POSITIONING AND MOVING

3

This module covers the following information:

POSITIONING AND MOVING

Materials — 10 minutes

Blankets, pillows and towels, carpet on the floor, a doll with floppy limbs that can be positioned (not a hard plastic doll), images 3.01-3.08.

Facilitator Tips:

You can decide if this session should be in one week or spread over two weeks. It is important to explain **the reason why** families and caregivers should use positions and facilitating movement in every day activities at home. We found in the groups in Rio de Janerio and Salvador that many participants did not understand what positions to use at home and why this may be helpful for themselves and their child.

Also, some parents may be afraid to show that they don't know how to use some positions, or of hurting their child.

"I was using these positions at home but I didn't know that these positions were helping my child to develop and protecting him from other damage"
Mother, Rio de Janeiro

"When I came here and learnt positioning, my child learned to sit."
Mother, Salvador

Icebreaker

Ask the group to stand facing you in rows of three. The front person stands with their back to you, facing the other two. Ask the person at the back to adopt any strange position they wish to – arms, legs, head, body, whatever they like, and hold it. The front person must try to get number two into this same position, giving instructions using words only. She may not show the second person what to do. Let everyone have a turn to instruct or go into a position, depending on how much time you have.

Explain

Outcomes for the module (on flipchart): You will:

1. Understand the importance of correct positioning and how it is the foundation for your child's development.
2. Be more confident to position your child and to be able to show others.
3. Understand ways to help your child learn to move.
4. Be more confident to play with your child to help her to learn to move.

5. Be able to explain to others how they can help your child learn to move.
6. Share some thoughts and feelings about looking after a child with a disability.

GOOD HANDLING AND POSITIONS

Ask — 10 minutes

"We are now in the more practical weeks, why do you think that good handling and positioning is the first discussion?"

Explain

Our body positions are a foundation for life. Positions build a base for movement and in the next weeks we will discuss how good positions are needed for eating and drinking, communication, play and activities that we do everyday. The key today is building a foundation to position well and then move.

Ask

In pairs, discuss:

"In which positions does your child like to be in most of the time?"

Allow time to discuss in pairs so that everyone identifies which positions their children prefer to be in and start to think of why.

Facilitator Tips:

It is important to emphasise the relationship between good positioning and helping children to develop. Parents in Salvador and Rio de Janeiro said that they were doing exercises and stimulation at home but they did not know that those positions were helping their child develop and protecting them as they grow. By learning about good positions, their children learned new skills.

POOR HANDLING AND POSITIONS

Materials

20 minutes

Images 3.01 (a-d).

Explain

Positioning your child well is important as it can support development and helps include her in every-day life. Young children with developmental delay may find it difficult to get themselves into good positions. Poor positioning can be uncomfortable and makes it harder for her to learn and be a part of family life.

Activity

Display the pictures to the group. Ask everyone to discuss in pairs.

Ask

"What do you notice about the positions of the children's hips and heads in these pictures?"

3.01a – the boy's hips are far forward on the chair and this means that he slumps backward with his head back.
3.01b – the boy's head is forward and to the side, his hips are crooked.
3.01c – the girl's head is upward and toward the right, she is not looking forward.
3.01d – the boy's head is backward and his hips are far forward.

Discuss

Why the positions are not helpful by asking: Do you think this child will be able to play, communicate, socialise or eat?

Focus on showing difficulties, such as: She can't lift her arms, she can't look around, she can't move, or play.




Explain

If your child is left in one position for a long time or poorly handled, this can:

- Slow your child's development.
- Make it more difficult for you to move and carry your child every day.
- Cause problems such as:

1. Pressure areas
When a person sits or lies for too long without moving, the blood is squeezed away and sores develop. These look dark red or purple and they do not get better quickly as the blood flow is not good. The sores can be painful.

Activity

Press your thumb into your palm and watch it go whiter.

This shows you what it feels like to have the blood stop flow. Imagine if you held it there for several hours.

2. Stiffness
Even if you care for your child really well (such as keeping her clean and dry and feeding her well), if your child is sitting all the time, her body will become stiff and stay in that position. For example, her back can become crooked and twisted, and her hips can move out of place and dislocate.

3. Breathing and swallowing difficulties
Sometimes when your child's neck and back become stiff in a poor position, it is more difficult to breathe and swallow. Feeding can also become more difficult.

Ask

"What advantages do you think good handling and positioning have for us and our children?"

Discuss and ensure that the following issues are covered:

Advantages for us:

- Makes it easier for us to care for our child e.g. in the coming weeks we will discuss how feeding may be quicker and more successful.
- It is part of therapy through the day that we can reinforce at home.

Advantages for our children:

- Helps what she can do and how she develops.
- Helps to make eating, drinking, playing and communicating easier.
- It decreases the risk of food/drink going onto the lungs.
- Helps to prevent positions that lead to our children's bodies becoming too stiff or twisting.
- Is the foundation for all other activities our children need to do.

HOW TO POSITION YOUR CHILD

Explain

Good positions will vary from child to child and not all positions are helpful for all children. Each child is different, so we need to work out how to help your child to stay in a good position.

SITTING WITH A CAREGIVER

Facilitator Tips:
Ensure that the children are with their caregivers at this time so that everyone can practice.

Materials — 25 minutes

Images 3.02 (a-d).

Ask

"Look at the 4 pictures and describe the differences that you see. Which are the better positions and why?"

Poor positions (images 3.02 a-b)

These are poor positions because neither child has their head or hips in the middle:

- His head is hanging backwards, or just leaning against the caregiver.
- He is not sitting on his bottom.
- His hands are not free to do anything.

Good positions (images 3.02 c-d)

These are pictures of good sitting because:

Head and body

- The head is supported.
- The hips are back and give good support.
- She can work her own muscles to move her body and keep it upright.

Legs and feet

- Her hips are bent to keep her back in a good position and stop her from pushing backwards and sliding down.

Shoulders and arms

- Her shoulders are slightly forward so that her arms and hands are in front of her body, and she can explore objects and her own body.

Ask

"How is your child sitting with you now? What should you change?"

Practice this in pairs. Encourage the pairs to work together to change the position of their child and to discuss what the most useful change for their child will be.

Ask

"What is one thing that you will do at home differently when your child sits with you?"

Ask everyone to write down the one thing that they will change at home. This can be a time to show other people at home how to hold your child. You can take photographs to show the group next week.

SITTING ON A CHAIR OR BUGGY

Materials

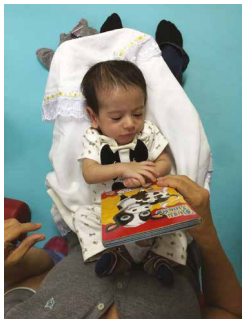
Images 3.03 (a-d).

Ask

"Where your child's hips and head need to be when she is sitting?"

A reminder that her:

- Bottom is all the way to the back of the seat.
- Head is in the middle and supported if needed.
- Arms should be supported slightly forward and in front of her body.

Ask

"How does your child sit in a chair or buggy? What can you and your family use to help support her?"

SITTING ON THE FLOOR

Materials

Images 3.04 (a-d).

Explain

Show everyone the image 3.04a and describe why it is an unhelpful position.

Key points to cover:

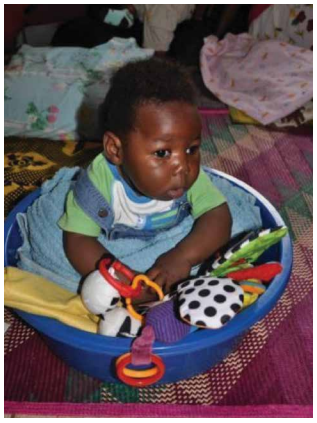
- This position can hurt the knees and hips of the child.
- She does not need much control to sit like this, so she does not need to learn to use her muscles.
- She does not learn to balance in this position and she may find it difficult to sit with good balance in any other sitting position.
- However, if it is the only way that allows her to be independent, do not stop her from sitting but do not let her sit in this position all the time.

Ask

"How do you think you can help your child to learn how to sit? What things have you tried at home?"

Explain

Show images 3.04 (b-d). This is another example of how objects from around your home can be used to help your child to sit.


Demonstrate with a doll

Support your child in a sitting position by holding her around her hips/middle. Place your child somewhere where she can see other people to give her interesting things to look at, to encourage her to hold her head up and look around.

Explain

Trousers that are stuffed will make a good support for your child.

Materials

Images 3.05 (a-b).

Activity

Demonstrate how to make the stuffed trousers and the different ways that they can be used to support children in sitting.




Activity

Practice sitting your child in a chair or buggy, or use a basin and rolled towels.

LYING DOWN

Your child should only be lying down when she is resting, sleeping or playing. It is not helpful for your child to be lying down all day, or to be carried or to sit all day.

Lying down can be a good position for resting, but it does not allow children to engage with other activities.

Materials

Images 3.06 (a-c).

Activity

Ask someone to volunteer to lie on the floor and copy the position of the child in picture 3.06a.

The rest of the group should observe and change this position to make it more helpful, using pillows or blankets. Encourage discussion as changes are made. Then show images 3.06 (b-c) showing more helpful positions and discuss why.

Cover the following points in your discussion.
This is a poor position because her:

- Head is unsupported.
- Hands and arms are away from her body and so they cannot be used easily.
- Hips and legs are unsupported and cannot relax.

Good position (Images 3.06 b-c)

Head and body

- If she cannot move her head on her own, make sure it is in the middle and comfortable.
- Support on her sides if needed with a rolled up towel to keep her body straight.

Legs and feet

- Bend her hips and support under knees – this helps to relax her back and stiffness in her legs.

- Keep her legs uncrossed – use a pillow between them if needed.
- If her feet point downwards, talk to a therapist about the need for a support for her feet (ankle/foot orthosis).

Shoulders and arms

- They should be forward and supported. This position also helps to relax her upper back, and allows her hands to open more easily.
- Lying in a hammock can help to relax tight muscles.
- Babies/small children can hang in a large towel (held by two adults) to relax tight muscles.

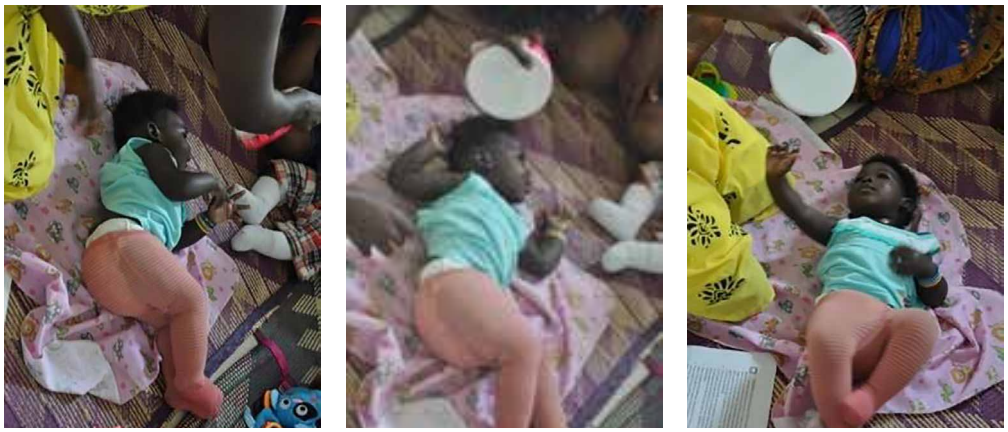
Activity

Split everyone into 2 groups.

Give each group a case study printed on card. Ask them to read through the information about the child, and discuss the questions. You can also make your own case studies from your local context, if more suitable.

Ask each group to nominate one person to feedback to the group discussion.

Case study 1 (Image 3.07a)



Maria's mother knows that if her daughter lies on her tummy she will develop strength in her head, neck and back, but Maria does not like to spend time in this position. Maria's father knows that rolling over is one of the first movements that she will learn where she uses her whole body. It is the start of her learning to move, but they do not know how to help Maria to learn how to roll.

Can you suggest how Maria can to learn to roll? What have you tried at home?

Someone may show you that they:

- Get down on the floor with their child so that their child can see them.
- Place a toy on the floor in front of their child so that she can look at it or try and reach for it (a toy that rolls away or a mirror is useful in this position).

Move a toy slowly in front of their child, side to side and up and down or in a circle, to encourage them to follow the toy with their eyes and head and slowly roll over.

Facilitator Tips:

If a child tends to push backwards, try to encourage her to look down when she is on her tummy to help change the habit of pushing backwards.

"The best toy that I can have lying next to my son is us or his brother. We are the most interesting." Mother, Salvador

Discussion points:

Children learn to roll, crawl and move by spending time on their front and then pushing up through their arms. Children should be on their tummy several times a day, every day. Time on the floor is a good time for a sibling, also lying on the floor, to play with her.

Helpful lying position includes:

- Head and body in a straight line.
- Her elbows are under her shoulders so that she can lift her body up.
- Her hands are open and she can push down on them.

To roll:

- Start with side lying and get your child's attention with a toy. Move the toy in the direction needed for her to roll onto her back. As she follows with her eyes and head, her body will start to follow. If needed you can encourage her gently by bending the top leg at the hip and knee, and gently turning the hips, to get her to roll back.
- Then try laying your child on her stomach. Pull her arm forward on the side you want her to roll towards, then do as above, encourage her to follow a toy with her eyes and head. Help move the hip if you need to.
- Keep repeating this movement, using less and less support as your child's body gets more used to the movement.
- If your child is very stiff then it may be hard for her to learn to roll and she may not learn until she is older.

Activity

Ask everyone to practice rolling with their child.

Case study 2 (Image 3.07b)

Marco is comfortable on his side because he is stiff. It helps him to get his hands together to play and helps the saliva drain out of his mouth safely. His family uses rolled towels to support him in this position.

What differences do you see between the child that is supported and the child that is not? What things at home could you and your family do with your child in this position? What toys do you have that would be easy and safe for your child to hold in this position?

Discussion points:

The good position is:

- Head supported on a pillow so her chin is level.
- Give good support at his back, from the top of her head to her feet.
- One bent leg and one straight leg helps to relax the stiffness in her legs.
- Support her top leg, bent at her knee, with pillows or blankets so her knee is level with her hip – this is important to help prevent injury to her hip.
- Her shoulder and arm must be forward so they are not trapped underneath her.

Keeping both arms forward will bring her hands together and encourages her to use her hands. Playing a game with her, or putting a toy nearby for her to touch and reach for, are things for family to do.

Noisy, shiny or bright objects or foods can be good to motivate your child to reach out.

Facilitator Tips:

It is very important to follow up positioning during the home visit, in order to work with the family members and support them in working out which positions are most helpful for their child and to observe how their child spends most of their day.

Explain

Reaching for objects when lying on your back is the most difficult so **work on reaching in side-lying first**.

- Side-lying is a very supported position so your child feels confident and safe to reach forward.
- Use a toy/object that is brightly coloured and that your child likes to get her attention. Hold it close to your child and encourage her to look at it first and then reach for it.
- It is easier to reach for objects and toys when they are put down low in front of you.
- If your child doesn't reach out, you can help guide her arm, from the elbow, towards the object.
- If your child can reach towards the object but can't open her hand to grasp it, help her by gently opening her hand.
- Once they have the toy let them explore it, shake it, move it to their mouth. If they cannot do this alone you can help by gently guiding her hand.
- For holding toys, think about the size and shape to make sure that they can fit easily into small hands.

Activity

Give everyone time to practice getting their child to try and reach and hold using the ideas that were shared earlier.

Break **10 minutes**

STANDING

Materials **10 minutes**

Images 3.08 (a-b).

Icebreaker

This icebreaker helps the group to learn the importance of balance.

- Ask everyone to stand on one leg. Give each person a sheet of paper and ask them to neatly fold and tear it into four equal parts while balancing on one leg.
- Now do the same thing, but let them stand on both legs.

- Compare how easy or fast they could do this activity with a lack of balance and with good balance.
- Now link this to the next pictures, looking at balance and how a lack of balance makes it difficult for a child to do anything with her hands.

Ask

"The girl does not look uncomfortable, but which position of the girl's legs is better? What are the good things that you can see in that position? Can you see a difference in where her mother's hands are?"

In image 3.08b:

- Her hips are facing the front and her mother is helping to keep them in the middle.
- Her feet are firmly on the ground.
- Her head is in the middle.
- She is balanced and will be able to use her hands.

Ask

"Why do you think it is important for your child to stand?"

- To prevent stiffness and tight muscles in the legs.
- To make the bones stronger: a child who never stands has weaker, less dense bones that can more easily break.
- To help to develop the hips.

- To help breathing and blood flow, as well as emptying the bladder and bowels.
- To reduce stiffness and uncontrolled movements in the legs.

Ask

"Can anyone show us how you use your own body to help your child to stand?"

Examples may include:

- Standing on your knee while you hold their body.
- Standing in between your legs while you are seated.
- Leaning your child against your legs either while you are standing or when you are sitting. (This position and the following one need children to be more stable in standing than the first 2 positions.)
- Leaning your child against a stable object – a bed or armchair.

In all these positions:

- Make sure that your child's back and legs are straight and her hips are facing forward when she is standing.
- Make sure that your child's feet and hands are flat on the floor and not turning inwards or curled up/fisted.

Activity

Encourage caregivers to practice the positions with their child if you have time.

MASSAGING AND STRETCHING

Explain

Moving, twisting, massaging and stretching are all ways that we can loosen your child's stiff body. It will be easier for your child to move and for you to handle and care for your child if she is less stiff

1. Good positioning

If you child is stiff and does not move enough, her muscles will become tight and short. A good position can keep her muscles long. For example, if your child tends to 'curl/bend' herself up then lying on her tummy and standing are good stretches.

2. Use time in your daily routine

- Play with your child and encourage her to move. These movements help her stretch her muscles.
- Helping your child reach for toys (guiding their hand out or up towards a toy).
- Helping your child open her hand to hold a toy.
- Make sure you are gentle and slow with your stretches otherwise you may hurt your child.

Do not force the joints to move, watch and listen for signs your child is in pain and reduce your effort.

A physiotherapist is the best person to speak to about this, so if you already are seeing a physiotherapist or there is one near to you, it is good to get a programme that is designed specifically for your child.

Ask

"Where/who provides advice and treatment to children with disabilities in the local area? Are there any physiotherapists/occupational therapists in the local area?"

MONITORING PROGRESS

Ask each group member to demonstrate one thing they have learnt today that you will try at home and share with other family members.

Ask **10 minutes**

Think back to session 2 where you looked at stepping stones to help your child learn:

"What have you learnt today that would help your child practice these? What are you going to do at home from today's session to help your child's development?"

Materials

Flipchart with take home messages.

Take Home Messages:

- Good positioning helps make daily activities easier for your child.
- It is not possible to be doing something with your child all the time. You may need to leave her in one position or the other at various times.
- Instead of leaving her in a poor position, guide her into a helpful position and support her in moving herself.

Remind the group that next week is on feeding and drinking

Ask everyone to please prepare and to bring in food that their child likes for the next session. Videoing some moments during the week so that the videos can be seen in the session next week may be helpful.

If a child has a gastrostomy, it is important to make sure that she can have some food by mouth and that her medical team have permitted this.

SHARING EMOTIONS AND FEELINGS

Ask

"How did you find talking about today's subject? Did it raise any emotions or feelings that you did not expect? How have you been feeling this week?"

Allow time for discussion and interaction with each other. This should be a guided session between everyone with only short prompting from facilitators.

Facilitator Tips:

In the first sessions, everyone may not be comfortable to share their emotions. You could help by recognising that talking about emotions can be tough.

Juntos