

## ❖ Sidelying to Sitting from the Involved Side

### Starting Position

The patient is in sidelying on the weak side.

### Handling

1. Without forcing range, the hips and knees should be brought into as much flexion as the patient can comfortably tolerate. This will help to inhibit extension synergy of the lower extremity and will also shorten the “levers,” making it easier to control taller patients.
2. Stand in front of the patient with a wide base of support.
3. The weak shoulder should be brought close to 90° of flexion and the scapula should be brought into protraction.
4. Slide your hand under the scapula and bring the upper trunk into flexion, forward toward the edge of the bed (this will help to keep the patient from pushing back and “flopping” back onto the bed).
5. Place the patient’s lower arm between your humerus and trunk and maintain this support.
6. Assist your patient to reach across with the non-involved arm and help “push themselves up” from the bed. This hand placement also helps to keep them forward and discourages them from falling back onto the bed.
7. Slide the patient’s feet off of the bed, keeping your leg in front of their feet. Don’t allow their legs to fall as this can cause stress at their hip.
8. Place one hand on the patient’s iliac crest, bringing the pelvis down and slightly back in order to facilitate the sound side.
9. At the same time, shift your weight from one leg (positioned toward the head of the bed) to the other leg (positioned near the foot of the bed). This “lunge” helps you use your legs protect your back.
10. Bring the patient’s upper trunk upright (keeping them forward) into a sitting position while supporting the affected upper extremity.
11. Do not let the weak arm “flop” to the side—keep it tucked between your body and your arm.



