

Ergonomic positioning of immobile patients and patients with decreased mobility

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Immobility in patients implies inability to perform basic motor activities independently, such as: getting to and turning in bed, sitting up, standing, and walking. Immobility is one of the major causes of secondary complications, like: loss of muscle strength, circulatory diseases, breathing problems, occurrence of skeletal muscle contractions and bedsores. Positioning immobile patients and patients with decreased mobility includes procedures enabling the patients to adequately change the position of their body, as well as to establish a connection between different body segments while being aware of biomechanical relationships between body segments and basic physiological functions of the body. Methods used in the traditional approach to positioning are mostly based on explaining body positions to the patient before he/she is placed. The modern approach to positioning immobile patients or patients with decreased mobility should be problem oriented. Functional impairment should be accurately assessed and patient's individual needs regarding positioning analyzed. Basic positions for placing a patient in bed are dorsal (supine) position, lateral position, semi-lateral position, and prone position. According to the modern approach, when positioning patients with decreased mobility or immobile patients in the ergonomic way, skills and aids are used to ensure safer positioning techniques both for patients and medical staff. Regulations and Labor Laws emphasize the importance of ergonomics and use of new technologies to improve working conditions regarding health and safety at work. It is necessary to educate health professionals on all the dangers which may occur in their work, on ergonomically correct way of executing their tasks, as well as to enable them to implement modern technology which helps in preventing diseases.^{1,2}

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LITERATURE

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