

Assisted Exercises and Positioning in Bed



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This leaflet will provide you with advice on assisted exercises in bed and advice on positioning techniques. It is intended to act as a guide following a physiotherapy session. Please contact your physiotherapist if you have any questions.

Assisted exercises are beneficial for patients who need help to move their arms and legs. Ideally, they are done lying down in bed with a height that is comfortable for the carer. We recommend to follow this programme daily to maintain flexibility and prevent stiffness of the muscles.

Exercises for the arms

Advice for the carer:

- Stand on the side where you are exercising with the patient.
- Adjust the bed at a height where you do not need to bend down.
- These exercises should be done slowly with no force on the joint.
- The movement should be done smoothly, in the **available range** of the joint
- The movements should be done pain free

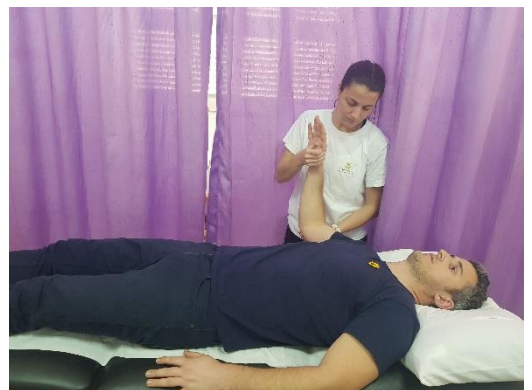
Shoulder Flexion

- Support the patient from the hand and elbow
- Assist patient to lift their arm up
- Lower back down towards the bed
- Repeat 5 to 10 times



Shoulder Abduction

- Stand behind the patients arm
- This exercise can be done with the elbow straight or bent
- Assist the arm away from the body
- Slowly return the arm towards the hip
- Repeat 5 to 10 times



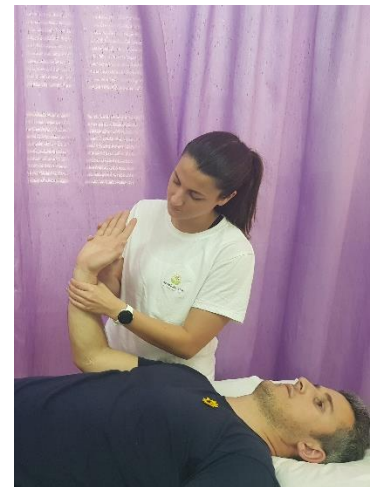
Elbow flexion and extension

- Support the hand and under the patient's elbow
- Bend the elbow, towards the shoulder
- Gently lower down and return the elbow to a straight position
- Repeat 5 to 10 times



Wrist movements

- Support the patients forearm and hand
- Move the hand forward and back
- Repeat 10 times

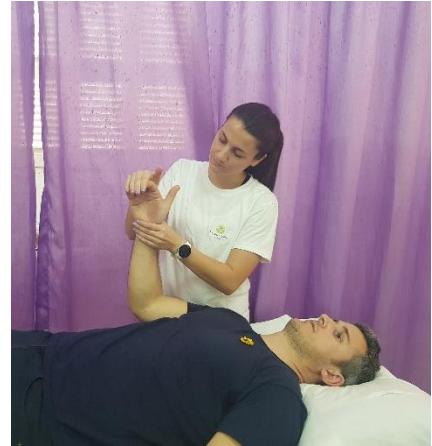


- Move the hand from left to right
- As though you are waving
- Repeat 10 times



Fingers

- Assist in bending the fingers, as though you are making a fist
- Release the fingers slowly
- This can be done individually
- Repeat 10 times



Exercises for the legs

Hip and knee flexion

- The carer places one hand under the knee and the other hand under the same heel.
- Face the patient and assist in bending the hip and knee towards their chest
- Slowly bring the leg down
- Repeat 5 to 10 times



Hip abduction and adduction

- Support the knee and ankle
- Slide the leg out to the side
- Slowly bring the leg towards the bed
- Repeat 5 to 10 times



Assisted Bridging

- Assist the patient from the hips
- Ask the patient to lift his hips off the bed
- Lower down slowly



Quadriceps sets

- Put a cushion under your knee
- Ask the patient to lift their heel off the bed and squeeze the cushion with the back of your knee



Ankle movements

- Support the lower leg above the ankle and the heel
- Move the foot up and down
- Move the foot in and out
- Repeat both movements 5 to 10 times



Toe bending movements

- Place one hand on top of the foot
- Bend the toes down and hold
- Bend the toes up and hold
- Repeat 5 to 10 times



Positioning in bed / Pożizzjonar fis-sodda

This section will provide information regarding the correct positioning in bed. This is beneficial to relieve pressure on affected areas, prevent formation of deformities, promotes comfort and improves circulation. Ideally when a person spends a long time in bed, their position should be changed every **2 to 3 hours**.

L-iskop ta` din l-iskeda huwa li jipprovdi b`informazzjoni dwar pożizzjonar korrett fis-sodda. Dan jgħin sabiex tittaffa l-pressjoni fuq il-partijiet tal-gisem affettwati, jipprevjeni deformazzjonijiet, jippromwovi l-kumdita` u jtejjeb iċ-cirkulazzjoni. Idejalment, meta persuna tqatta` ħafna ħin fis-sodda, il-pożizzjoni tagħha/u tiġi mibdula kull **sagħtejn jew tlett sigħat**.

Propped-up in bed/Bilqiegħda fis-sodda



- Lying down facing up: neutral head, neck and trunk alignment
- Head supported with multiple cushions in the case of a normal bed. If you have a special bed adjust it as displayed in the second photo.
- You can support the arm with a pillow.
- If the patient is slipping down in bed use a block to support the feet. If you have a special bed, elevate the bottom section of the bed.
- This type of positioning is important for breathing. When a patient is short of breath the ideal positioning is propped-up.

- *Il-pazjent mimdud wiċċu il-fuq: ras, għonq u ġisem il-pazjent jħarsu fl-istess direzzjoni*
- Ras il-pazjent trid tkun issapportjata b`xi mħadded/cushions f`każ ta`sodda normali. Jekk għandek sodda speċjali rranġa d-dahar tas-sodda kif muri fit-tieni ritratt.
- Tista` tissapportja driegħ il-pazjent b`imħadda.
- Jekk il-pazjent ikun qed jizzerżaq l-isfel fis-sodda, tista` tuża block biex tissapportja s-saqajn. Jekk qed tuża sodda speċjali, għolli n-naħa t`isfel tas-sodda.
- Dan it-tip ta`ippożizzjonar huwa mportanti għan-nifs. Meta pazjent ikun qed ibgħati minn qtugħ ta`nifs, il-pożizzjoni idejali hi bilqiegħda.

Side lying in bed – supported with pillows / Mimdud laġenba fis-sodda – issapportjat bl-imħadded

- Neutral head, neck and trunk alignment
 - The arm can be supported with pillows to support the shoulder joint. If the patient starts to fall back, you can also place the cushion behind their back (photo 2)
 - Some patients might find it comfortable to sleep with a pillow between the knees. This is recommended to relieve pressure between the knees and for back pain.
 - This position is recommended for someone who has a sore over the buttocks or to prevent it.
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- Ras, għonq u ġisem il-pazjent jħarsu fl-istess direzzjoni
 - Jekk il-pazjent/a jidba jaqa` lura, tista` anki tpoġġi cushion wara dahru/a (ritratt 2)
 - Id-driegħ jista` jiġi ssapportjat bl-imħadded sabiex tiġi ssapportjata l-ispalla.
 - Xi pazjenti jistgħu jħossuhom komdi jorqdu b'imħadda bejn irkopptejhom. Dan huwa rrakkomandat fejn hemm bżonn li tittaffa l-pressjoni bejn l-irkopptejn u għal l-uġiġh fid-dahar.
 - Din il-pożizzjoni hija rrakkomandata għall-pazjent/a li għandu/ha ferita fuq il-warrani jew sabiex tippreveniha



Offloading the heel/*Offloading* tal-għarqub



- This is recommended to relieve pressure on the heel to prevent a pressure sore from developing or to enhance healing of a sore.
- A pillow should be placed length wise under the knee/calf. The heel should not have contact with the bed.
- Dan huwa rakkomandat sabiex tittaffa l-pressjoni fuq l-għarqub u b'hekk ma tiffurmax ferita tas-sodda jew tgħin biex jekk hemm waħda tfieq.
- Imħadda trid titqiegħed għat-tul taħt l-irkoppa/pexxun tar-riġel. L-għaksa ma jridx ikollha kuntatt mas-sodda.

Arm elevation/Tgħolli d-driegħ



- This is recommended for people who are presenting with swelling in the arm.
 - Use one to two pillows to support the arm.
 - The hand should be higher than the shoulder as shown in the first picture.
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- Dan huwa rrakkomandat għall-persuni li għandhom driegħhom minfuħ.
 - Uża mħadda jew tnejn biex tissapportja d-driegħ.
 - L-id trid tkun għola mill-ispalla kif muri fl-ewwel stampa.



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