

Stroke Positioning Pathway

Side Lying on Hemiplegic Side

<b>Owner:</b>	Stephanie Flint, Clinical Lead Physiotherapist for Stroke Neuro-Rehab and Oncology
<b>Approved by</b>	Therapies Clinical Governance Approval Group
<b>Approval Date</b>	29 <sup>th</sup> March 2023
<b>Review Date</b>	29 <sup>th</sup> March 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

<b>Date</b>	<b>Amendments</b>	<b>Approved by:</b>
25 <sup>th</sup> January 2023	Document extended to 30 <sup>th</sup> June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
March 2023	Document re-approved for 3 years	Therapies Clinical Governance Approval Group



**HEAD:** Neutral position with 2 pillows or equivalent

**SHOULDER:** Bring the shoulder, of the underneath arm, forward with care, handling from the scapula, ensuring free of pain.  
Elbow nearly straight with palm facing upwards.  
Whole arm fully supported a pillow.  
Do not allow wrist to bend forward against cot side.  
Top arm placed comfortable across body

**TRUNK:** Should be straight and not twisted. Support with pillow behind the patient's back and hips to maintain trunk position.

**LEG:** Hemiplegic leg slightly bent and comfortable.  
Top leg bent at hip and knee. Support with 1 or 2 pillows to prevent trunk falling forward.

**FOOT:** May need supporting in a neutral position to prevent shortening of calf muscle.  
Ensure the pillow supports the foot.

**Ensure that you slide the patient to the edge of the bed before turning**