

## Stroke Positioning Pathway

### Lying Supine (On Back)

<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>	15 <sup>th</sup> September 2025
<b>Review Date</b>	15 <sup>th</sup> September 2028 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
15 <sup>th</sup> September 2025	No changes – document approved for 3 years	Stephanie Flint Therapy Service Lead for Stroke Complex Care and Oncology/Heamatology



If the patient is on an air mattress this may be adjusted to allow hip and knee flexion.

**HEAD:** Lower two pillows placed flat on the bed, as a triangle, supporting head, shoulders and upper arm.  
Top pillow place across triangle to support head and upper shoulders.  
Head should be in a neutral position, try to prevent the head rolling / turning to one side.

**ARM:** The hemiplegic arm must be supported throughout its length.  
Lower pillow should elevate the lower arm.  
Ensure the shoulders are placed forward of the body.  
Elbow placed comfortably across the body or fully supported on a pillow.

**TRUNK:** Should be straight and flat on the bed.  
When using a profiling bed be aware of changes in the position of the trunks and hips.  
Support with a pillow to maintain a trunk position.

**LEG:** Hemiplegic leg can be supported on a pillow, with some hip and knee flexion as in the photo or flat on the bed. Other leg straight.

**FOOT:** Use splints if recommended to maintain good position of the foot and ankle.  
It may be necessary to ensure the heel is free if tissue viability is an issue.

