

MODULE 3:

Positioning and Carrying



Materials

Blankets, pillows and towels, sandbags, carpet on the floor, a doll with floppy limbs that can be positioned i.e. not a hard plastic doll, display materials.



Icebreaker

Ask the group to stand facing you in rows of three each. The front person should stand with their back to you, facing the other two. Now ask the person at the back to adopt any strange position they wish to – arms, legs, head, body, whatever they like, and hold it. Now the front person must try to get number two into this same position, giving instructions, using words only. She may not show the second person what to do. Let them all have a turn to be in each position, depending on how much time you have.



Explain

Outcomes for the module (on flipchart).
As a caregiver you will:

1. Understand the importance of correct positioning
2. Be more confident to position your child with cerebral palsy, and be able to show others in your family or community better ways to position your child

INTRODUCTION TO POSITIONING



Materials

Pictures 3.01a, b, c and d



Activity Put up the various pictures and ask caregivers to work in small groups and look at the pictures. Ask them to point out some of the difficulties you might have with handling and positioning a child in any of these pictures. Discuss why the positions are not helpful. Prompt with questions such as:

Do you think this child will be able to play, communicate, socialise, or eat? Focus on showing difficulties, such as: She can't lift her arms, she can't look around, she can't move, or play.



Explain

Poor handling and positioning:

- will hinder your child from developing
- will make it more difficult for you to pick up, carry and handle your child every day
- can cause problems such as:

Pressure areas – Due to pressure from the outside on to a body part, blood is prevented from flowing easily through the muscles in that area, and then sores develop. These begin with dark red or purple areas. Sores like these don't tend to get better quickly as the blood flow is not good, and can cause major discomfort to the child.



Contractures – If a limb stays in one position for a long time, the muscles get shorter and the joint becomes stiff – this is called a contracture.

Deformities – Even if you care for your child really well, such as keeping her clean and dry and free from pressure areas, feeding her well, etc. – the pull of the muscles when the child spends long hours in any one position can cause the child to become deformed. Her back can become crooked and twisted, and her hips can move out of place or dislocate.

GOOD HANDLING AND POSITIONING:



Ask *Why do you think good handling and positioning are important for a child with cerebral palsy and her caregiver?* Discuss the reasons and ensure that the following issues are covered:

- How you handle and position your child influences what she can do and how she develops.
- Helps to make eating, drinking, playing and communicating easier for your child
- Makes eating and drinking ‘safer’
- Makes it easier for you to care for your child
- Is the basis for all activities that you do with your child
- Helps to prevent disabling positions that lead to deformities
- Is worth learning more about, with a therapist if possible
- Should be used with your child all the time

HOW TO POSITION YOUR CHILD



Explain what you can do to position your child in more helpful ways. Encourage discussion. Cover the following key points and ensure that the participants are aware that correct and appropriate positioning will vary from child to child. It is very important that they understand that not all positions are helpful for all children

1. Learn helpful ways to move your child

- If she is stiff you need to loosen her first.
- You can’t force her into a position, and expect her to stay there. Ask a therapist/community worker how to do this.

2. Try to get your child into the best position that you can

- Aim for ‘ideal positions’ (see below).
- She may not be comfortable in a new position at first. Persevere, and ask advice from a therapist or community worker if she continues to be uncomfortable.

3. Change her position often, about every 30 minutes

- Encourage her or help her to change her position herself.
- Remember, if you leave a child in one position for many hours, she may develop pressure sores and her body may gradually stiffen into that position which will increase her disability. She needs to be placed in a variety of helpful positions throughout the day.



Materials

Pictures 3.06-3.16



Activity In small groups, ask the caregivers to look at the following photographs of different positions. Ask the groups Use the following checklist to help you decide if the child is in a poor or helpful position. Discuss why the position is poor, and then why the following position is good.

CHECKLIST (put on flipchart):

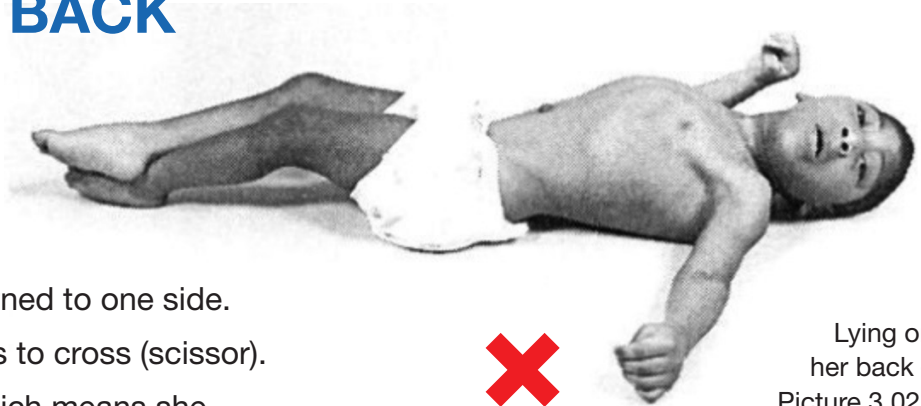
- Head and body
- Legs and feet
- Shoulders and arms

LYING ON HER BACK

Poor Position

Cover the following points in your discussion. This is a poor position because:

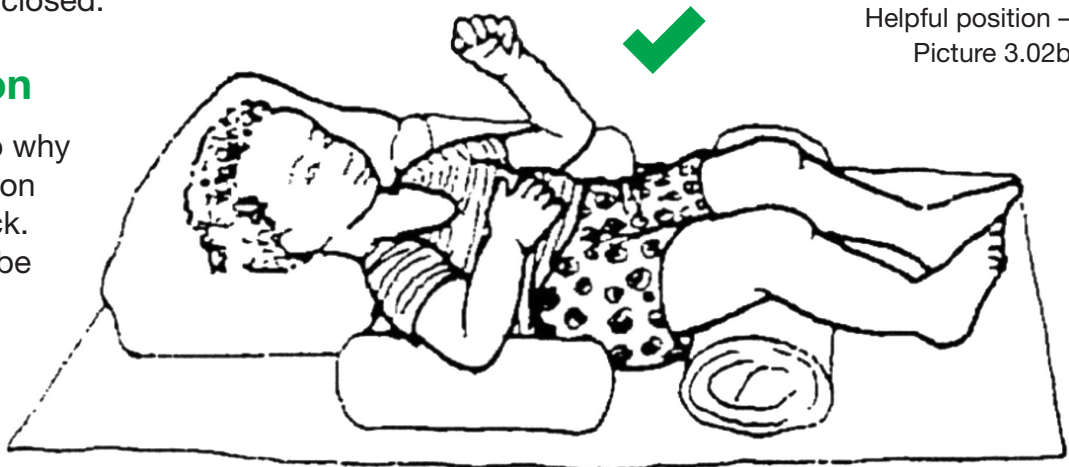
- Head pushing back and turned to one side.
- Hips turning in causing legs to cross (scissor).
- Feet are pointing down, which means she can't get them flat if she is sitting.
- Hands and arms away from body.
- Hands fisted and closed.



Lying on her back –
Picture 3.02a

Helpful Position

Discuss in the group why this is a better position for lying on their back. Clarify that this can be a good position for resting, although it does not allow the child to engage with other activities.



Helpful position –
Picture 3.02b

Head and Body

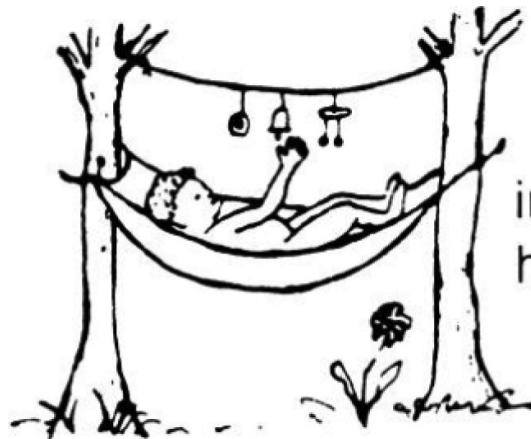
- If she can move her head on her own, make sure it is comfortable.
- If she cannot move her head on her own, make sure it is in the middle and comfortable.
- Her body (spine) must be straight – support on her sides if needed with a rolled up towel to keep her straight.

Legs and Feet

- Bend her hips – this helps to release tension in her lower back which is often arched, and it helps to relax stiffness in her legs. Place support under her knees to keep hips bent (not under her feet).
- Keep her legs open and uncrossed – use a pillow between them if needed.
- Feet should be as close to a standing position as possible – if her feet push down, talk to a therapist about the need for an ankle/foot orthosis.

Shoulders and Arms

- They should be forward and supported, especially if her arms pull back. This position also helps to relax her upper back, and allows her hands to open more easily.
- Lying in a hammock can help to relax tight muscles.
- Babies/small children can hang in a large towel (held by two adults) to relax tight muscles.



Picture 3.02c

in a hammock,

LYING ON HER TUMMY



Activity One group member to volunteer to lie on the floor imitating the position of the child in the poor picture. Ask the group to change this position to make it more helpful, using pillows or blankets. Encourage discussion as changes are made. Then put up pictures showing a more helpful position and discuss why.

Poor Position

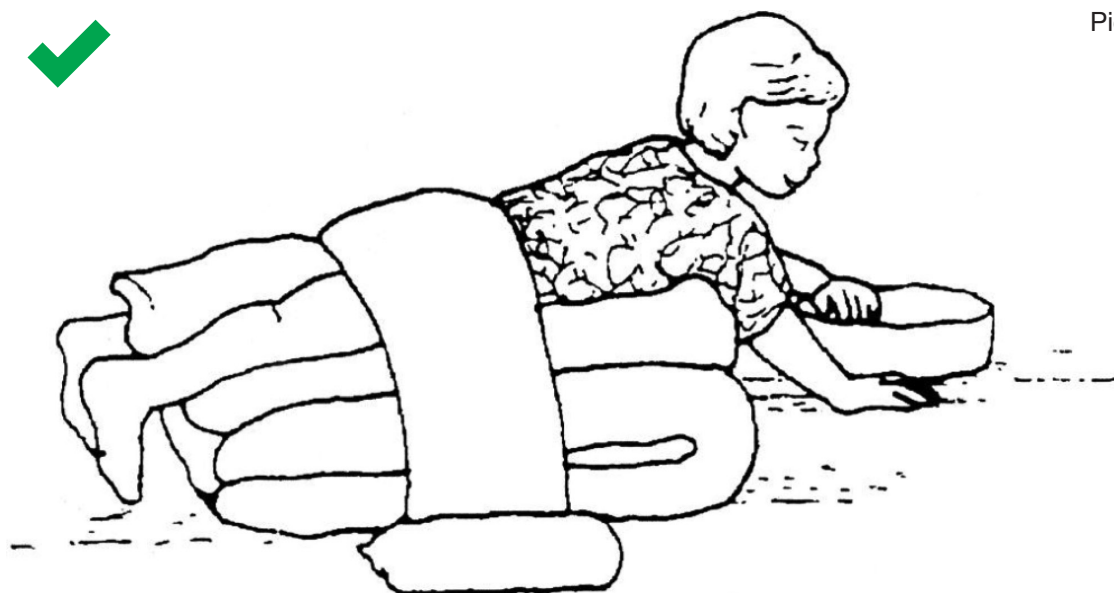
Discuss reasons for being a poor position because:

- Body is not even, because her head is turned to breathe
- There is no muscle work
- She can't see anything
- Legs may be crossed
- Hands are in a fist
- She can't do anything



Picture 3.03a





KEY ISSUES TO COVER

Head and Body

- In a straight line
- Encourage her to lift her head and look at something in front of her on the floor. This is a good time to get a sibling, also lying on the floor, to play with her.

Legs and Feet

- Straight – push down on her bottom from side to side in a rocking motion to help her straighten her hips.
- You can put weighted bags over her hips.

Shoulders and Arms

- Her arms should be in line with, or slightly in front of, her shoulders (make sure the pillow or towel she is lying on comes all the way up to her armpits to help keep her arms forward).
- If possible, encourage her to open her hands and push down on them (you may need to gently open them out for her; if too stiff to stay open, keep helping her each time you use this position).
- **MOST IMPORTANT** about this position is that it is not for all children! The most suitable positions can be discussed as part of a home assessment.



Activity If there is a willing child to volunteer, demonstrate this position with one of your children in the group. Discuss the possible benefits of this position, for example showing how they are in a much better position to play.

SIDE-LYING

Helpful Position



Materials

Picture 3.04a

Head and Body

- Head supported on a pillow so her chin is level (in the middle, with her head and spine in a straight line).
- Give good support at her back, from the top of her head to her feet.



Legs and Feet

- Bending one leg and keeping the other straight helps to relax the stiffness in her legs.
- Keep her bottom leg straight.
- Support her top leg, bent at her knee, with pillows or blankets so her knee is level with her hip – this is important to help prevent injury to her hip (dislocation).

Shoulders and Arms

- Her lower shoulder and arm must be brought forward so they are not trapped underneath her.
- Keep both arms forward to bring her hands together – encourage her to use her hands by playing a game with her, or putting a toy nearby for her to touch and reach for.

During the day this position should be changed from one side to the other, or to another position every half an hour. This is also a good position for the child to sleep in.

It was very important to follow up the positioning issues during the home visits, in order to be able to observe how the child spent most of their day, and in order to work with the family members to review all the information on positioning and establish which positions were most helpful for individual children.

SITTING WITH A CAREGIVER

Poor Position



Materials

Pictures 3.05a, b, c and d

These are poor positions because:

- His head is hanging backwards, or to one side, or just leaning against the caregiver.
- He is just lying, and not sitting on her bottom.
- His hips are not bent, and wrong muscles are working.
- His hands are not free to do anything.
- His arms aren't helping her to sit.
- He is not able to do anything with her hands.



Helpful Position



Materials

Pictures 3.13a, b and c

Head and Body

- If she cannot hold her head upright, make sure she is sitting up straight with her head and back supported.
- If she can hold her head upright, use your hands to support her chest and/or hips just enough to help her stay up straight and control her head.
- She should be working her muscles to move her body and keep it upright.

Legs and Feet

- Bend her hips to at least a right angle – this will help keep her back in a good position and help stop her from pushing backwards and sliding off your lap. If possible, have her feet supported.

Shoulders and Arms

- Her shoulders should be slightly forward so that her arms and hands are in front of her body, and she can explore objects and her own body.



Activity Ask a volunteer to demonstrate a good position with their child, and encourage help and input from the rest of the group.



Explain It is also important for your child's development to give her the opportunity to practice using the muscles she needs to balance in sitting. Play a game with her, or help her explore her own body, toys, or other objects. This photo shows a more active way of playing with your child in a good position.



Materials

Pictures 3.06a, b, c and d





SITTING ON A CHAIR OR BUGGY

Poor Position



Materials

Pictures 3.01a and b
(see beginning of section)

This is a poor position because:

- Her head is pushing back, and she tends to slide herself out of the chair
- Hips are too straight and stiff
- Shoulders are not supported, and are either pulling back, or pushed too far forward
- She leans sideways and is not stable
- Leg problems can develop from twisting of leg bones



Helpful Position



Materials

Pictures 3.07c, d and e

Head and Body

- She sits upright with her back straight and her head upright
- Her buttocks are all the way to the back
- If she has a lap strap, make sure it is tightened firmly enough to stop her from sliding down in the chair

Legs and Feet

- These must be supported

Shoulders and Arms

- These should be supported slightly forward and in front of her body. ✓



SITTING ON THE FLOOR

Poor Position



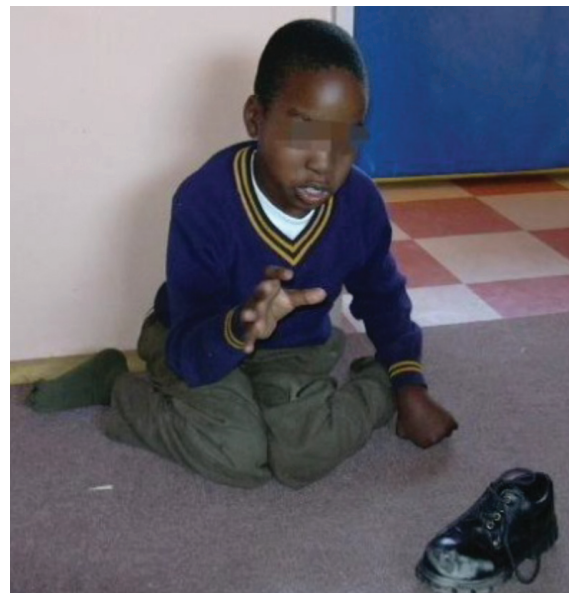
Materials

Picture 3.08a



Key points to cover:

- This position can hurt the knees and hips of the child.
- She does not need much control to sit like this, so she does not need to learn to or practice balancing her upper body over her pelvis.
- She does not learn to develop a good sitting balance if she is always in this position. She may therefore never learn to sit with good balance in any other sitting position.
- However, if it is the only way that allows your child to be independent in sitting, then it should be supported, but do not let her sit in this position all the time.



Helpful Position



Materials

Pictures 3.08 b and c



He can sit independently with legs crossed



He should sometimes sit with legs straight, not always bent (beware of contractures)

SESSION – PART 2

STANDING



Materials

Pictures 3.09a, b and c



Icebreaker

This icebreaker shows the group the importance of balance.

- Ask the group to stand on one leg. Give each a sheet of paper and ask them to neatly fold and tear it into four equal parts while balancing on one leg.
- Now do the same thing, but let them stand on both legs.
- Compare how easy or fast they could do this activity with a lack of balance and with good balance.
- Now link this to the next pictures, looking at balance and how a lack of balance makes it difficult for a child to do anything with her hands.



Helpful Position (3.09b)



Poor Position (Picture 3.09a)



Poor Position

- She has stiff leg muscles (one or both legs), so she can't stand on flat feet with her knees and hips straight
- Her balance isn't good enough to let go to do something with one or both hands
- She has to hold on for support
- All she can do is stand there, with her hips and knees bent

Helpful Position

- Explain this is just a simple piece of wood
- Her balance is not difficult in this position
- Her hips and knees are in a good position, helping to keep her feet flat
- Her shoulders and arms are forwards
- She no longer needs to hold on for support
- Her hands are now free to do something
- Look at her smile!

STANDING FRAMES

Helpful Position

Ask the group to discuss the good things, and cover the key points below in the discussion:

Head and Body

- Her back is straight – if her body leans to the left or right, put a rolled up towel on either side of her in the frame to keep her body straight
- Her hips are facing the front – adjust gently if necessary
- Her shirt is covering her tummy so that her skin is not touching the Velcro in front

Legs and Feet

- Her feet are firmly on the ground (including her heels), her toes are facing forward, and her feet are not falling in or out
- If you can easily move her feet, she is not putting enough weight on them. Loosen the frame, and let her fall more onto her feet before easing her into standing again and closing the frame. Recheck her hips and feet
- If the child's feet are in a very poor position, she should only stand once she has been assessed for, and is using, orthotics

Shoulders and Arms

- Her arms should come forward onto the tray/table, which should be at about nipple height.
- It is good if she pushes on her arms, or uses them to touch a toy or object she likes on her tray.



Ask the group *Why do you think standing is important?*

Ensure the following points are covered in the discussion:

- Standing is an important position for children with cerebral palsy to be in.
- If a child is positioned correctly in a standing frame it assists in the development and strengthening of the hip joint and in preventing the development of contractures in the leg joints.
- If a child never stands, her hips do not develop well, become weak and can easily dislocate as she gets older, causing pain and other problems.
- A child who never stands has weaker, less dense bones that can more easily break.
- For assisting breathing and blood circulation.
- For assisting the emptying of the bladder and bowels.
- For weight bearing which can help to reduce stiffness and uncontrolled movements in the legs.

Many children with disabilities who are unable to stand spend their time lying or sitting. By placing a child into a standing frame, he/she is able to see the world around differently, and they are able to engage and interact with peers at the same level. This offers broader stimulation for the child, and will contribute to overall social development and thinking skills.



Helpful position (Picture 3.09c) – using a standing frame

PICKING UP



Materials

Pictures 3.10a and b



Activity Put up the following two pictures and ask the groups to decide which shows a good way to pick up your child. In the discussion, cover the following key points.

Taking care of your own back!

Remember to pick your child up in such a way that you are not harming your back.

Poor Position

- **The harmful way:** Bending forward with your legs straight will cause small injuries to your back every time you do it. Over time you may develop severe back pain. ❌



Helpful Position

Pick up the child in a way that protects your back and provides the best position for her:

- Bend your **KNEES** and keep your back straight or even slightly hollow.
- It is sometimes easier to pick the child up with one foot slightly in front of the other one.
- Hold the child as closely to your body as possible before lifting.
- Lift by using the strong muscles of your legs, and not your back
- If your child becomes much bigger and heavier, preferably do not lift her alone, but ask someone to help you.
- If lifting with another person, count before lifting so that both people lift at the same time.



CARRYING



Materials

Picture 3.11a, b, c and d



Activity Put up the range of pictures and discuss the good and poor carrying positions, covering the following key points. To finish the activity, give the caregivers the opportunity to discuss in small groups which of the helpful ways of carrying they would like to try at home with their child. Then ask them to demonstrate their techniques on the doll or with their own child. Encourage the other caregivers to support each other to find the best position for carrying.

Poor Position

This picture shows a poor carrying position.

- Her head is falling back
- She can't see
- Her body is stiff and straight
- Her arms and hands can't do anything



Helpful Position

Head and Body

- A more upright position will help her to hold her head up and look around, even if it can only be for short periods at a time.

Legs and Feet

- Use positions that keep the hips and knees partially bent and the knees separate

Shoulders and Arms

- She can hold on with her arms or she can free her arms for playing





MONITORING PROGRESS

Ask each member to demonstrate one new useful position that they have learnt about today and which they will demonstrate to another member of the family at home.



Materials

Flipchart with take home messages.

Take Home Messages:

- It's not really possible to be doing something with your child all the time. So you need to leave her in one position or the other at various times.
- Good positioning helps make daily activities easier for your child.
- Instead of leaving her in a poor position, guide her into as helpful a position as you can and support her in moving herself. You need to try different positions with your child, and see what helps, or what works for her.
- If you have access to equipment like buggies and positioners, then use them. Ask your hospital to help you get the most helpful items for your child.
- If you have access to therapists at your clinic or hospital, discuss how best your child can benefit from a combination of positioning and specific therapy, some of which you as caregiver can do.