concentrate better.

#### **Co-ordination**

A supported sitting position is important for control of hand movements.



## D is for DISABLED

#### Difference

Everyone is different some of us need more help to sit and stand well.

**Don't rush** Many children with physical impairments need time to change positions or move between pieces of equipment.

#### **Distraction**

Don't give up

Persist...

Sometimes I may need a little distraction to take my mind off the equipment and settle into an activity.

## **Electric wheelchair**

Gives me freedom and independence. That's how I get around!

## **Enabling Environment**

Think how you can adapt the environment, not the child. Be prepared and willing to be flexible.

#### **Equipment**

There is a wide variety of equipment available to help with postural care. Please see the Equipment section earlier in this booklet for a general summary.



**Everyone needs to sit well** 

Good postural care in schools is everyone's responsibility.

#### **Emotion**

Staff may feel anxious when dealing with children and their equipment. This is okay, share your feelings with others. Good posture may help with eating and swallowing.

Everyday Good posture everyday.

## **Extended Day**

Consider the postural needs of children during after school activities.

## Effort & Energy

I may need to use more effort and energy to do the same things as my friends.

F is for FUNCTION

WRITING

## **Friends**

It's good to do things with my friends.

FOLLOW ME. TEACH! Shy CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION

## Family

DRAWING

Family involvement is always important. Families will be able to make you aware of any circumstances that might impact on the child's daily routine. It is also important to ensure that you keep the family informed of what happens at school.

# Fidgeting

Comfortable or feel wobbly I will fidget.

**Function** Good posture helps us when we are eating, writing, drawing.

Feet Should be supported to help with good sitting and hand co-ordination.

#### Floor

It's good to sit on the floor sometimes.

PING

FREEDOM "

10

#### G is for GOOD POSTURE



Gee-Whizz! It feels good to sit well!



**Good posture** 

Helps keep backs straight.

#### **Give me time** I Can't always do things as

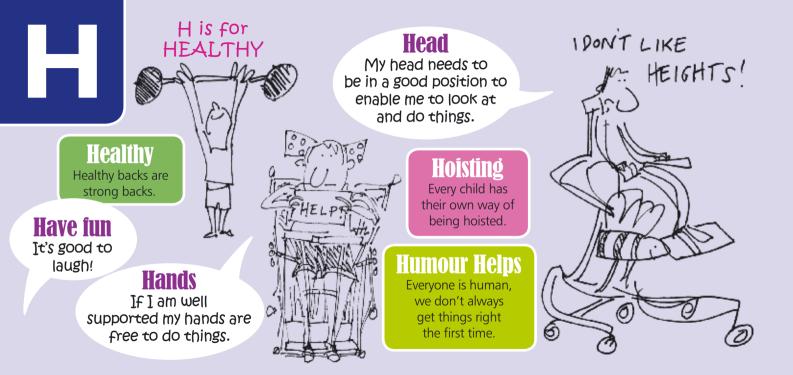
Grasp

Sitting well helps me to pick up and hold things.

quickly as others.

#### Gravity

Gravity is constantly pulling us towards the ground so it takes effort to stand and sit up! - our muscles have to work hard which is why we need supportive seating.



IVE JUST HAD NEW SPOILERS FITTED



## Inclusion

Therapists may provide a programme for the child which needs to be incorporated in the school routine. With careful planning and discussion it should be possible to involve the child in all school activities. Therapy programmes are guidelines for good practice and need to be implemented sensitively and creatively.

I is for INSPIRE



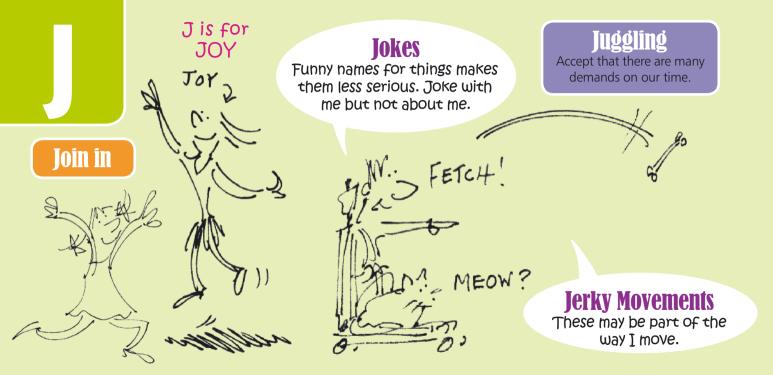
Independence

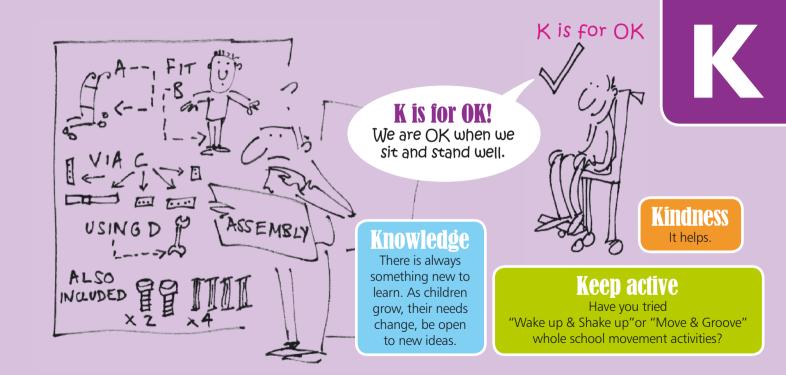
Don't wrap me in cotton wool. Allow me to try to do things for myself. Let's inspire each other to sit and stand well.

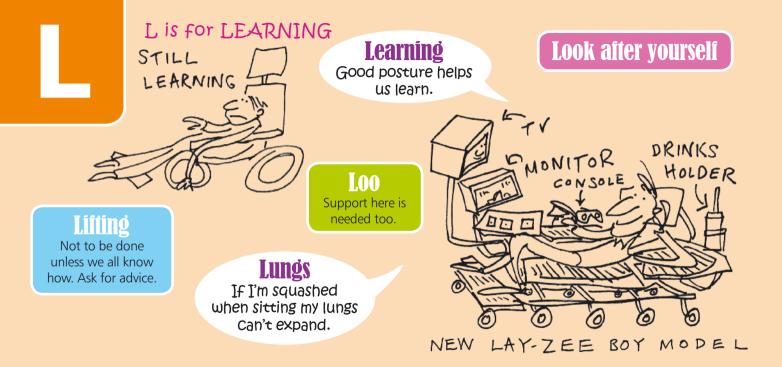
#### **Insecurity**

I need to feel Confident that you know how to handle me.

FOR THE STYLE . CONSCIOUS









## Mind your back

Always use good posture when moving people or equipment.

## Moving

Moving and handling of children and their equipment has to be done very carefully.

> Manocuvrability Is there space for me to move freely?

#### M is for MOTIVATION



Me I need to be involved in what is happening.

#### Mobility

Build in opportunities for independent mobility, but be aware of how this may impact on children's participation in class and physical fatigue.







**Opinions** Consider my opinions.

#### O is for OUTINGS

**Opportunity** Create opportunities for children to achieve their potential.

THIS IS 9 MY BIG CHANCE!

> Don't forget me!! All children should be included on School trips and outings.



#### P is for POSITIONING

#### Pair

If something is causing a child pain don't ignore this, investigate.

**Privacy** I don't want everyone knowing my business.

**Patience** 

You'll need lots.

Plav

I want to be included

and have fun.

## Positioning

Regular Changes of position will keep me supple and awake!

## Preparation

Gentle stretches may be required to help the child use their equipment in comfort or at all.

#### Planning Thinking ahead helps me to do things with everyone.

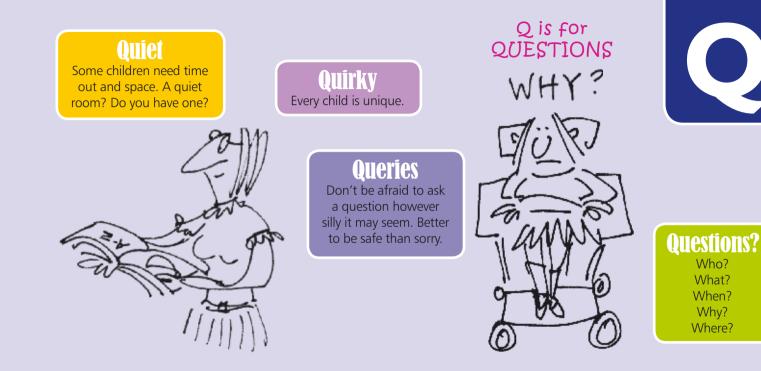
## Pelvís

**Parents** 

Check out with

them what works best.

To sit well children need to have their pelvis positioned well back into the chair - your therapist will help you with this. If a child slides forward out of the chair it is often because the pelvis is not positioned properly. Lap straps help to keep this position.





#### R is for RIGHT ANGLED



RIGHT - ANGLE



#### WRONG-ANGLE

### Recycling

Schools can now recycle their children's special equipment through the Integrated Children's Equipment Services (ICES). The good news is that recycled equipment is now cleaned and reconditioned and reissued to other children who may need it. ICES will come and collect your used equipment.

## **Right Angled**

Its good to sit with our feet flat on the floor and our knees at right angles.

> **Rest & Relaxation** We all need a break.

## Reading

If I Can sit well I Can Concentrate on reading.

#### **Risk Management**

See Risk Management section earlier in this booklet.



**Singing** This Can help me relax.



#### **Strategies**

Sometimes children can be reluctant to use the equipment provided for them. Teachers and TAs can make a big difference in how children accept their equipment. Try including other children and making sessions fun and enjoyable, giving rewards and praise.

**Storage** 

Think creatively about

storage of equipment.

Swimming

It's great to be in the water and feel free.

#### S is for SITTING, SPINE, STRETCH and STANDING





**Spine** Good positioning protects the spine and helps to prevent scoliosis (spine curved from side to side).

Standing frame Hey, I Can be at the same height as my mates. Remember training is available.

#### **Teamwork**

In

T is for TEAMWORK

The team working with the child will usually include a physiotherapist, an occupational therapist and the child's family. The wider team involved may include a paediatrician and/or specialist consultants, speech and language therapists, wheelchair services.

#### Table Chairs and table need to be at the right height for good posture.

#### Time

It all takes extra time and sometimes I miss out.

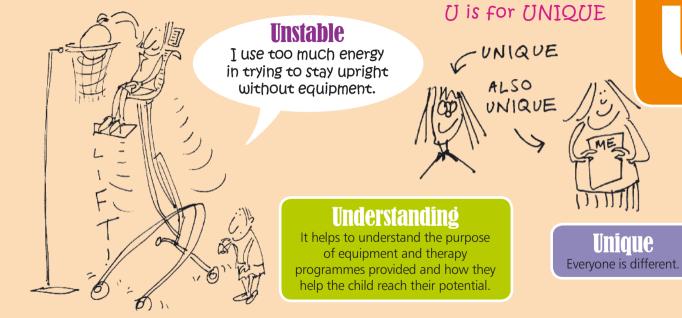
Think about how you sit and stand.

#### **Twenty-four hours**

Therapists will often refer to 24 hour postural care - this simply means making sure we look after a child's postural needs 24 hours a day at home and school.

#### **Therapists**

Therapists are part of the team that will enable children to reach their potential by providing the equipment and techniques that help them make the most of everyday. They are often an important link between home and school and they help sort out difficulties and plan next stages.



UNFORSEEN BENEFITS



#### V is for VARIETY

PONOT NEGLECT





Vision

Good posture

and balance supports vision.

MAY CAUSE OVERHEATING Variety Changing position is important for comfort and concentration.

**Voice** 

Sitting well helps me use my voice better.

#### Velcro, Straps & Buckles

Many parts of equipment can be easily adjusted for comfort and safety. Remember to adjust them to suit. **Very** Very important.

V. I. P.



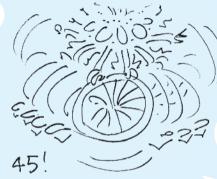
#### Watch Watch my face and body language.

#### Writing Writing slopes help me to do better work.

# 

A WAVE document will outline the type of provision mapping. There are 3 WAVES, level 1 2 and 3. A WAVE document will outline the type of provision that should be available to children at your school. It covers provision for ALL children and for those with more complex needs. A WAVE document for 'posture 4 learning' is being developed alongside this booklet.

#### W is for WHEELIES



A PERSONAL RECORD!

#### **Wobble** This happens if I'm not supported.

# W

#### **Wheelies**

Wheelies are fun and Can be an essential manoeuvring skill.

**WOW!** This is fun.

# We all need to think about posture





### X is for X-FACTOR BIJOPYEAH! BIJOPYEAH! BIJOPYEAH!

#### **X** Factor

That means you whoever you are. Star quality is in the eye of the beholder.

#### extra

Yes it all takes more time and effort but I'm worth it.









#### **Zero**

Keep the differences as near to zero as you can. Don't let the problems of life become a burden, everyone can enjoy day-to-day living no matter how awkward it may seem.

## Quotes

These comments were made by teachers and teaching assistants when they were asked about managing the postural care needs of children in mainstream primary schools.

"I just fit [therapy] around so that he doesn't miss out, they all go out to play."

Teaching Assistant

"He didn't like doing his exercises on his own but as soon as we did this warm up he would do it because all the children were involved."

Class Teacher

"I have talked with mum, I have a good relationship with her and would ask her any questions, I asked her about his exercises and what she thought - should he do them or not."

Teaching Assistant

"She was reluctant to use her stander (standing frame) and now she is OK and we fit this in every day if we can."

Teaching Assistant



NO-NOT PASTORAL CARE! POSTURAL!!



"I didn't want to use the equipment improperly and hurt him, I was afraid of letting him down, I don't want to start doing something and do it wrong."

Teaching Assistant

"I just ask the child, 'are you comfortable?' She can tell you how she feels, if she's comfortable and she would!"

Teaching Assistant

"I was a little nervous at first as I hadn't taught a child with a physical disability before, I was afraid of letting him down of not being prepared, it was the fear of the unknown - when I got to know him everything was OK."

Class Teacher

"Facilities should fit the children not the children having to fit the facilities."

Teaching Assistant

# **A-Z Glossary**

Abduction - Moving limbs away from the centre of the body.

Abduction block - Small cushion to keep thighs slightly apart in chairs or wheelchairs

Adduction - Brings limbs towards the centre of the body, "scissoring" of the lower limbs can lead to hip problems.

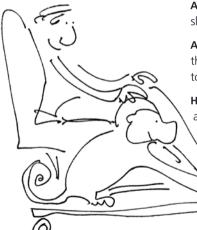
Hoists - Hoists are used for the safety of the carer and the child when transferring in or out of equipment. Most school aged children who have restricted mobility and are unable to walk or transfer independently will require hoisting.

Knee blocks - Knee blocks are occasionally used on Wheelchairs or seating systems. They are padded brackets that sit across the child's knees to maintain good alignment of hips and spine.

Lap straps - These are used to maintain a good sitting position in seats or wheelchairs.

Lumbar support - A support for the lower back in sitting to maintain natural curve in the lower spine.

Moving and handling - Describes effective techniques for manoeuvring children or their equipment using safe techniques to minimise injury to the carer or the child. Disabled children who experience difficulties with walking and transfers will require an individual Moving and Handling Risk Assessment.





**Occupational therapists** - Help children to become as independent as possible in everyday activities, such as sitting in a chair, using their hands, eating, drinking, dressing and washing. They can provide specialist equipment, advice and strategies to help with these activities if it is needed.

**Physiotherapists** - Help with the development of movement skills, coordination, and posture. Physiotherapists give treatment and advice on handling, positioning and activities through play and/or exercise. They also advise on appropriate equipment to help the child, e.g. mobility aids, seating, standing frames and splinting. **Pommel** - A pommel is a padded wedge located at the front of the seat used to keep a child's legs slightly apart. A pommel should not be used to stop a child from sliding out of their chair.

**Postural care** - The constant promotion of good posture to enable children to participate in all activities thus enabling them to fulfil their potential.

**Postural management** - A 24-hour approach to maintaining optimum body alignment and symmetry.

**Risk assessment** - A process where potential risks or hazards are identified and control measures put into place to minimise risk. Effective risk assessment is an ongoing process. Scoliosis - Curvature of the spine.

**Thoracic pads** - Supports used to support the chest or thorax.

**Symmetrical** - Describes alignment and balance of the body position in relation to the limbs and the spine.

**Transfers** - Moving from one position/place or piece of equipment/furniture to another.

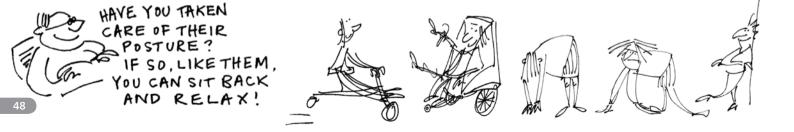
**Windsweep** - Describes a body position where the lower limbs are "windswept" to one side. Persistent adoption of this position will lead to hip problems in children.



# **To Do Checklist**

- Note name and contact details of the therapist(s) involved.
- Best days/times to contact therapist(s).
- Confirm best days/times for therapy team to visit the school.
- Discuss with parents and therapy team how to keep in contact.

- Check contact details for wheelchair services.
- Check contact for Integrated Community Equipment Store (ICES).
- Check manual handling training up to date?



Your local points of contact are: (please write or attach details here)







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