

❖ Practice Lab

Bed Mobility: Sitting 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 sitting on the side of the bed, the feet may or may not be supported.

Handling

1. Stand in front of your patient and place your patient's involved arm between your humerus and trunk.
2. Place your hand on the scapula to support the weight of the upper trunk. Stay directly in front of your patient, not ahead or behind, to avoid unnecessary strain on the shoulder.
3. Ask your patient to reach across their body with the less involved arm. Have your patient ease their weight and lower down to the bed in sidelying.
4. As your patient shifts their weight toward the weak side, ask them to bring the less involved leg up onto the bed. Assist as needed.
5. Assist your patient in bringing the involved leg onto the bed.
6. Gently lower your patient onto the involved side. Keep the upper extremity forward, having your patient lie down on the scapula, not the humeral head.
7. Once your patient is in sidelying, have them slowly roll into supine, making sure the arm is brought into a good position of alignment, not into horizontal abduction.



Tips

Many patients are afraid to lie down over the involved side. To reduce fear, point to the pillow and ask them to lie down. This will help your patient to initiate weight shift toward the involved side.

**Common Mistakes**

Patients are tired at the end of the treatment session and often 'fall' back into bed (instead of coming into a sidelying position). Be careful to keep your patient forward, in a sidelying position. Rolling quickly away into a supine position could cause a traction injury to the shoulder.