

❖ Rolling from Supine to Sidelying

Starting Position

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

Handling

1. Have the patient clasp their hands together. This helps them to make them more aware of the weak side and to “take care” of it. They can either intertwine their fingers together, or (in the case of swollen or painful joints) they can place their thumb in the palm of the weak hand and wrap their fingers around to support the weight of the arm at the wrist.
2. Bring the patient’s knees and hips into flexion.
3. Place the feet onto the bed.
4. Assist the patient to bring their arms into shoulder flexion and protraction.
5. Assisting at the knees and arms, roll the patient onto their side.



Tips

Flexing the lower extremities helps to inhibit extensor tone. Bringing the shoulders into flexion and scapular protraction helps the patient to keep from rolling onto the head of the humerus. To encourage trunk rotation and dissociation of the pelvis and shoulder girdle, bring the hips into sidelying first, then the shoulder or shoulders, and then the hips.

Variations

For patients with internal rotation of the involved lower extremity, extend both lower extremities. Help the patient to initiate rolling toward the weak side by placing your hand on the femur of the weak leg. Gently bring it into external rotation. This will help the patient to roll in that direction.

Common Mistakes

Patients have difficulty rolling toward the weak side due to internal rotation of the affected lower extremity. Avoid the use of an overhead trapeze, pushing with the strong leg, or pulling the bedside railing with the strong arm, all of which can with excessive effort cause abnormal tone.

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