THE ABC AND XYZ OF CUSHIONS AND BACKS
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How often do you get a referral to change out a cushion because client “x” has a pressure ulcer? The cushion, often blamed as the cause of a pressure ulcer, can also be the solution. But changing out the cushion (or at least making sure it’s positioned properly in the chair) is perhaps only one part of the problem solving process. It may not be the cushion at all that needs to be changed. A full seating assessment must be performed which includes looking at all of the surfaces with which the client comes into contact, including for instance the commode and the bed. We cannot look at the cushion in isolation. While the cushion is important, it is the relationship between the user and the cushion, back rest, footplates and the arm rests that must be addressed when promoting skin health and preventing skin ulcers. External factors such as nutrition should also be explored however for this workshop we will focus on the wheelchair and its components.

An in-depth look at how to measure the client¹ and how the measurements relate to the seating system and the wheelchair will be explored. A poorly fitted system can lead to big problems. For instance a cushion that is ½” too long can pull a client into posterior pelvic tilt. A wheelchair that is 1” too wide will decrease the efficiency of mobility². Most cushions have a “well” where the pelvis should be positioned however clients are not always positioned correctly in the cushion. If the ischial tuberosities are too far forward on the cushion it could lead to the client being uncomfortable or even the development of ulcers. If the back is too high the client could lose the ability to mobilize a manual chair or force their posture into a kyphosis. Each measurement will be considered and the implications of “a little bit too small” or “a little bit too big” will be reviewed.

Once the client is measured for their seating system it is important to look at the properties of cushions and backs and how to integrate information from the assessment to match the needs of the client. Each client will have different priorities; there isn’t one cushion or back that is “right” for every client. The pros and cons of various materials and how they impact client function will be discussed.

The workshop will be interactive and, depending on the number of attendees, a hands-on portion will be provided.

References

4. Wendy Moffett, Lynn Shaw and Jan Miller Polgar. An Evidence-Based Protocol for Investigating Seated and Back Pressure for Wheelchairs, School of Occupational Therapy, Western University, London, Ont.
Speaker Bio

Jane Fontein, OT, has been an Occupational Therapist for 30 years, working in a variety of areas including long-term care and rehab, as a manufacturer educator and as a supplier. She worked at GFStrong Rehab Centre on the spinal cord unit and coordinated the out-patient seating programme. Jane has provided education seminars and in-services across North America and internationally for both a wheelchair manufacturer, and also for seating companies. She has spoken at many conferences including ISS, RESNA, Medtrade and CSMC. Jane is currently self employed and working as an independent manufacturer educator for Dynamic Health Care Solutions and Motion Composites.