

## Wheelchair Adjustments, Small Changes for Big Improvements Series: Part 3-Tilt/Recline Marker Setup – Jason M. OT

### Part 3 - Tilt/Recline Marker Setup

The third will focus on establishing a setup for the tilt and/or recline settings setup by the therapist in a way that supports daily compliance with caregivers and staff. This installment is a personal development of mine that results from trials and tribulations with compliance with nursing staff within a skilled nursing facility across several different patients. When assessing and altering wheelchairs, sometimes utilizing options for reclining the backrest or tilting the entire frame of the chair are necessary to achieve the outcomes and gains we are aiming for. Often the degrees and angles we choose for the tilt/recline functions are individualized and specific to the patients' needs. Equally as often, these amounts do not typically coincide with setting the tilt/recline completely up or completely back. In addition, "eye-balling" or getting "about" to where the patient should be set is not a standard or acceptable answer, especially from the perspective of a state surveyor or insurance reviewer. In result I developed the Tilt/Recline Marker Setup described below:



Figure 1



Figure 2



Figure 3

Figure 4

After deciding on the appropriate degrees and/or setting for the tilt/recline function of the wheelchair, find a point in the wheelchairs frame where you can affix a stationary marker close to a moving or articulating part of the seat or frame. As in Figures 1 and 3 (see above) I affixed a small piping clamp to the wheelchair's bottom frame close to a plastic guard piece under the seat. This marker creates a stationary reference point. You can honestly use any materials to create this marker, be creative. Once a stationary marker is in place, I set the wheelchair in the two positions necessary to the patients needs. In Figure 2 (see above) the wheelchair is tilted back in a resting positioning whenever the patient is unattended, providing comfort and pressure relief. In Figure 4 (see above) the wheelchair is tilted up to provide proper postural support for primarily feeding, in addition to other interactive activities. When positioned at these points I affixed labels to the plastic guard (see Figures 1 and 3). Position "R" is for resting, and position "F" is for feeding. With minimal inservices and education, with these settings, any caregiver can correctly position the patient with standard settings without any guess work or particular knowledge of angles or degrees.

With the Tilt/Recline Marker Setup, a consistent program is established across caregivers and disciplines for tilt/recline positioning with the patient. That said, consider the following outcomes that may improve the quality of life for your patients:

**Compliance** - Providing easy to visualize and understand setting for the tilt/recline functions of a patient's wheelchair takes the guess work and "unofficial adjustments" by caregivers away, resulting in a standard program setup that is easy to follow through with on a daily basis.

**Pressure Reduction** - The purpose of tilt/recline functions in wheelchairs is to provide additional options for postural positioning and shifting weight and pressure. The Marker Setup provides labeling options for patients that require certain angles of tilt/recline at intervals throughout the day to reduce pressure and preserve skin integrity without the need to get completely out of the wheelchair.

**Reducing Fall Risk** - Establishing safe degrees of tilt/recline can eliminate the extremes of setting the wheelchair all the way up, or all the way down, decreasing fall risk.

**Restraint Reduction** - With previously assessed and established tilt/recline angles that are safe and appropriate for the patient, the consideration and need for restraints can be limited or removed.

The Tilt/Recline Marker Setup has saved me a lot of stress, confusion, and concerns by providing a means of communication of the patient's wheelchair positioning needs from one caregiver to another. I hope this adjustment technique helps you and a patient of yours. Look for my additional installments in this series for more options and tips.