



Stroke Help[®]
TREATMENT STRATEGIES IN THE
ACUTE CARE OF STROKE SURVIVORS

By Jan Davis, MS, OTR/L

UNIVERSITY EDITION
STUDENT WORKBOOK

About the Author & Presenter

Jan Davis, MS, OTR/L, is an internationally recognized leader in educational programs for health care providers, families and caregivers of stroke survivors. She founded International Clinical Educators in 1983 and since then, faculty, students, and therapists have attended her workshops and used her training materials worldwide.

About International Clinical Educators, Inc.

ICE is dedicated to providing high-quality educational programs for occupational therapists, physical therapists, nurses and assistants working with stroke survivors. All programs are designed to give practitioners practical treatment ideas that can be used in acute care, rehabilitation, skilled nursing, outpatient and home health settings.

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- Teaching Independence: A Therapeutic Approach to Stroke Rehabilitation
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StrokeHelp: Treatment Strategies in the Acute Care of Stroke Survivors

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❖ Practice Lab

Bed Mobility: Rolling from Supine to Sidelying

The following guidelines may need to be modified if your patient has secondary complications or medical conditions interfere.

Starting Position

The patient is lying in bed, supine.

Handling

1. Have your patient clasp their hands together. This helps them to be more aware of the involved side and encourages your patient to “take care of it.”
2. Bring your patient’s hips and knees into flexion.
3. Place the feet flat onto the bed.
4. Assist your patient to bring both arms into shoulder flexion and protraction.
5. Assisting at the knees and arms, roll your patient onto their side.
6. You may need to cue or physically assist your patient to roll over the trochanter. This will increase the comfort of your patient in sidelying.



Tips

Flexing the hips and knees helps to inhibit lower extremity extensor tone. Bringing the shoulders into flexion and scapular protraction before rolling onto the side helps the patient avoid rolling onto the head of the humerus avoiding trauma to the glenohumeral joint. Provide as much assistance as necessary in order for your patient to complete the task.

Variations

Facilitate dissociation of pelvis and shoulder girdle during rolling.

1. Follow steps #1 - #4, above.
2. Initiate rolling with the upper extremities, then follow with the lower extremities, separating the upper and lower trunk during rotation.

Facilitate rolling by externally rotating the involved lower extremity.

1. Position your patient in supine with both lower extremities in extension.
2. Assist your patient to bring both arms into shoulder flexion and protraction.
3. Place your hand on the femur of the involved leg.
4. Gently but firmly bring the femur into external rotation.
5. Ask your patient to roll toward the involved side, using the strong leg to roll.

