

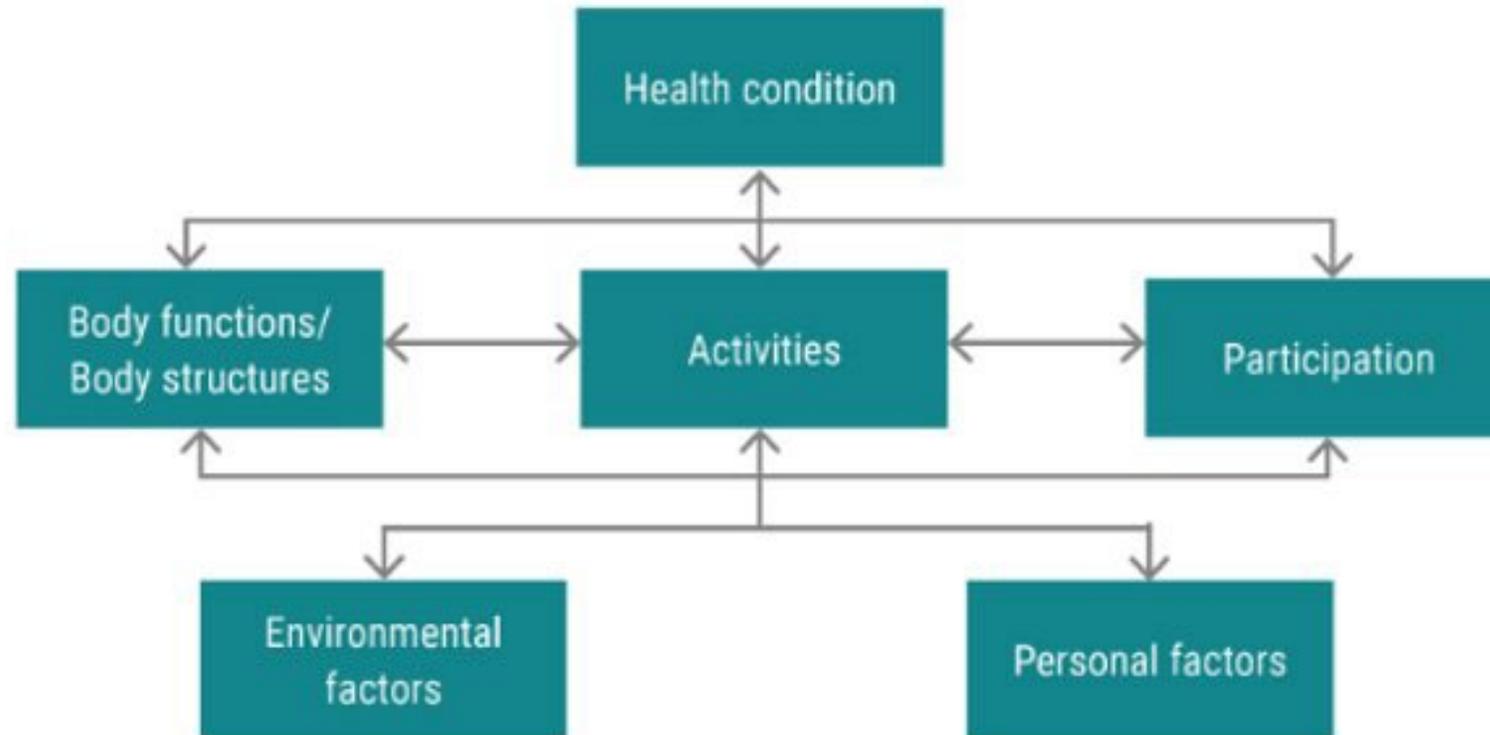
Exploring Sleep Positioning Systems together

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International Classification of Functioning, Disability & Health (ICF) framework



World Health Organization. (2001). *International classification of functioning, disability and health: ICF*.
<https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>

Evidence informed practice

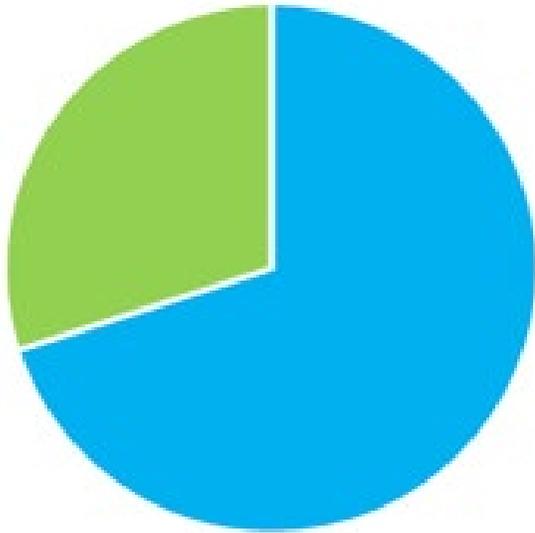
Utilise:

- Best available research evidence & literature
- Clinical experience of self and peers
- Client values and preferences
- Data from measuring outcomes of our interventions with individual clients



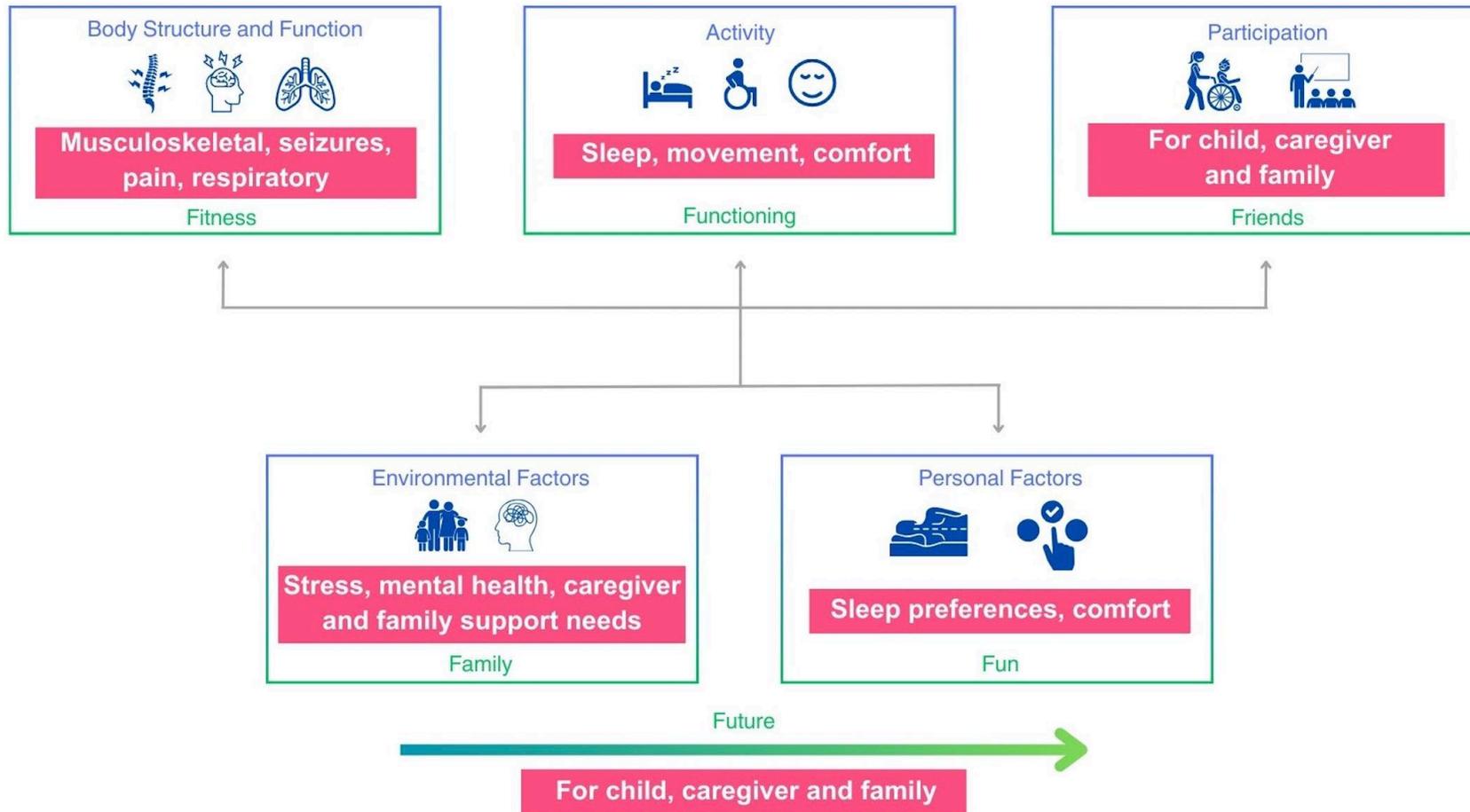
Why are we talking about lying?

TIME – in lying



- People with disabilities spend more time in lying than non-disabled.
- Children with CP GMFCS Level IV & V can spend up to 70% of their day in lying.
- Growing evidence that positioning in lying has a direct relationship on the success of postural alignment in sitting (Polak et al 2009, Osborne et al 2023).

Positive Impacts - ICF



Indicators

- Habitual postures of asymmetry with immobility in lying
- Frequent re-positioning due to pain
- Pressure concerns
- Safety e.g. breathing & swallowing



Other Guidelines for this work

- International MacKeith Consensus Statement for Postural Management for children with CP'

Gericke, T. (2006). Postural management for children with cerebral palsy: consensus statement. *Developmental Medicine and Child Neurology*, 48 (4):244

- Consensus Statement on hip Surveillance for Children with Cerebral Palsy: Australian Standards of Care'

Wynter, M., Gibson, N., Kentish, M., Love, S., Thomason, P., & Graham, H.K. (2011). The Consensus Statement on Hip Surveillance for children with cerebral palsy: Australian Standards of Care. *Journal of Pediatric Rehabilitation Medicine*, 4, 183

- 'NICE Guidelines for Spasticity in under 19s'

(retrieved from (www.nice.org.guidance/cg145/resources/spasticity-in-under-19s-management-35109572514757))

- Mansfield Checklist. The Mansfield Project: Postural Care at Night within a Community Setting: A Feedback Study

Goldsmith, S. (2000) *Physiotherapy*, 86 (10):528-534

Theme 1: It's a complex night

- Night-time is complex
- Health needs trump sleep systems
- Sleep needs trump sleep systems
- Understand my night-time



Dilemma: Managing health complexity



Theme 2: This is what I know

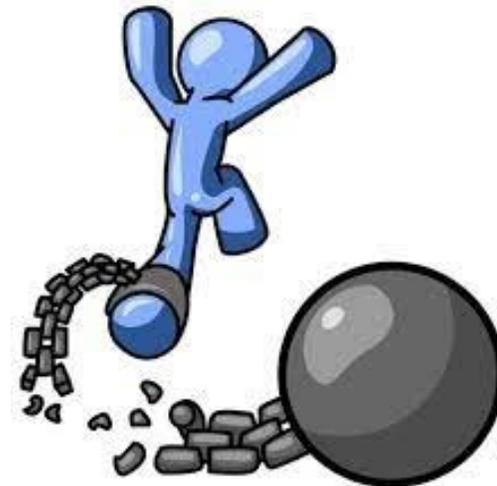
What I know about my child

- Influence of time
- Learning style
- FUTURE



Sleep systems – a necessary evil

- Protection/ keep straight
- Freedom to move versus restrict movement



Theme 3: Support me to support my child

- Timely support
- Respect knowledge
- Coaching approach
- Communication: listen, respect, trust
- Encouragement and hope



Co-create a plan

- Caregivers as EXPERTS
- Build partnership
- Determine priorities (goals) together
- Determine outcomes of “success” (or change)
- Co-create a PLAN



Key points

- Broaden approach to consider all aspects of ICF
- Increase knowledge of sleep, pain, resp and seizures and night-time complexity of person and caregivers
- Family and person-centred care approach
- Identify caregiver priorities and goals (address these)
- Reframe messaging – language matters
- **JUGGLING COMPLEXITY IS A TEAM EFFORT**



References:

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- Stinson, M., Crawford, S., & Madden, E. (2021). Current clinical practice in 24-hour postural management and the impact on carers and service users with severe neurodisability. *British Journal of Occupational Therapy*, 84(6), 355-365. <https://doi.org/10.1177/0308022620944739>
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