

❖ Bed Positioning in Supine

Starting Position

Supine is the least therapeutic position for resting in bed, although it is the position most commonly used. The only true therapeutic goal achieved in this position is that of full knee extension. There are only two possibilities for the patient to have full knee extension—while lying in bed supine and while standing.

The following guidelines may need to be modified if your patient has already developed tightness or contractures, or if medical conditions interfere.

Handling

1. The head is supported on a pillow, in midline. The trunk is symmetrical without lateral trunk flexion.
2. The weak arm is supported on a pillow; elbow extended, forearm supinated (if possible), wrist and fingers supported in an extended position.
3. Place a portion of the pillow (or a small folded towel) under the weak shoulder if it is resting lower than the strong side. If the weak shoulder is level with the sound side, do not raise it further off of the bed with a pillow or towel.
4. Both legs are extended, and a pillow or a small roll can be placed under the weak hip if the pelvis is pulling into retraction. This will help to eliminate excessive external rotation of the hip.
5. Avoid placing a roll or pillow under the knee during supine positioning, as knee flexion contractures may develop.



Common Mistakes

- Remember, we want to support them with pillows, not immobilize them with pillows.
- Do not use a large pillow under the involved shoulder. Pushing or elevating the head of the humerus higher than the non-involved side may contribute to an anterior subluxation of the glenohumeral joint.

⌘28 Pause and Practice with a Partner

Use 2 or 3 pillows to practice.

Notes
