Bed Positioning and Mobility:

**Supine Position** – position the resident on his/her back
1. Align chin, sternal notch (middle of chest), and symphysis pubis (joint between the two pubic bones)
2. Place pillow under the upper shoulder, neck, and head to prevent contractures
3. A small pillow may be needed to support lower back curvature
4. Float the heels with pillows or a heel float device
5. Pillows can be utilized to separate the upper arm from the trunk

**Side lying Position** – position the resident on his/her side
1. Align spine with knees and hips flexed
2. Place pillow under the upper shoulder, neck, and head to prevent contractures
3. The bottom shoulder should be slightly forward
4. The bottom arm should be bent at the elbow for comfort
5. Pillows should be used to support the top arm (at shoulder level), forearm slightly pronated and the hand in a neutral position
6. A pillow should be used under the top leg from the groin area to the foot in order to prevent rotation of the femur small reliable odds today and to separate the legs to avoid skin issues.
7. Optional support can be provided to the feet to prevent foot drop

**Sitting in Bed** – position the resident sitting up in bed
1. Position the head of the bed at a 45 to 30 degree angle, except when feeding.
   - The bed must be in a 90 degree angle for safer swallowing to prevent aspiration
2. Align the head, trunk, and legs
3. Pillows should be used to support the hands to prevent edema
4. A small pillow under the thighs can be utilized to prevent slipping down in the bed and to reduce pressure. The mattress may also be raised at the knee level
5. A pillow or heel float device should be used to prevent pressure on the heels
6. Optional support can be provided to the feet to prevent foot drop.

**Bed Mobility: Getting up from a lying position**
1. Bend knees until feet are flat on the bed
2. Lift arm closest to the side of the bed overhead
3. Roll onto side – remind resident to tighten buttocks and squeeze abdomen while rolling
4. Push with arms (especially elbow) and let legs hang over side of bed until feet are touching the floor.
   - If resident requires assist the caregiver can bring the legs down and place hand under the shoulder to help resident lift up from the trunk
5. Sit and balance yourself

**Bed Mobility: Moving from sitting to lying**
1. Sit on edge of bed near the top of the bed to avoid having to scoot up once lying is achieved
2. Lean weight onto elbow of the side on which you will lie
3. Bring legs onto bed while tightening buttocks and squeezing abdomen. Slide into side lying position with knees bent
4. Roll onto back
5. Let legs slide into flattened position

**Assistive Devices for bed mobility:**
- Bed pull-up
- Leg lifter
- Trapeze bar
- Small bed hand rail

**Precautions & Reminders:**
- Reposition at least every 2 hours to avoid pressure areas or more often depending on risk level
- Address incontinence in a timely manner
- Use anti-deformity positions to reduce contractures/deformity risk
- Provide “cushion” to bony areas
- Provide an upright position during feeding
- Encourage resident to assist with bed mobility as much as possible
- Avoid restraints and use bed rails with discretion