

❖ Scooting Up in Bed: Therapeutic Method

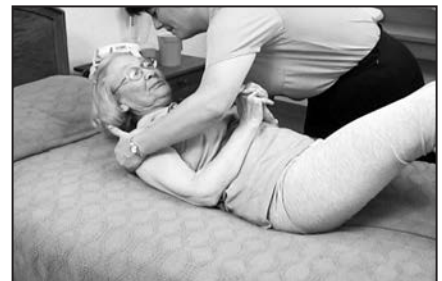
The following guidelines may need to be modified if your patient has already developed tightness or contractures, or if medical conditions interfere.

Starting Position

The patient is lying on a bed or mat table in supine.

Handling

1. Have the patient bring the strong leg into as much hip and knee flexion as possible, placing the sole of the foot flat onto the bed.
2. Grasp the ball of the involved foot and bring the ankle into dorsiflexion with eversion. This helps to reduce extensor tone and encourages knee flexion.
3. Slowly bring the weak leg into hip and knee flexion. The more flexion the better, but stay within the range of comfort.
4. Place the foot flat onto the bed.
5. Ask the patient to take care of their weak hand by clasping their hands together.
6. Firmly place your hand onto the distal end of the femur, just above the knee. It can be helpful to use your forearm, in addition to your hand, to help give more input into the femur in order to bring the hips off the bed. This can be especially helpful with larger patients.
7. Firmly bring the femur forward, aligning the knee over the foot and putting weight into the foot. With your other hand, support under the weak side, unweighting and extending the hips.
8. Cue the hip toward the head of the bed (don't expect to go more than a couple of inches).
9. Let the hips down onto the bed.
10. Help your patient lift their head and shoulders off the pillow.
11. Repeat the sequence until your patient has scooted as far as necessary.



Tips

If your patient's involved leg slides or shoots into extension, reposition the foot under the knee and assist with more weight bearing into the foot.

⌘30 Pause and Practice with a Partner