

Postural Seating Equipment Improves Function, Affect and Engagement in Activities in Aged Care

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Introduction

Older people in residential aged care often have mobility restrictions due to comorbidities or frailty. They sit for longer, are less able to adjust their position and are less able to engage in meaningful activities due to postural restrictions.

Many Occupational Therapists in aged care recognise the need for assistive equipment for postural support, pressure care, comfort and safety. However, therapists often have limited time and access to postural seating interventions and are constrained by funding, which results in a 'one size fits all' approach.

Hall & Prior recognises the importance of person-centred care and how appropriate seating prescription can improve our consumers' quality of life.

Objectives

- **Collect qualitative data through a case study approach to support clinical justification required for funding approval.**
- **Illustrate the benefits of and clinical rationale for different seating interventions through eight case studies.**

Method

Consumers were identified through referral and observation as requiring seating assessment and intervention across five Hall & Prior Aged Care sites in Western Australia. The Occupational Therapist (OT) assessed postural presentation, risk of pressure injury and obtained measurements of each consumer. Through clinical reasoning and consultation with the consumer, the OT determined the most appropriate seating intervention to meet their individual goals of improving function, comfort and engagement in meaningful activities.

An observational checklist of behaviours was used before intervention (current seating system) and after intervention (new seating system) over two 20-minute periods for each consumer. The behaviours observed were positive (contentment, pleasure, interest) and negative (sadness, anxiety, anger) affect using the Affect Rating Scale, hand function, engagement with others and engagement in activities. Photographs taken of the consumer in the current and new seating system recorded their posture.

Results



Before

Unsupported pelvis, trunk and head, rotation, lateral trunk flexion, windswept legs, no arm support and restricted head movement increasing risk of pressure injury.



After

Appropriate width and depth provided stable upright pelvis, use of tilt enabled symmetrical relaxed posture for function.



Before

Unsupported pelvis, trunk and head, abducted legs and unsupported feet leading to lateral trunk flexion and rotation, collapsed kyphotic posture and no head support preventing engagement.



After

Provided stable postural support at pelvis and trunk leading to symmetrical supported posture enabling hand function and visual engagement.



Before

Unsupported pelvis, trunk and head, collapsing kyphotic posture leading to arms holding him upright impacting safety and function.



After

Tilt, recline and backrest contour supported pelvis and reduced kyphosis while minimising negative effects of gravity, arm and head support improved safety and engagement.

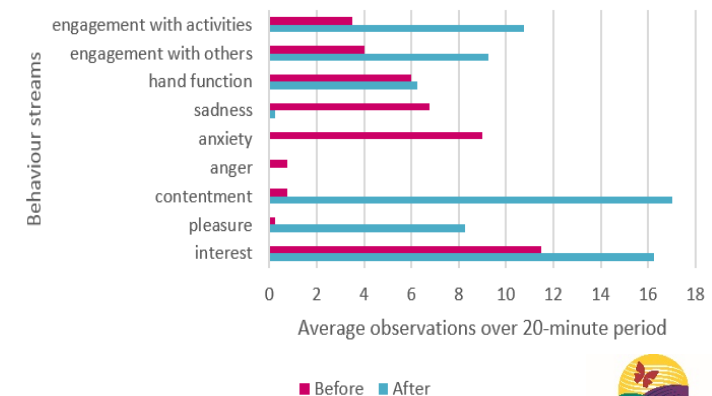
Discussion and Future Direction

Pre and post intervention photographs provided a visual demonstration the prescription of seating equipment with appropriate and adjustable dimensions (width and depth) and features (tilt, lateral support and contour) improved the postural presentation of each consumer. The Summary of Behaviour Observations graph below demonstrated increased observations of positive affect and a reduction in negative affect. Engagement in meaningful activities and with others also increased.

Access to a variety of adjustable, affordable postural seating equipment enabled our OTs to trial and prescribe appropriate and individualised postural solutions. The results indicated that person-centred seating assessment and prescription has a positive impact on the consumer's quality of life.

Further research into standardising the observational checklist is recommended. Ongoing education and training in use of postural seating is paramount for care staff to sustain positive outcomes for our consumers. Advocacy for funding of OT prescription and cost of postural seating equipment is required to eliminate the 'one size fits all' approach and enable our consumers to have the support they need for meaningful engagement.

Summary of Behaviour Observations



References

- Blackler, A., Brophy, C., O'Reilly, M., & Chamorro-Koc, M. (2018). Seating in aged care: Physical fit, independence and comfort. *SAGE Open Medicine*, 6, 1-17. <https://doi.org/10.1177/2050312117744925>
- Curry, K.J., Haitzma, K.V., & Vriesman, D.K. (2008). Direct Observation of Behaviour: A Review of Current Measures for Use with Older Adults with Dementia. *Research in Gerontological Nursing*, 1(1), 52-76.
- Lawton, M.P., Haitzma, K.V., & Klapper, J. (1996). Observed Affect in Nursing Home Residents With Alzheimer's Disease. *Journal of Gerontology: Psychological Sciences*, 51B(1), 3-14.

