



Your Funke Medical
positioning guide





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01 Why is positioning important to us?

Introduction

Correct positioning is crucial for the well-being and health of people in need of care. Positioning techniques not only help to avoid pressure and skin damage but also support physical mobility and can prevent contractures. In addition, correct positioning can help to reduce breathing difficulties, improve blood circulation and reduce the risk of developing a decubitus.

Regular adjustment of the patients' position can also improve the quality of life of those in need of care and promote their independence. Overall, positioning plays a central role in health care and is an essential component of professional care practice. With our POSIMED® positioning cushions, we want to support you and make our contribution.

Scan me!

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Done!

02 Why is positioning important?

In care, purposeful positioning refers to a specific and favourable posture of a person in need of care. This is a very important aspect that should not be underestimated alongside personal hygiene and food intake. There are several factors that play an important role for bedridden patients.

Decubitus prophylaxis

A decubitus is also known as pressure sore. If too much pressure is placed on certain areas of the body for too long, the skin and underlying tissue are compressed. As a result, the blood in this area cannot circulate sufficiently, the tissue is inadequately supplied with oxygen and nutrients and dies. This must be considered and avoided during positioning!

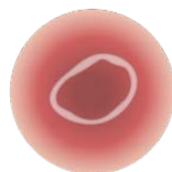
A Decubitus can be divided into four different categories:



Stage 1
Non-blanchable redness of intact skin. Finger pressure does not stop the skin from reddening. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.



Stage 2
Partial destruction of skin as far as the dermis/corium. The pressure injury shows a superficial ulcer with a red pink colour, without slough or bruising. It may also be an intact or open/ruptured serum filled blister.

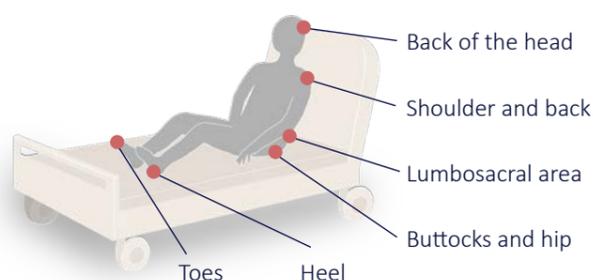


Stage 3
Loss of all layers of skin and damage or necrosis (dead tissue) of the subcutaneous tissue, which can extend to the underlying fascia. Subcutaneous fat may be visible.



Stage 4
Loss of all layers of skin with tissue necrosis or extensive damage of the muscles, bones and/or supporting structures (tendons, joint capsule).

Parts of the body particularly vulnerable:



Risk factors (influence on the development of a decubitus)

Intrinsic factors (factors, that originate from the patient):
Body weight, malnutrition, incontinence, exiccosis, limited mobility, infection, age, ...

Extrinsic factors (external factors):
Medication, moisture, hygiene, temperature, pressure, positioning techniques, friction and shear forces, ...

Prevention of nerve damage

It is important to avoid nerve damage during positioning. This applies in particular to the ulnar nerve (funny bone) and peroneal nerve (nerve on the outside of the knee joints). Long-term pressure on these areas leads to tingling and numbness within a very short time. Pressure that lasts longer than 20-30 minutes can lead to permanent sen-

sory disturbances and restricted movement. The perception of sensation and pain (e. g. in the lower extremities) is limited, which means that those in need of care often do not realise when the pressure is causing pain. The transmission of stimuli is impaired and/or the body's own minimal positioning is no longer possible – i. e. the warning signal of pain is limited or no longer present.

Prevention of contractures

Contractures are permanent restrictions in movement and function caused by the shortening of ligaments, muscles and tendons due to a lack of movement. In addition to physiotherapy, positioning the extremities in a physiological position is very important. Contractures can be prevented by regular positioning and movement of the extremities. If a contracture does occur, it is very difficult to reverse. The contracture itself is not painful, but the movement of the corresponding body part is very painful.

Prevention of pneumonia

Regular positioning can prevent pneumonia. The upper sides of the chest allow the corresponding lung section to expand better when there is less pressure on it. This allows the lung to be better ventilated and reduces the occurrence of atelectasis. Atelectasis are collapsed, clogged or blocked alveoli (air sacs) that are no longer available for gas exchange. Frequent repositioning supports the return of lung secretions and thus makes it easier to cough up.



Facilitation of breathing

In general, positioning of patients supports their breathing. This is very helpful for people who suffer from asthma, silicosis or COPD, for example. It supports the respiratory muscles in the intercostal spaces, which is a huge relief for the patient. In addition, lateral positioning can reduce pressure of the abdominal area on the diaphragm and make breathing easier.

Silicosis = Dust lung disease
COPD = Chronic obstructive pulmonary disease, in which the airways are constricted, and the lungs are therefore permanently damaged

Emotional component

The positioning of people in need of care also has an important psychological component. The patient experiences affection and physical closeness during positioning. Regular positioning provides variety for people with reduced mobility. Reading or watching television are possible, but a comfortable position for sleeping. This allows those in need of care to participate more in life.

03 Basics of positioning

Empathy for the patient

Issues with restricted movement often have their origin in a serious illness. The feeling of no longer being free and independent and of being dependent on help, 'in the worst case' from strangers, is a burden for patients. This should definitely be considered to create a lasting relationship of trust.

Privacy

When entering the room, it is helpful, if accepted by the patient, to calmly take the patient's hand or place your own hand on the patient's shoulder when greeting them.

As a carer, I should be aware that the patient's room represents the patient's little remaining privacy. Despite my job as a carer, I am still a guest.



Checking the positioning aids

Before positioning the patient, it is important to check the positioning cushions for cleanliness and possible damages. If blankets, cushions or cloths are used, make sure that they are not damp. Moisture in positioning aids can damage the skin. When using positioning cushions with a ball-shaped filling, this should be properly distributed in the cushion before use.

Preparations

It is particularly important to inform the patient about your steps if they have cognitive impairments. Each step should be announced and physical contact sought (e.g. placing a hand on the shoulder).

Information for the carer

The care bed must be set to the correct working height for the carer to enable back-friendly work. The correct working height is at the level of the carer's hip bone.

Documentation

Care must be taken to secure the patient during positioning: Inspect vulnerable areas of the body and document the findings. Please keep in mind to protect the patient's privacy.

Product overview

POSIMED®

Universal cushion



e. g. can be used for all common types of positioning

Full Body Positioning cushion



e. g. for support in the 30° lateral and 135° lateral/prone position

Bolster cushion



e. g. positioning of neck and shoulder area and knees and legs

Hip abduction pillow



e. g. for positioning the hip, reduces the risk of dislocation hip prosthesis

Forearm splint



e. g. for positioning the forearm

Heel rail



e. g. for positioning the heel

Abduction pillow



e. g. for positioning the knee, ankle and epicondyle

Semi-circle



e. g. for upper body support

MOBITurn®

Turning and positioning aid



HEELPROTECT®

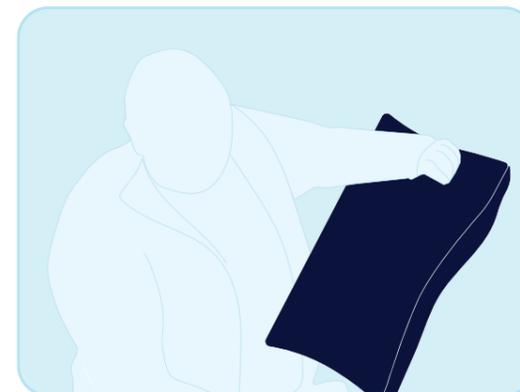
Heel protector boot



04 Positioning techniques

General preparation

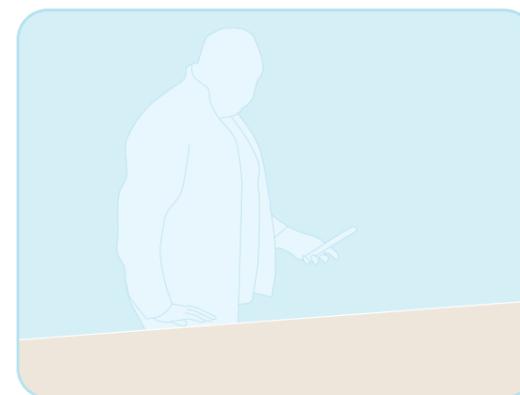
To ensure safe use of the positioning aids, the carer should have the appropriate technical expertise or have been instructed in the use of the product by a care professional.



A. First check the positioning aid for cleanliness and possible damages.



B. Please ensure, that the ball-shaped filling is spread evenly in the positioning cushion.



C. The care bed should be adjusted to the working height of the carer. The height of the carer's hip bone can be used as a reference point.

If the person being cared for is responsive, they should be informed of every step. Make eye contact, if accepted by the person being cared for, place your hand on their shoulder.

Use and indications of positioning cushions in healthcare

Positioning cushions support decubitus prophylaxis and/or therapy. They are used to support pressure-free positioning and to change and stabilise the position of people being cared for, especially in bed. The positioning cushions cannot replace manual changes of position, but they may be able to extend the intervals between changes and facilitate positioning. The duration of the interval depends on the individual state of health of the person being cared for. To ensure the safe use of the positioning cushion, the carer must have the appropriate technical expertise or has been instructed in the use of the product by a care professional.

Indications:

- **Decubitus prophylaxis and therapy:**

Gentle positioning can temporarily relieve pressure on vulnerable areas of the body.

- **Mobility restrictions and/or impaired body perception:**

The positioning cushions help to reduce the strength of pressure and shearing forces and to secure the position of people being cared for who are no longer able to change position independently.

- **Pain:**

The positioning cushions are suitable for pain relief through relieving positioning.

POSIMED®

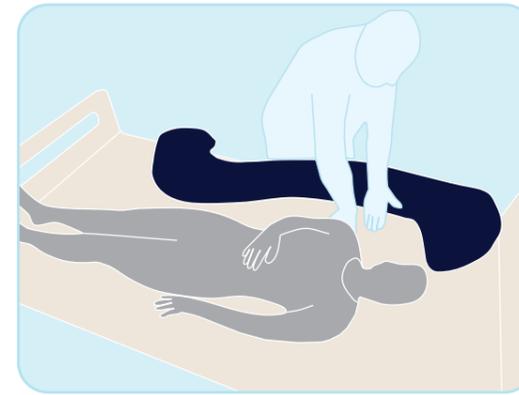
Full Body Positioning cushion



Sizes	Item no.
170 / 74 cm	PO-LAGE0165
182 / 54 cm	PO-LAGE1165

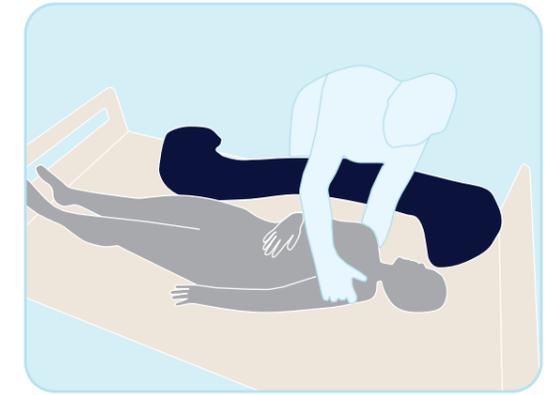
Preparation for positioning with the Full Body Positioning cushion

Bring the person to be cared for in the correct position so that the actual positioning can be carried out.



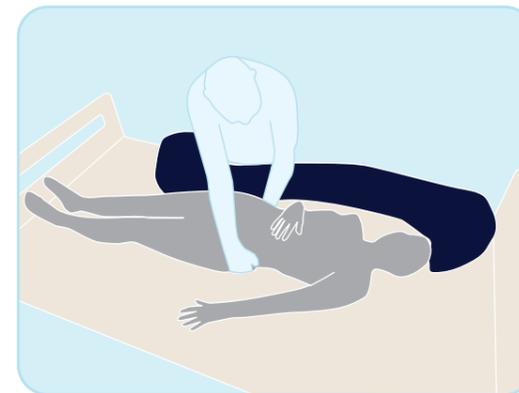
I. If the person being cared for is lying in the centre or on the opposite side, they must be placed near the edge of the bed where the carer is standing.

To position the person to be cared for at the edge of the bed, the carer lifts the left shoulder with the right hand and slides the left hand under the shoulder blade up to the beginning of the spine.

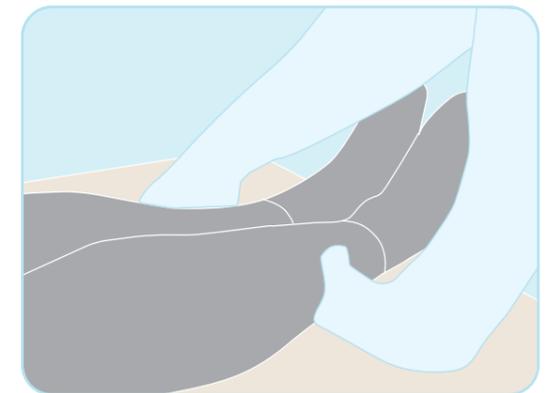


II. The carer's right hand then grabs the left shoulder of the person being cared for and turns it slightly so that it rests on the carer's left forearm.

When the left forearm is pulled out, the person being cared for turns onto their back and moves towards the carer. The person being cared for should now lie in front of the edge of the bed.



III. This process is repeated with the hips following to the same principle. If the other side is positioned, this should be reversed.

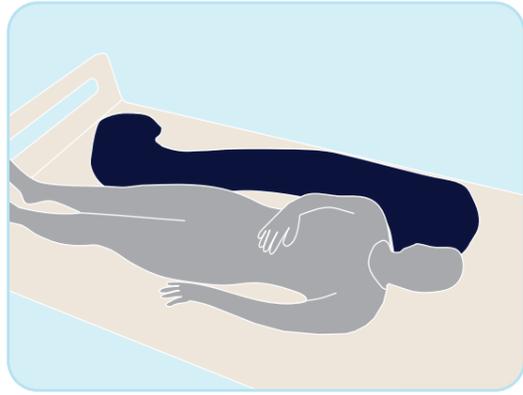


IV. Finally, the legs are raised slightly below the knees and laid down so that the person being cared for is lying straight again.

30° lateral positioning

The Full Body positioning cushion is used in the 30° lateral position to relieve pressure on vulnerable areas of the body such as the back of the head, shoulder blades, pelvis and especially the sacrum and coccyx.

If the person to be cared for is incorrectly positioned in bed, please follow the instructions in Fig. I.–IV.



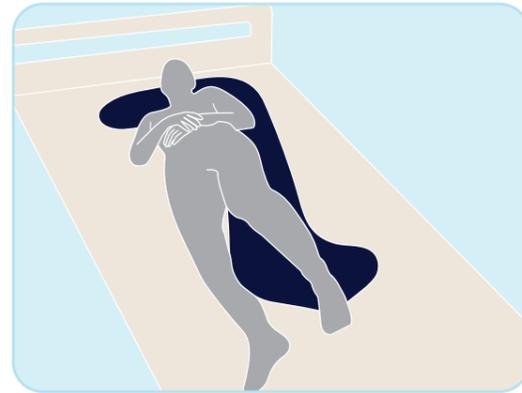
1. The person being cared for should be in a supine position near the edge of the bed where the carer is standing. The carer stands at the side of the person to be cared for that needs to be relieved. The Full Body positioning cushion is placed on the edge of the bed next to the person being cared for, between the carer and the patient.



2. The Full Body positioning cushion is placed under one half of the body of the person being cared for. To do this, the carer lifts the left shoulder of the person to be cared for. The same procedure is now carried out with the hips.



3. The legs are also being supported. With careful, controlled movements, the upper leg is placed on the Full Body positioning cushion to rest. Please ensure that you do not grasp the joints.



4. If possible, make sure that the person being cared for agrees with the position and check the head and feet again to make sure they are positioned correctly.



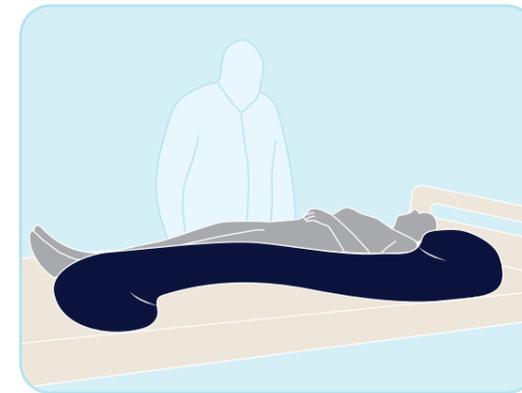
To bring the person being cared for back into the initial position, the following measures should be taken:

The carer grabs the shoulder blade with the right hand and carefully lifts the person to be cared for. The upper part of the cushion can now be removed with the left hand. Proceed in the same way with the pelvic area. The Full Body positioning cushion can now be removed. The person to be cared for should then be repositioned in the centre of the bed. The procedure is the same as in steps I–IV. Check again that the person to be cared for is lying comfortably.

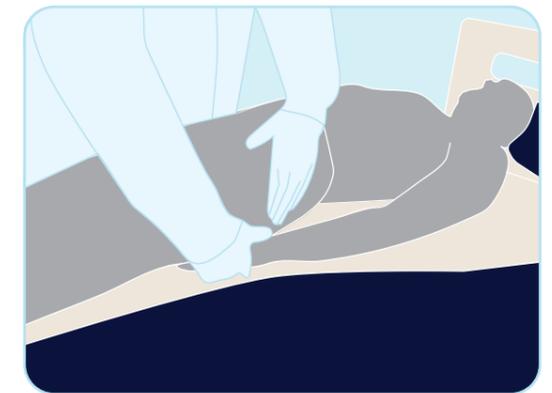
135° lateral/prone position

The Full Body positioning cushion is used in the 135° lateral/prone position to relieve pressure on vulnerable areas of the body such as the back of the head, shoulder blades, sacrum and coccyx.

If the person to be cared for is incorrectly positioned in bed, please follow the instructions in Fig. I.–IV.



1. The carer stands on the side to be relieved of the person being cared for. The Full Body positioning cushion is placed on the opposite edge of the bed.

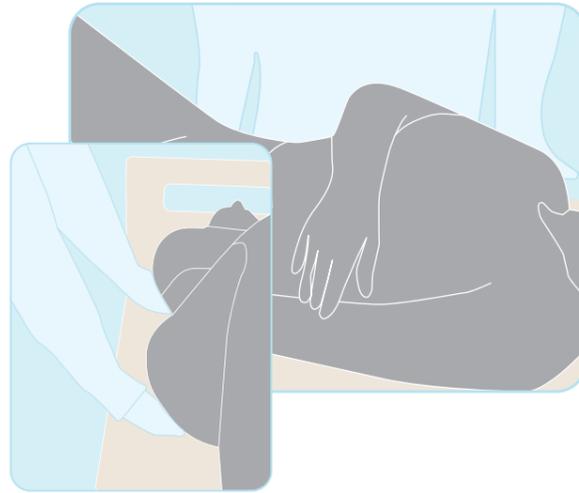


2. To secure the person being cared for, the side rails of the bed should be raised on the opposite side. The carer lifts the hip of the person to be cared for with the right hand and places the arm under the upper body with the palm of the hand facing upwards.

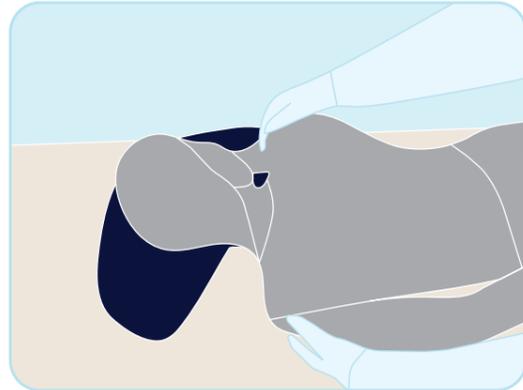


3. The outside leg of the person being cared for is positioned at an angle. The carer should take care not to grab the leg firmly but only guide it with the right hand.

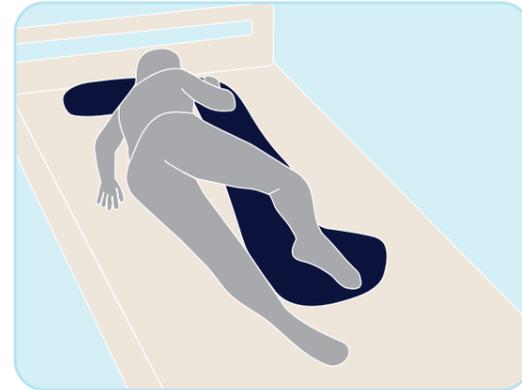
4. The carer now places one hand under the shoulder of the person to be cared for and the other hand under the sacrum. The person being cared for can now be turned towards the Full Body positioning cushion.



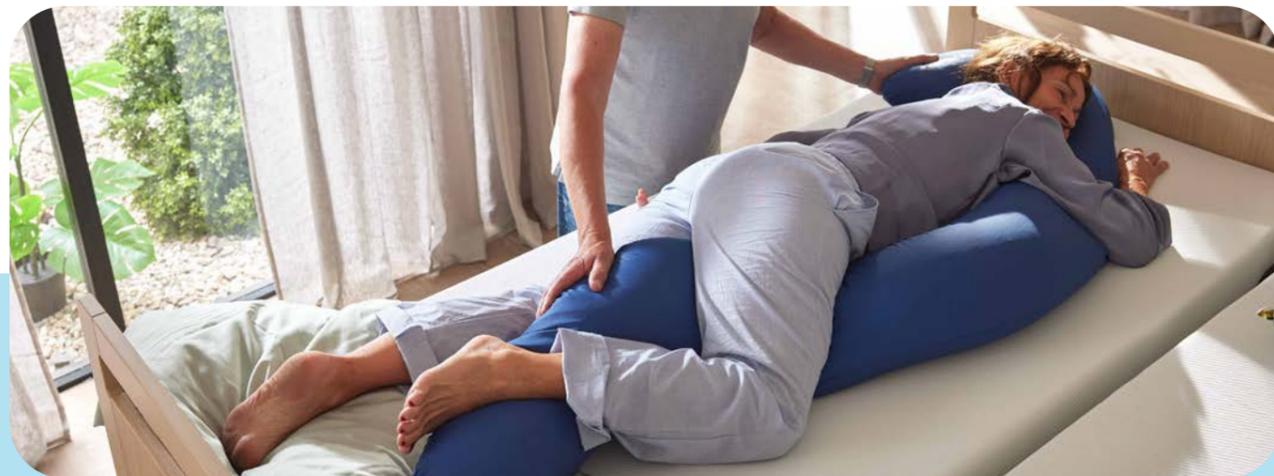
If more force is required, the knee of the person to be cared for can be used as an additional support.



5. If the person being cared for is in a prone position, the carer should check the position of the lower shoulder again and, if necessary, carefully pull the shoulder out backwards.



6. If possible, make sure that the person being cared for agrees with the position and check the head and feet again to make sure they are positioned correctly.



To bring the person being cared for back into the initial position, the following measures should be taken:

The carer grabs the shoulder of the person being cared for with one hand and the sacrum with the other hand. The person being cared for can be returned to the supine position by turning. Check again that the person to be cared for is lying comfortably.

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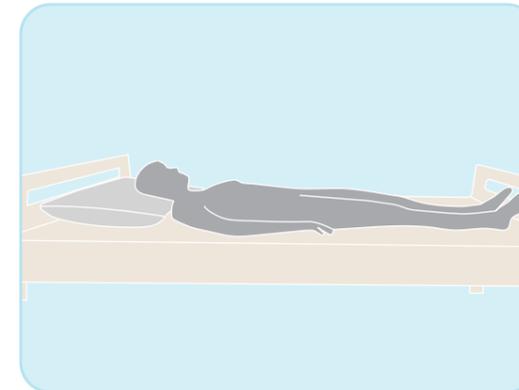
Bolster cushion



Size	Item No.
60 / 21 cm	PO-ROLL6021

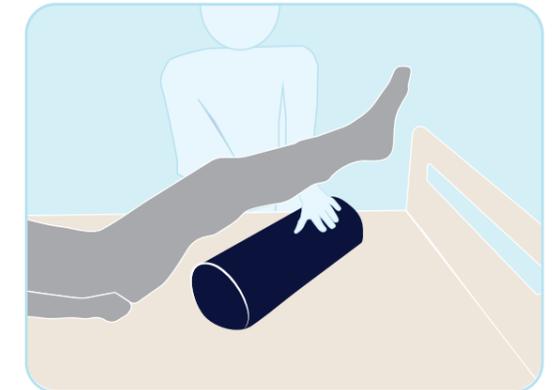
Elevated positioning of the pelvis, knee and leg area

The bolster cushion is used for pressure-relieving positioning of vulnerable areas of the body such as the head, neck and shoulder area, pelvis, knees and legs.



1. In this position, the bolster cushion is used to slightly bend the knee area.

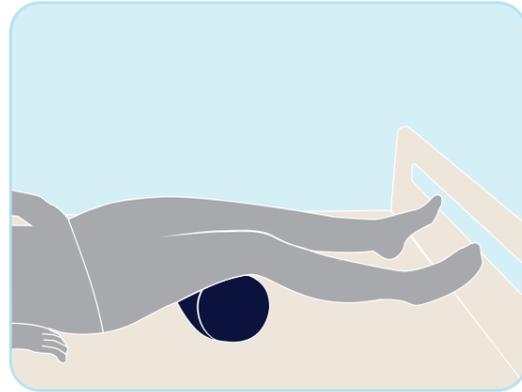
This reduces the tension on the abdominal wall and facilitates breathing. At the same time, a moderate amount of pressure is relieved in the sacrum/coccyx area. The pressure in this area is reduced as a hollow back is eliminated and the entire back serves as a support surface.



2. The carer places one arm under both lower legs of the person being cared for in order to carefully lift them. The carer can now use the other arm to place the bolster cushion underneath the lower part of the thighs..

3. The carer should ensure that the bolster cushion is not positioned directly in the hollow of the knee of the person being cared for in order to protect the nerves and blood vessels.

If possible, make sure that the person being cared for agrees with the position and check to ensure that they are positioned correctly.



4. The carer should ensure that the bolster is not placed directly under the back of the head of the person being cared for. If possible, make sure that the person being cared for agrees with the position and check the head again to make sure it is positioned correctly.

To bring the person being cared for back into the initial position, the following measures should be taken:

The carer lifts the legs of the person to be cared for and removes the bolster cushion. Check again that the person to be cared for is lying comfortably.

To bring the person being cared for back into the initial position, the following measures should be taken:

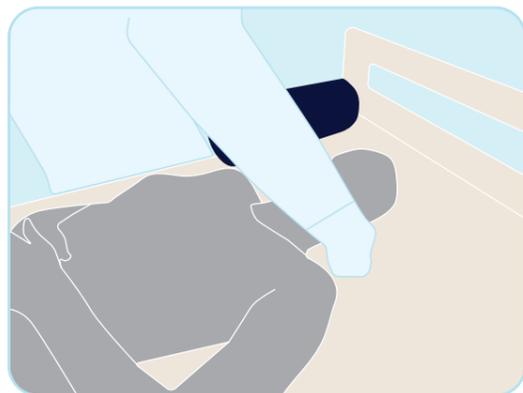
The carer lifts the cervical spine area of the person to be cared for and removes the bolster cushion. Check again that the person to be cared for is lying comfortably.

Positioning of the head, neck and shoulder area

The bolster cushion is used for pressure-relieving positioning of vulnerable areas of the body such as the head.



1. The person being cared for is positioned in the centre of the bed in a supine position.



2. With one hand, the carer lifts the cervical spine of the person being cared for.



3. With the other hand, the carer places the bolster cushion underneath the neck.

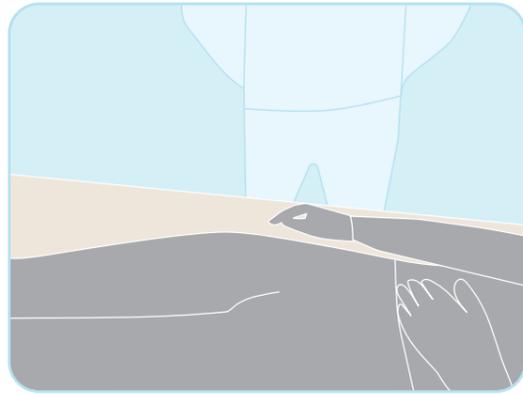
POSIMED[®]
Universal cushion



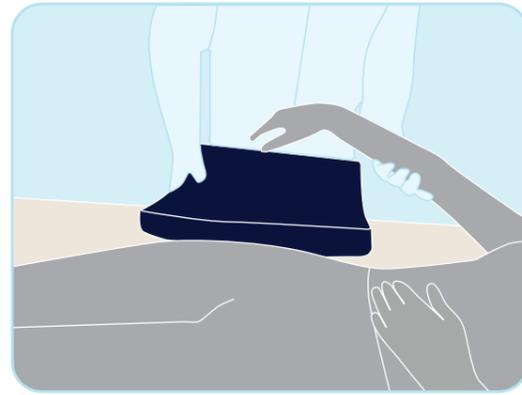
Sizes	Item no.
37 / 26 cm	PO-UNIK3726
56 / 40 cm	PO-UNIG5640

Positioning of the arm

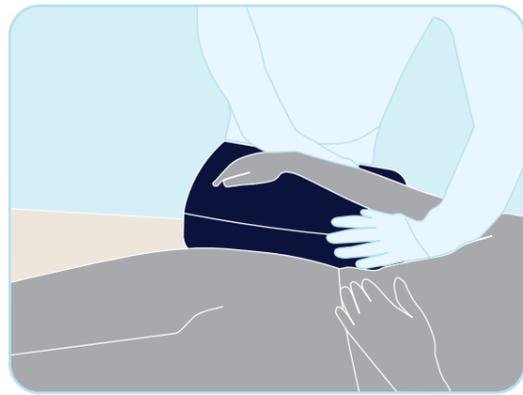
The universal cushion is used for pressure-relieving positioning of vulnerable areas of the body such as the arms.



1. The person being cared for should be lying in a supine position. The carer is positioned at the arm that is to be relieved.



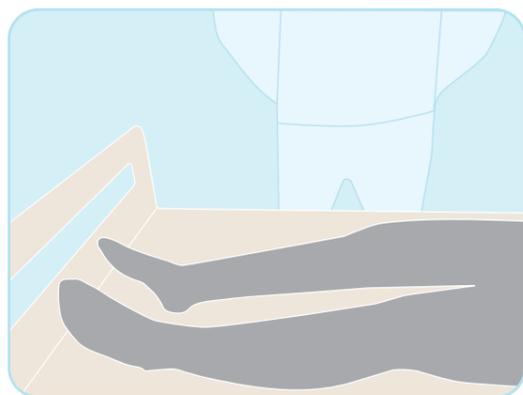
2. The carer should not lift the arm directly at the joints. The carer lifts the forearm from underneath and with the other hand he places the cushion under the forearm.



3. It is important that the elbow of the person being cared for is either exposed or resting completely on the cushion. The arm should not be lying on the edge.

If possible, make sure that the person being cared for agrees with the position and check the arm again to make sure it is well positioned.

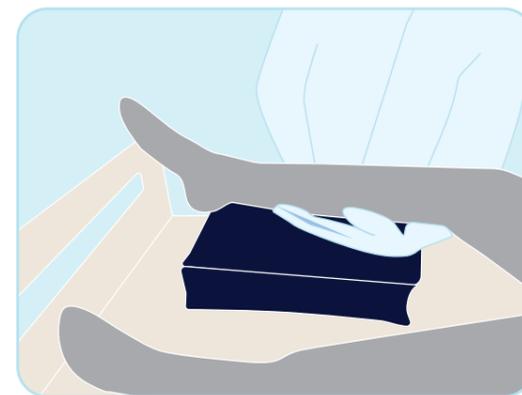
To bring the person being cared for back into the initial position, the following measures should be taken:
The carer lifts the arm of the person to be cared for and removes the universal cushion. Check again that the person to be cared for is lying comfortably.



Positioning of the leg

The universal cushion is used for pressure-relieving positioning of vulnerable areas of the body such as legs and/or heels.

1. The person being cared for should be lying in a supine position. The carer is positioned at the leg that is to be relieved.



2. The carer ensures not to touch the leg directly at the joints. The carer lifts the patient's lower leg with one hand and places the universal cushion under the lower leg with the other hand.



3. The heel of the person being cared for should be exposed.

If possible, make sure that the person being cared for agrees with the position and check the leg again for proper positioning.

To bring the person being cared for back into the initial position, the following measures should be taken:
The carer lifts the leg of the person to be cared for and removes the universal cushion. Check again that the person to be cared for is lying comfortably.

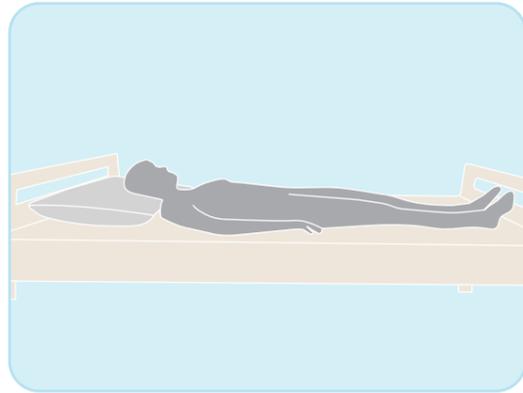
POSIMED[®]
Semi-circle



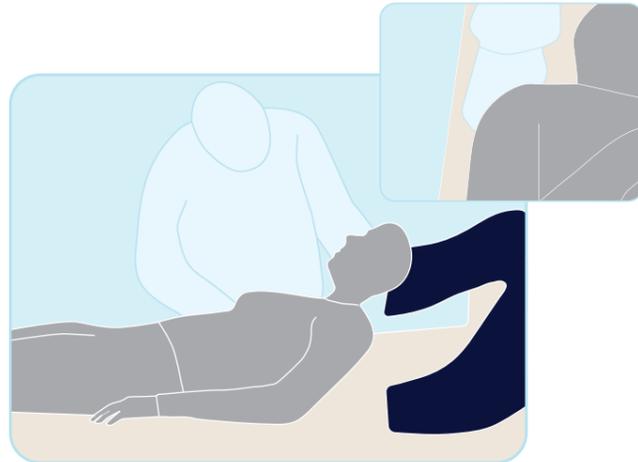
Sizes	Item no.
137 / 80 cm	PO-HALB1378

Positioning of the upper body

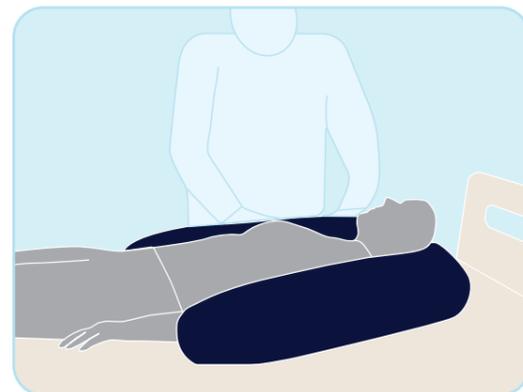
The semi-circle is used for pressure-relieving positioning of vulnerable areas of the body such as the head, neck and shoulder area.



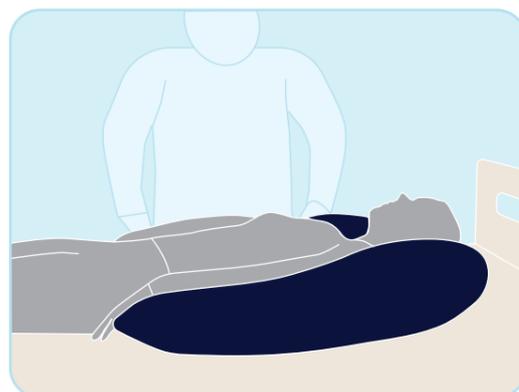
1. The person being cared for should be in the centre of the bed in the supine position. The carer can place the semi-circle at the foot end so that the cushion is close by.



2. The carer reaches under the shoulder of the person being cared for and places their hand in the centre of the spine. Now the person being cared for can be lifted slightly. The carer should pay attention to the head and cervical spine.



3. With the other hand, the carer can position the semi-circle underneath the person being cared for so that the cervical spine comes to rest on the cushion.



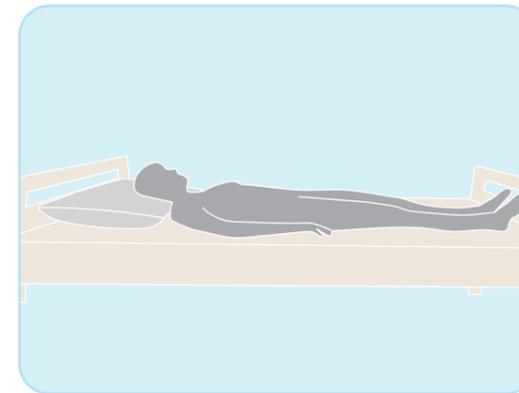
4. In the last step, the arms of the person being cared for can be positioned on the semi-circle cushion.

To bring the person being cared for back into the initial position, the following measures should be taken:

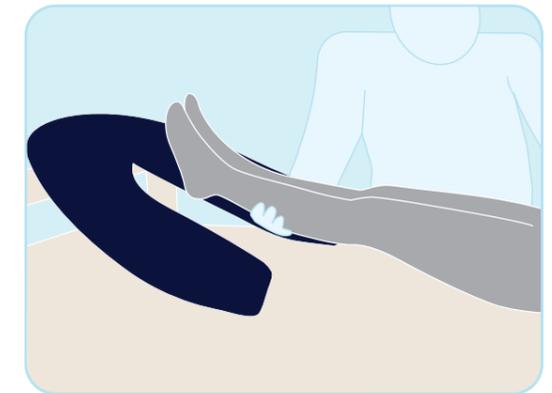
The carer gently reaches under the neck area of the person being cared for and lifts carefully. The semi-circle can be removed. Please check again that the person being cared for is lying comfortably.

Positioning of the back

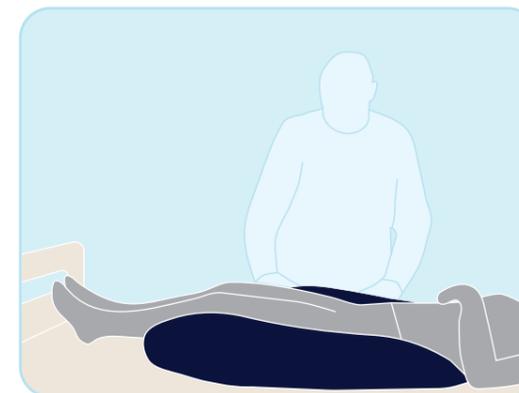
The semi-circle is used for pressure-relieving positioning of vulnerable areas of the body such as the pelvis and legs.



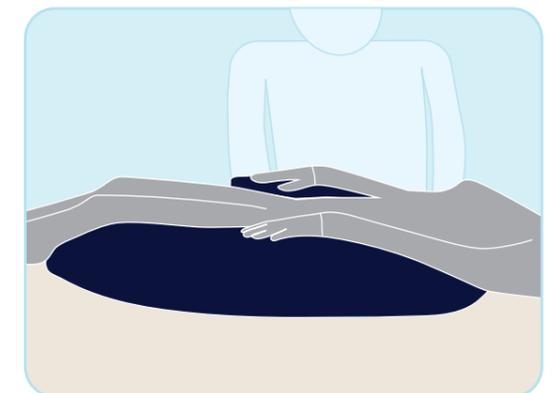
1. The person being cared for should be lying in the centre of the bed in a supine position. The semi-circle can be used in this position to support the knee area, but also to relieve pressure on the buttocks and sacrum.



2. The carer grabs the legs of the person to be cared for from underneath and lifts them carefully.



3. Next, the semi-circle can be positioned under the legs of the person being cared for. Place the curve of the semi-circle under the lower part of the thighs. The hollow of the knees should not rest on the positioning cushion.



4. In the last step, the arms of the person being cared for can be placed on the semi-circle.

To bring the person being cared for back into the initial position, the following measures should be taken:

The carer carefully lifts the legs of the person being cared for and removes the semi-circle. Check again that the person being cared for is lying comfortably.

POSIMED®

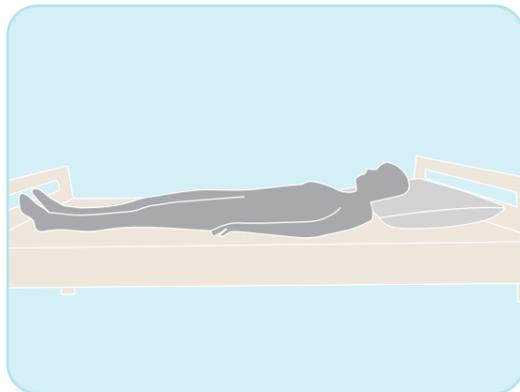
Forearm splint



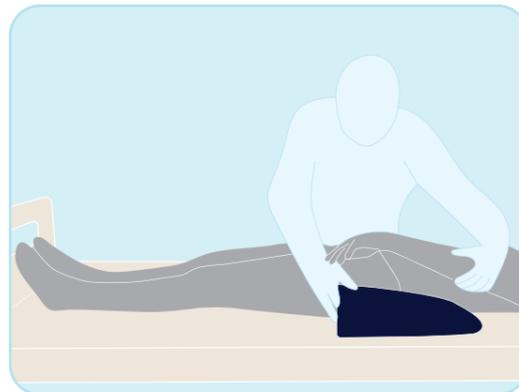
Sizes Item no.
39 / 21 / 8 cm PO-UNTE3921

Positioning of the forearm

The forearm splint is used for pressure relieving-positioning of vulnerable areas of the body such as shoulders, arms and/or wrists.

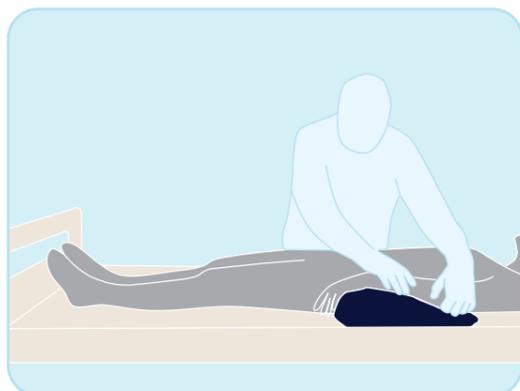


1. The person being cared for should be in a supine position in bed.

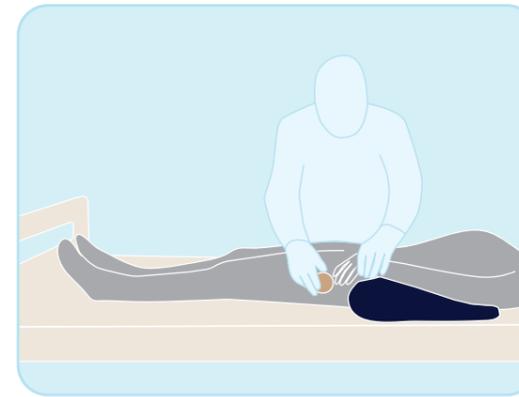


2. The carer grabs the arm of the person being cared for from underneath and positions the forearm splint under the arm.

The joints of the person being cared for should not be touched directly but should be lifted from underneath.



3. The carer should check whether the elbow is free or resting completely on the forearm splint. The elbow should not be resting on an edge.



4. In the last step, a therapy ball or a rolled-up gauze bandage can be placed in the hand of the person being cared for. This maintains a physiological position and reduces the risk of contractures.

To bring the person being cared for back into the initial position, the following measure should be taken:

The carer lifts the arm carefully and removes the forearm splint. Please check again that the person being cared for is lying comfortable.

POSIMED®

Heel rail

Size Item no.
39 / 21 / 8 cm PO-FERS3921

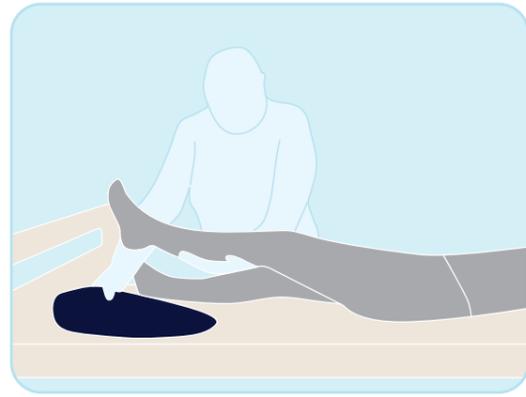


Positioning of the heel

The heel rail is used for pressure-relieving positioning of vulnerable areas of the body such as feet and/or heel.



1. The person being cared for should be lying in a supine position.



2. The carer lifts the lower leg of the person to be cared for and places the heel rail under the lower leg.

3. In the last step, the carer should check again whether the heel rests freely.

The joints of the person being cared for should not be touched directly but instead should be lifted from underneath.

To bring the person being cared for back into the initial position, the following measures should be taken:
The carer lifts the leg of the person to be cared for and removes the heel rail. Please check again that the person to be cared for is lying comfortably.

POSIMED[®]

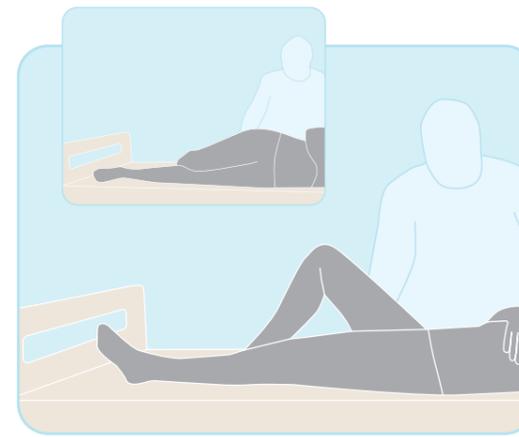
Abduction pillow



Size	Item no.
60 / 35 cm	PO-SPRE6035

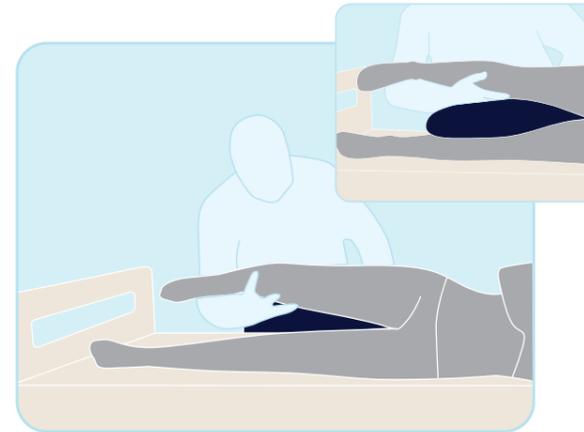
Positioning of the knee

The abduction cushion is used for pressure-relieving positioning of vulnerable areas of the body such as hips and pelvis, sacrum legs and/or knees.



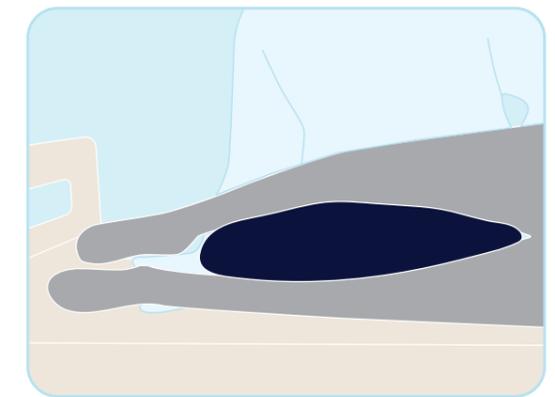
1. In this position, the person being cared for should be lying on their side.

To bring the person being cared for into lateral position, the carer raises the leg on the opposite side to which the person is to be turned. The arm on the opposite side is also placed on the person's stomach. The carer then takes hold of the patient's pelvis and shoulder and turns them onto their side.



2. The carer then lifts the upper leg, of the person to be cared for, from underneath slightly.

Care should be taken to ensure that the curve of the cushion is in the area of the knees. In this way, the abduction cushion can relieve pressure on the knees and reduce the risk of nerve damage.



3. In the last step, the carer should check again if the foot rests freely and there is no pressure.

To bring the person being cared for back into the initial position, the following measures should be taken:
The carer carefully removes the abduction cushion from between the knees of the person being cared for and returns them to the supine position. Please check again that the person being cared for is lying comfortably.

POSIMED[®]

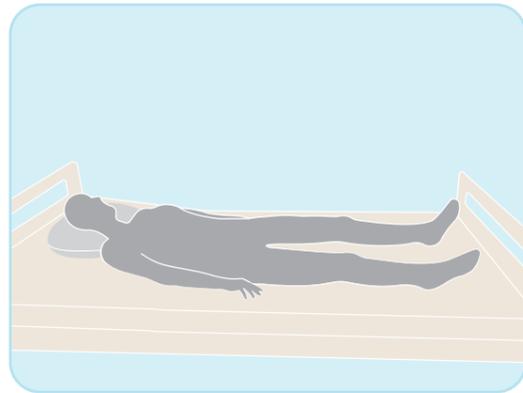
Hip abduction pillow



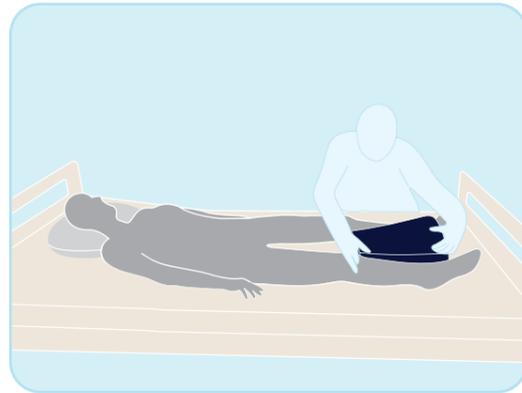
Size	Item no.
35 / 28 cm	PO-HUEFT3528

Positioning of the hip

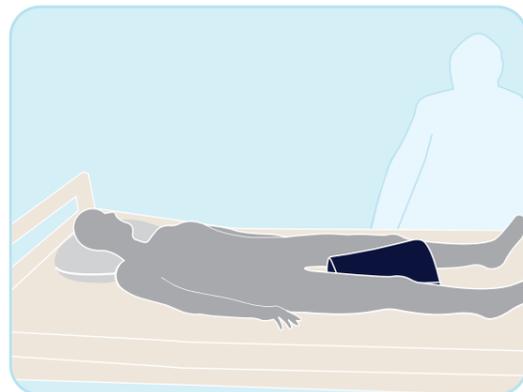
The hip abduction cushion can be used to prevent dislocation of the hip.



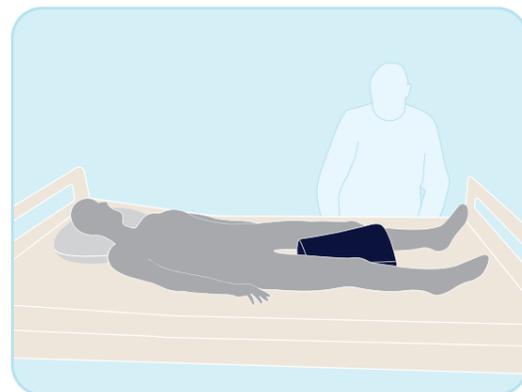
1. The person being cared for should be lying in the centre of the bed in a supine position. The hip abduction cushion is mostly used in the supine position after hip operations to prevent a dislocation of the hip.



2. The hip abduction cushion is carefully placed between the slightly spread legs of the person being cared for. The smaller part of the cushion faces the head of the person being cared for and the wider part faces the feet.



3. The carer now carefully pushes the hip abduction cushion towards the urogenital area. The carer should always pay attention to the person being cared for to see to what extent they tolerate the spreading of the legs.



4. In the last step, the carer should check again whether the hip abduction pillow is not directly positioned in the urogenital area of the person being cared for.

To bring the person being cared for back into the initial position, the following measures should be taken:

The carer carefully removes the hip abduction cushion from between the legs of the person being cared for. Please check again that the person being cared for is lying comfortably.

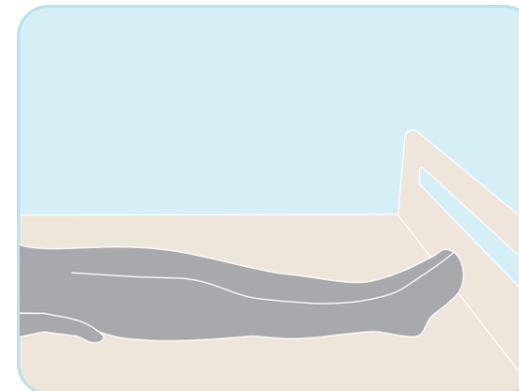
MOBITurn®

Turning and positioning aid

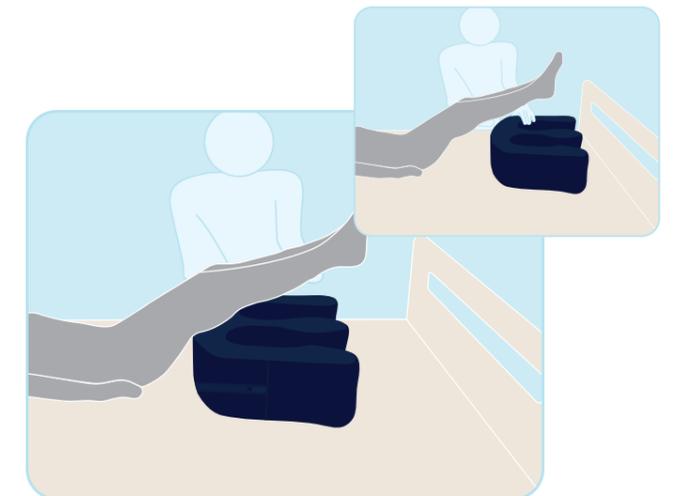


Turning of patients

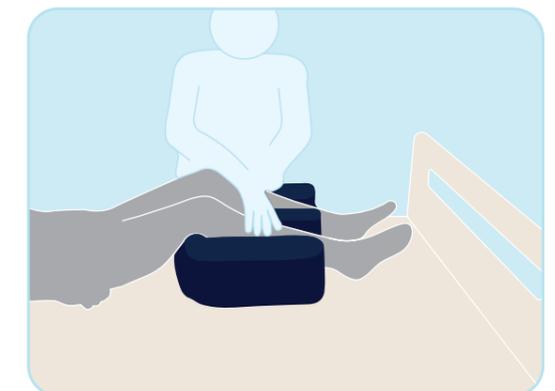
With the MobiTurn® positioning/turning aid, people being cared for can be turned safely and painlessly from the supine to the side position in bed. The transfer by the caregiver is simplified and thus enables back-friendly and energy-saving work. In addition, the individual situation and potential illnesses must be taken into consideration when using the medical device. If you have any further questions, you should consider your doctor.



1. The person being cared for lies flat in bed in the supine position. Please make sure that the person being cared for is not too close to the edge of the bed, if needed, the existing side rails should be raised on the side towards the person being cared for is to be turned. This prevents the person from falling out when being turned.

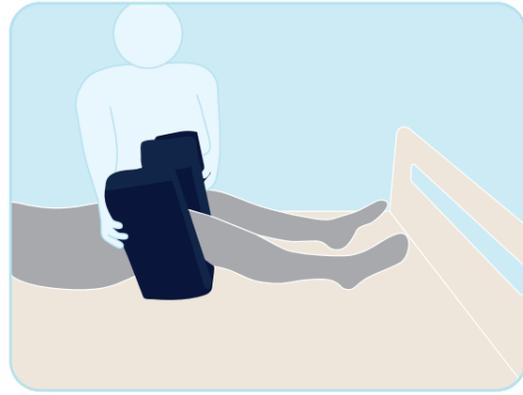


2. The legs of the person being cared for are lifted by the care giver and the MobiTurn® is placed flat under the legs.

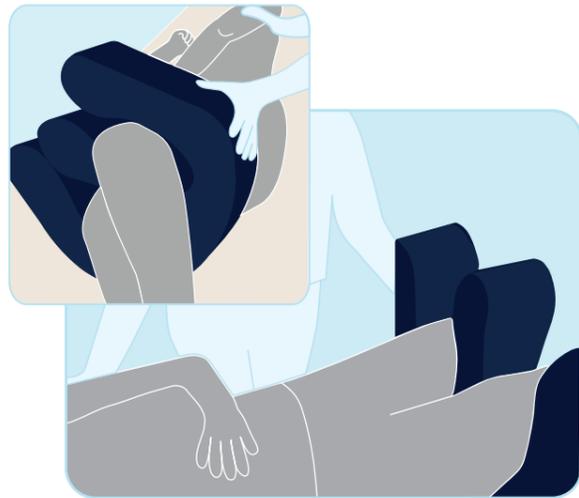


3. The legs of the person being cared for need to be placed straight in the recesses of the MobiTurn® positioning/turning aid.

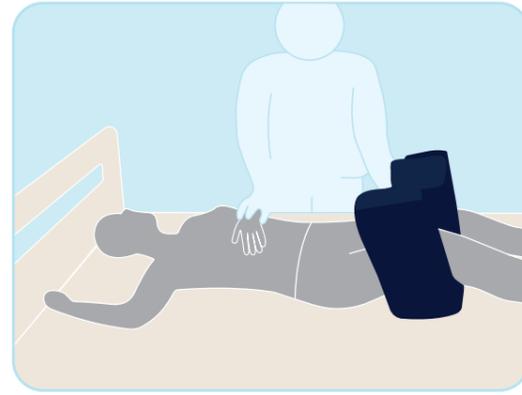




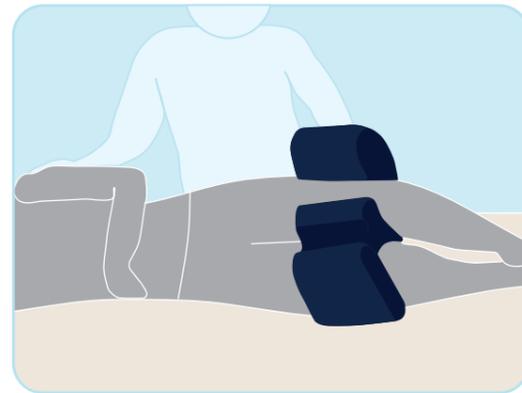
4. In the next step, the MobiTurn® is straightened up and should be at the knees of the person to be cared for.



6. The carer places one hand on the MobiTurn® and the other hand on the shoulder of the person to be cared for in order to turn him into the side position as gently as possible.



5. Now the person to be cared for is prepared for turning. The arm facing away from the desired direction of positioning is placed on the abdomen of the person to be cared for. The other arm, which is on the side of the bed, is placed upside at a 90° angle.



7. The patient is now in the lateral position and needs to be stabilised. Afterwards the MobiTurn® positioning/turning aid must be removed.

If the patient needs to be treated in the lateral position for a short time, the MobiTurn® is not removed until the patient has been returned to the supine position after the treatment.

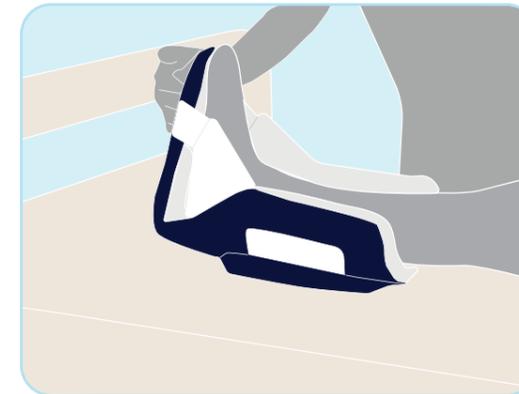
8. To return the patient to the supine position, the carer places one hand on the MobiTurn® at the hollow of the knee and the other hand on the shoulder of the patient and turns them back onto their back.

To remove the MobiTurn®, it is tilted towards the end of the bed until it lies flat on the mattress. The legs of the person being cared for are lifted and the MobiTurn® can easily be removed.

HEELPROTECT®

Heel protect boot

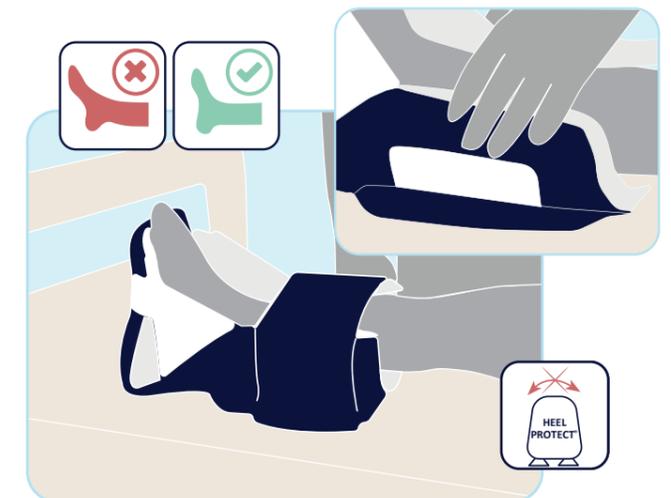
The Heel Protect® heel protector boot can be used for stable positioning of the foot. The heel can be positioned freely in the recess. The soft fastener can be used to secure the foot in a 90° position, helping to prevent a drop foot. The rotation stop prevents the foot from turning sideways.



1. When putting on the Heel Protect®, it must be ensured that the heel is located above the recess and therefore does not rest anywhere.



2. Pull the soft fastener tight to prevent the heel protector boot from slipping.



3. Adjust the soft fastener for drop foot prophylaxis, that the foot is pointed at a 90° angle. The rotation stop prevents the foot from turning sideways and thus prevents hip rotation.



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or do you need more information?

Please contact us at info@funke-medical.de

Scan me!



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