



The Association of Paediatric Chartered Physiotherapists

APCP Information - Postural Management

Information for Parents and Carers

What is Posture?

'Posture' is the position in which someone holds their body when lying, sitting or standing.

Some children have difficulty with moving, changing position, sitting, standing or walking on their own. This may affect their muscles, joints and posture.

This can include shortened muscles (contracture), hips moving out of joint (hip displacement) or spinal problems (scoliosis or kyphosis).

This can lead to pain, reduced movement and function. It can impact on breathing, digestion, sleep, mood, communication and eating and drinking.

What affects posture?

Some children may have low tone, which means their muscles are floppy. This makes it more difficult for the child to move or lift their head and body into an upright position.

Some children may have high tone, which means their muscles are stiff and tight. This can cause muscles and ligaments to stay in a shortened position resulting in less movement at joints.

Some children have movements that they cannot control and do not want to make.

Some children may have a combination of low tone, high tone and uncontrolled movement.

What is Postural Management?

Postural management involves anything that supports posture and helps the child with the activities they carry out every day.⁽²⁾

Postural management programmes are different for each child and may include exercise, positioning or using special seating, night-time support, standing supports, and orthotics (splints).⁽¹⁾



To be most effective, postural management and positioning needs to be carried out over 24 hours every day, during the day and at night.

It may involve monitoring the development of a child's hips or spine, which could involve taking x-rays or measurements of your child's movement.

Why is it important?

Positioning and support with posture helps children to function and access their surroundings.⁽³⁾

Postural management can help to protect body shape by using careful positioning and encouraging physical activity. It aims to increase a child's comfort, help them be in a better position to play and learn. It may help reduce deformity including hip displacement.

Postural management is recommended in national guidelines (NICE Spasticity in the under 19's).⁽⁴⁾

When can it start?



Postural care in lying can start as soon as appropriate after birth.

Postural care at night-time needs careful consideration in children under 2 years and this should be discussed with your therapist.^(1,5)

Postural care can start in sitting from 6 months and in standing from 12 month or when the time is right for your child.

Use of Equipment

Postural management equipment works alongside a therapy program by supporting children in a symmetrical posture where a gentle stretch can be applied to muscles.

When children are well positioned in equipment, they are more able to join in with activities. This can include being able to eat and drink, communicate, play and learn.^(2,6)

Using equipment can help your child to feel safe, secure and well supported.

How can I help?



Choose activities that promote movement - for example, in sitting, reaching up for bubbles, toys or kicking a ball.⁽⁵⁾

Regular changes of position help to move joints into different positions. If your child tends to sit for long periods of time with knees bent, use equipment to help them keep their legs out straight or lie on their tummy to help maintain flexibility at joints and muscles.

Regular use of equipment as advised by your physiotherapist (standing frames, specialist seating, supported lying, night-time positioning, walking frame), can all help ensure good positioning and help access a variety of activities.

What should I think about?

- Helping your child to be active in their equipment. Make it fun!
- Choosing the best time and place for regular equipment use, such as standing frames.
- Use your child's equipment as part of their daily routines (e.g. use seating for mealtimes, use standing frame for playtime).⁽⁵⁾

Carrying out these activities from an early age is important to help protect the body as much as possible whilst it grows.



Always supervise your child or young person when they are using their equipment.

Child's view:

- **Lying**

I may spend a lot of time lying down, especially during the night.

My body may want to lie in a similar position all the time but this can make my joints stiff and make my spine twist. Some of my muscles might get tighter.

It may help me to feel safe and secure if you support my body to help me stay in the middle.

This may help me sleep better and be comfier.

It may help my legs to feel easier to move in the morning to help me get dressed.



- **Sitting**

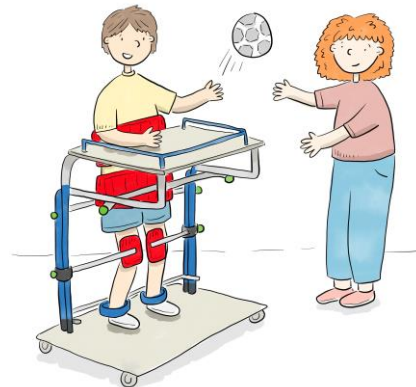


I find it hard to sit up by myself and keep my balance. My chair supports my body in a good position that is right for me, to help me do things like eat meals, play and sit and talk with my family and friends at school. When I am supported in my chair, I can concentrate on my schoolwork.

- **Standing**

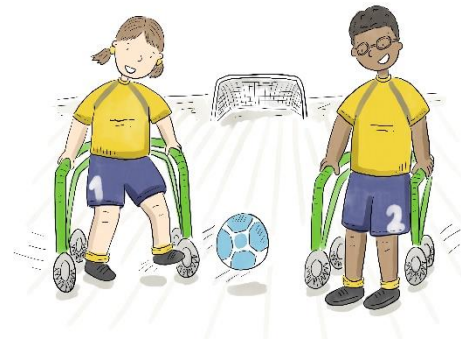
My standing frame can help me to have a change in position as I may spend a lot of time sitting which can make my knees and hips stiff.

Being upright may also help me feel better in other ways. It might help my tummy to feel more comfortable.



- **Walking**

If I can, I may use a walker to help me be more mobile and active by moving my body. This might help me to join in having fun with my family and friends. It also helps me to work on my fitness.



- **Orthotics**



My splints help me to keep my ankles in a good position for when I am sitting in my chair or standing in my frame or walker. I may be able to walk further when I'm wearing my splints.

They can help to keep my feet straight, which can help with putting my shoes on.

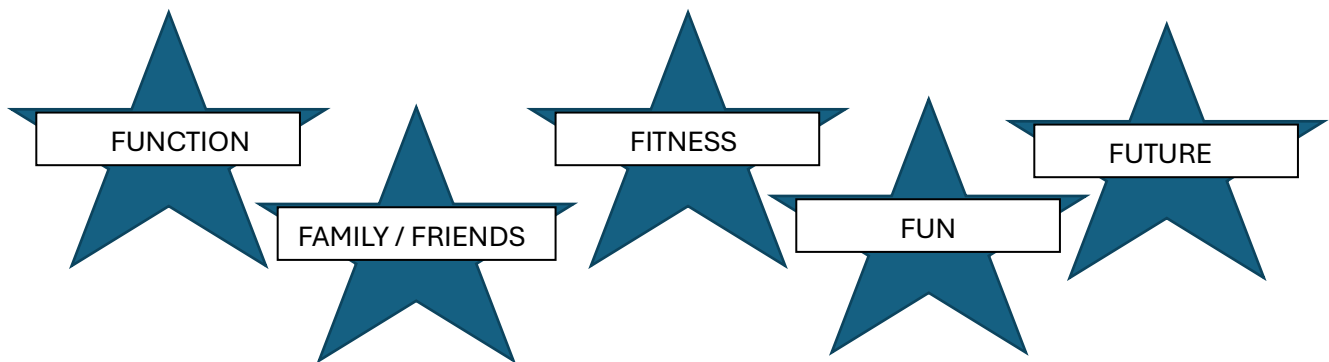
Sometimes I may wear some gaiters to help keep my knees straight while I am relaxing. This may help to stretch my knees to stop them getting stiff and is part of my postural plan.

I may spend time lying on my tummy on a mat or wedge. This can help to keep my hips straight to make it easier to help me to get dressed or use other equipment like my standing frame more comfortably.

If my hips and knees can go straight it may help me to lie in a better position at night.



Doing activities or exercises that involve me moving my body can all help my posture be the best it can, both now and as I grow, to help improve my comfort, mood and well-being.⁽⁷⁾



Further information

Your Physiotherapist may suggest using a range of activities, equipment or other items to help support your child's postural care plan.

Decisions you make about the right postural management program for your child will be based on lots of factors including your child's individual needs, their activity level, sleep, pain or other medical issues.

Learning how to use equipment takes time and practice but your therapy team will support you with this.

If you feel your child is not comfortable in their equipment or you need support please contact your child's therapist.

This information sheet does not replace any advice given to you by your Physiotherapist that is specific to your child.



Useful references

[Physical activity guidelines: disabled children and disabled young people - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Postural care and people with learning disabilities: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Overview | Spasticity in under 19s: management | Guidance | NICE](https://www.nice.org.uk)

This leaflet has been produced by the APCP CIPPS Committee after a review of literature and where there is a lack of evidence, a consensus of expert opinion is agreed, correct at time of publication. For information about references and evidence searched, please visit our website. APCP <https://apcp.csp.org.uk> V1 published March 2024 .

References used in leaflet

1. Gericke T et al (2006) Postural management for children with cerebral palsy: a consensus statement *Dev Med Child Neurol*, vol. 48, pp 244
2. Farley R, Clark J, Davidson C, Evans G, MacLennan K, Michael S, Morrow M and Thorpe S (2003) What is the evidence for the effectiveness of postural management? *International Journal of Therapy and Rehabilitation*, vol. 10, no.10, pp 449-455
3. Crawford and Stinson (2015) Management of 24 hr body positioning *In I.Soderback (ed), International handbook of OT interventions pp 189-203. Switzerland; Springer*
4. National Institute for Health and Care Excellence (NICE) (2016) Spasticity in the under 19s: management. CG145. Available at: <https://www.nice.org.uk/guidance/cg145> (Accessed: 16/05/2024)
5. Morgan C, et al (May 17, 2021) Early Intervention for children aged 0 to 2 years with or at high risk of cerebral palsy. International clinical practice guideline based on systematic reviews *JAMA Pediatric*
6. Paleg G, and Livingstone R (2022) Evidence-informed clinical perspectives on postural management for hip health in children and adults with non-ambulant cerebral palsy *Journal of Pediatric Rehabilitation Medicine*, vol.15, no.1, pp 39-48
7. Baylis M (2020) 24-Hour postural care and use of sleep systems in cerebral palsy *Paediatrics & Child Health*, vol 30, no.8, pp 296-302



The Association of Paediatric Chartered Physiotherapists (APCP) is one of the CSP's largest Professional Networks and continues to thrive with a membership of over 2,900 paediatric members. We encourage our members and support staff to work together to enhance the quality of life, wellbeing and independence of babies', children, and young people that we deliver care to.

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 64,000 chartered physiotherapists, physiotherapy students and support workers.



The Association of
Paediatric
Chartered Physiotherapists