

INTRODUCTION

Children with disability must be well positioned in their wheelchair to be comfortable and for their seating to support them correctly. Good wheelchair posture aims to:

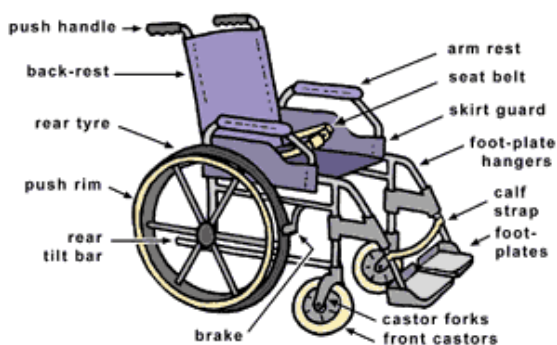
- spread pressure evenly to ensure comfort and prevent development of pressure sores or pain
- minimize fatigue
- maximize a child's functional potential in activities such as: eating, drinking, communicating, playing and driving or propelling their wheelchair
- improve breathing, digestion & circulation
- limit abnormal tone patterns, such as, pushing back into extension
- minimize the development of muscle tightness and other deformities
- find the balance between providing enough support for function while allowing the child to develop their postural muscles.

The physiotherapist can provide training about how best to position your child in their wheelchair for the different activities they do. There are many different types of wheelchairs, and every child will have different positioning needs, which may also change depending on the time of day and how tired they are.

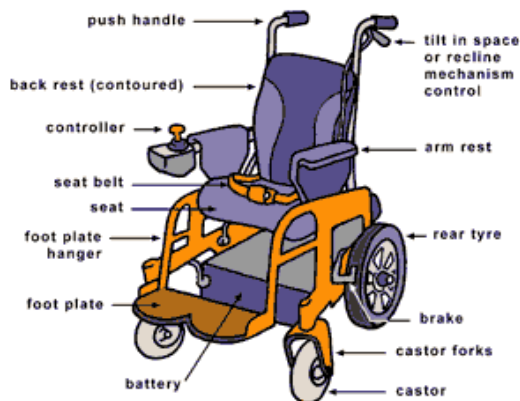
PARTS OF A WHEELCHAIR

There are many different postural supports and components you may see on a wheelchair. Some of the basic wheelchair parts are shown below.

Manual Wheelchair



Power wheelchair



WHY DO SOME CHILDREN NEED MORE SUPPORTIVE SEATING?

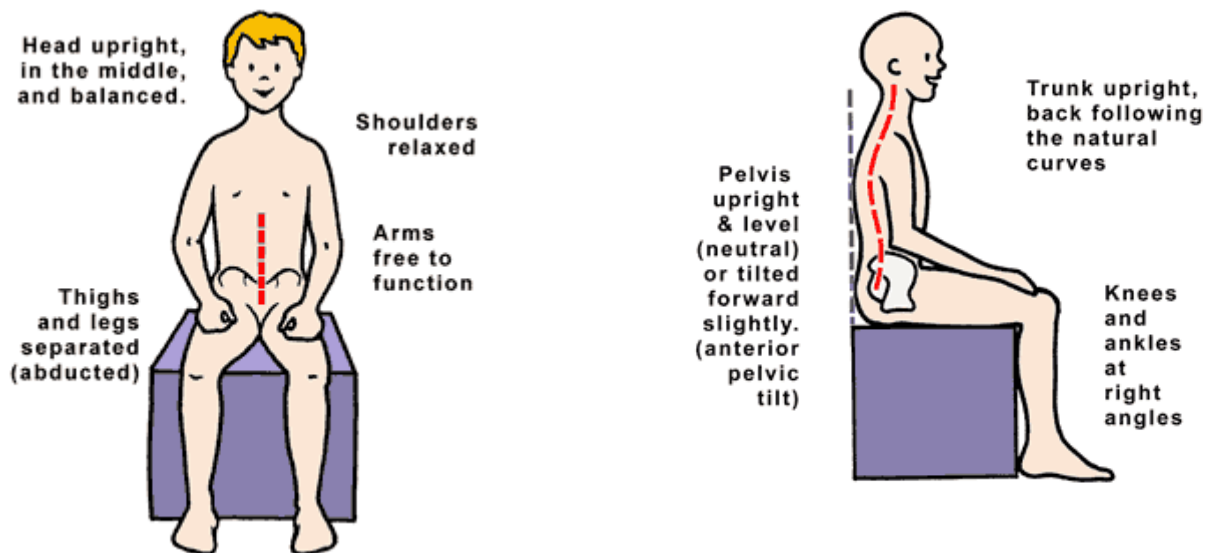
Every child with a disability is different, having unique seating and support needs. Children, carers and therapists must have clear goals when planning the best seating for the child.

For example, a child who needs to sit in their wheelchair for school lessons will need sufficient support to allow them to communicate and use their hands and enough support to ensure they don't tire too quickly. In saying that, there may be other times during the day when the child needs less support, such as during story time.

When planning seating, the physiotherapist takes into consideration many other factors, such as your child's tone, muscle length and control, endurance, deformities, vision, breathing and general health.

RECOGNISING GOOD POSTURE

It is not always possible for every child to be positioned perfectly in their wheelchair, due to muscle tightness, tone, deformity, and other factors. However, where possible, physiotherapists aim for the following goals:



HOW TO POSITION A CHILD IN THEIR WHEELCHAIR

Things to check when you position a child in their wheelchair include:

- **Make sure the child is sitting right back in the chair.** Look or feel to check that there is no gap between the child and the backrest. If necessary, re-position the child after transferring them into their chair. Some children are able to shift themselves into this position once their feet are strapped in. Failure to achieve this position affects the child's entire posture, their tone, level of comfort and ability to use their hands for activities. Some children may also get a very sore bottom!
- **Some children who use a manual wheelchair may be able to assist with or independently transfer into their wheelchair,** they may still need verbal prompting to be reminded about good posture.

- **Fasten the pelvic belt/seat belt firmly-** Position the pelvic belt on or slightly below the child's hip bones. A firm pelvic belt ensures that the child's bottom stays well positioned back in their seat and that they are safe. While it may be tempting to loosen the seatbelt, this allows the child's bottom to slip forward, compromising posture, comfort and safety. Check that it is not too tight by seeing if you can get 2 fingers underneath it.
- **Replace any flip out or drop-down parts of the child's seating,** (if they have them). For example, flip in any lateral chest supports or flip up their pommel.
- **Fasten any chest harness or shoulder straps- Always** ensure a secure seatbelt is fastened first. Check that there is an adult hand width gap between top of harness and child's neck **at all times.** [Please Read the Harness Factsheet](#)
- **Fasten any foot straps-** Some children need to have their feet strapped in. Poorly supported feet can affect the posture of the child's pelvis, resulting in their bottom sliding forward.

Also ensure:

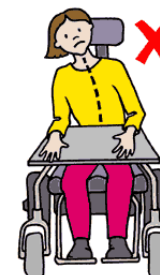
- **Feet are flat-** pointing forwards and well supported on the footplates.



- **Knees are in a straight line with the hips** - knees not rubbing together, flopped out to the side, or at an uneven height.



- **Trunk and pelvis is in the middle** - not leaning or shifted to one side.



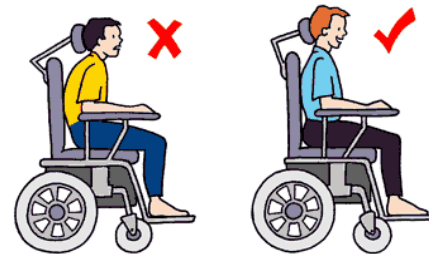
- **Head is in the middle with the chin tucked slightly.**



- **Elbows are at a right angle** - or just below when the forearms are resting flat on their armrests or tray.



- **Chest should be lifted**, and not slumped forwards.



If self propelling , elbow should be bent to 60-80 degrees when the child's hand is resting on the top of the push rim

Some wheelchairs also have a 'tilt in space' feature (similar to recline, except the whole seat can tilt back, instead of just the backrest). Tilt in space can be used to provide pressure relief by changing the child's position in the wheelchair, without actually needing to transfer them into another item of equipment. Some other benefits are said to include improved head control and positioning for swallowing and digestion. Speak to the physiotherapist to find out if this feature is suitable to use with your child.

RELATED INFORMATION ON NOVITA WEBSITE

Links open in new windows

- [Positioning](#)
- [Transfer and Positioning Care Plans](#)
- [Mobility](#)

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