Scooting Up in Bed: Normal Movement

Analysis of Normal Movement

Before we begin, remember that all therapeutic methods are based upon normal patterns of movement. To fully understand the therapeutic value of each technique, we will observe and analyze the normal components necessary to scoot up in bed, scoot from side to side, come from sidelying to sitting, and go from sitting to sidelying. The better you are at observation and the analysis of your observations (of both normal and abnormal movement), the better you will be at identifying and treating your patient's key problem areas.

Rather than say "normal," perhaps it is better to say "typical movement patterns" or "common patterns of movement," since there is a great variety of normal movement components in the general population. A variation on "normal" does not necessarily mean "abnormal".

Analyzing Normal Movement in Scooting Up in Bed

When we scoot up in bed, we use an "inchworm" effect.

- Our hips and knees are flexed.
- Our feet are positioned on the bed.
- Our hips and knees extend, putting weight onto our feet scooting us up toward the head of the bed.
- We unweight our head and shoulders to release the stress.
- We bear weight through one or both elbows.
- We repeat the steps until we reach the desired position.

#29 Pause and Practice with a Partner

Self Experience

Notice

- The more you flex your hips and knees, the easier it is to "bridge" and lift your hips off of the bed.
- Try bridging with less hip and knee flexion and notice the increased difficulty.
- As you push up toward the head of the bed, notice the resistance against your shoulders.
- When you lift your head and shoulders off the pillow in order to release your shoulders, pause and note how much you use your abdominal muscles.

Observe and Analyze Others

- Note variations in movements and sequences of movements.
- How does the height and build of the person affect movement patterns?
- Which environmental factors play a role (softness of bed, for example)?