

Stroke Positioning Pathway

Long Sitting / Sitting Up in Bed

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Approved by	Therapies Clinical Governance Approval Group
Approval Date	15 th September 2025
Review Date	15 th September 2028 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25 th January 2023	Document extended to 30 th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
March 2023	Document re-approved for 3 years	Therapies Clinical Governance Approval Group
15 th September 2025	No changes – document approved for 3 years	Stephanie Flint Therapy Service Lead for Stroke Complex Care and Oncology/Heamatology



Ideally and where possible it is advisable not to eat and drink in this position and patients should be sat out.

HEAD: In neutral. Use pillows if necessary to support.
Try to encourage head control whilst eating and drinking and to prevent aspiration.

(Lower 2 pillows placed as a triangle, supporting both head and shoulders and upper arm. Top pillow placed across triangle to support head and upper shoulders. Head in a neutral position, try to prevent head rolling / turning to one side.)

ARM: Hemiplegic arm supported throughout its length. Lower pillow should elevate the lower arm.
Ensure the shoulders are placed forward of the body and supported with 1 or 2 pillows.
Place 1 or 2 pillows under the sound arm, to provide sufficient support.
Elbows placed in partial flexion palm facing downwards.
Wrist and fingers in neutral.

TRUNK: Should be straight and may be supported with 1 pillow to maintain lumbar curve of the back.
When using a profiling bed be aware of changes in the position of the trunk and hips.
Support with a pillow to maintain trunk position.

LEG: Both legs placed straight in bed.
Hips should be at 90 degrees.
A pillow may be placed under the knees if the hamstrings are tight.
Pillows may be used to maintain neutral position.

FOOT: Use splints if recommended to maintain good position of the foot and ankle.