

❖ Practice Lab

Bed Mobility: Rolling from Supine to Sidelying

The following guidelines may need to be modified if your patient has secondary complications or medical conditions interfere.

Starting Position

The patient is lying in bed, supine.

Handling

1. Have your patient clasp their hands together. This helps them to be more aware of the involved side and encourages your patient to “take care of it.”
2. Bring your patient’s hips and knees into flexion.
3. Place the feet flat onto the bed.
4. Assist your patient to bring both arms into shoulder flexion and protraction.
5. Assisting at the knees and arms, roll your patient onto their side.
6. You may need to cue or physically assist your patient to roll over the trochanter. This will increase the comfort of your patient in sidelying.



Tips

Flexing the hips and knees helps to inhibit lower extremity extensor tone. Bringing the shoulders into flexion and scapular protraction before rolling onto the side helps the patient avoid rolling onto the head of the humerus avoiding trauma to the glenohumeral joint. Provide as much assistance as necessary in order for your patient to complete the task.

Variations

Facilitate dissociation of pelvis and shoulder girdle during rolling.

1. Follow steps #1 - #4, above.
2. Initiate rolling with the upper extremities, then follow with the lower extremities, separating the upper and lower trunk during rotation.

Facilitate rolling by externally rotating the involved lower extremity.

1. Position your patient in supine with both lower extremities in extension.
2. Assist your patient to bring both arms into shoulder flexion and protraction.
3. Place your hand on the femur of the involved leg.
4. Gently but firmly bring the femur into external rotation.
5. Ask your patient to roll toward the involved side, using the strong leg to roll.

