

Funke Medical
Creating a valuable life

Tips for daily care & clinical practice

Safe **positioning** – **reducing** discomfort

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We are **Funke Medical GmbH** – an innovative medical device manufacturer based in Raesfeld. We develop medical aids such as anti-decubitus mattresses, seat cushions, positioning aids and comfort beds to improve the quality of life for people in need of care and those with disabilities, and to support carers in their daily work. In doing so, we are guided by our mission: creating a valuable life.

For further information please visit: funke-medical.de

01

Introduction

Care involves closeness, responsibility and, often, uncertainty.
This is especially true when someone depends on assistance in everyday life and is no longer able to move or position themselves independently. Many carers find themselves asking the same questions: Is this person lying in the correct position? Am I really helping them? How can I relieve pain or prevent discomfort?

This guide explains why positioning is so important, what to look out for in everyday care, and how even small adjustments can lead to noticeably greater comfort, relief and well-being. It is not about complex care instructions or specialist medical knowledge. Instead, the focus is on clear explanations, practical tips, and treating the person in need of care with dignity, attention and respect.

Use this guide as a source of guidance and inspiration, and do not hesitate to seek professional advice if you are unsure. Good positioning always begins with attentiveness, time and empathy.

Important to know

Medical information

The information provided in this brochure is for general informational and educational purposes only and does not constitute medical advice or replace an individual care assessment. All positioning measures must be adapted to the individual needs, pre-existing conditions and current physical condition of the person being cared for. The selection and implementation of appropriate measures are the responsibility of qualified healthcare professionals. If necessary, a nurse or physician should be consulted.



02

Positioning to increase comfort

Why correct positioning can make such a difference

Even small changes in position can have a significant impact on comfort, perception and overall well-being. Positioning involves far more than “simply” moving someone from one position to another. Well-considered positioning can relieve pressure on the skin, joints and nerves, help prevent pain, and at the same time noticeably enhance well-being.
Positioning plays a particularly central role for people who are no longer able to move independently. It influences how comfortably a person lies, how well they can breathe and even how much of their surroundings they are able to perceive.

Changing the field of vision – small movement, big impact

Imagine being unable to turn yourself for hours at a time, with your view always directed in the same direction. For many people in need of care, this is exactly what everyday life is like. Thoughtful positioning can make a real difference: the field of vision shifts to the window, the television or the people in the room. This change in perspective enables participation in life, even when mobility is severely limited. Being able to read, watch television or follow a conversation increases comfort and helps convey a sense of normality.

Closeness and care through positioning

Positioning is often a key moment in the relationship between carer and care recipient. Gentle movements, announcing a change of position, or a supportive hand. Together, all of these convey a sense of security, attentiveness and respect. For people with severe mobility limitations in particular, this form of care is often indispensable.

What to bear in mind in everyday life

In everyday care, expectations and reality do not always align. It is not always possible to respond immediately to every need, whether due to time constraints or workload. Open and respectful communication can help in these situations, allowing both parties to work together to find a solution that is acceptable and manageable for everyone involved.

Regular positioning is essential to help prevent pressure sores, nerve damage and pressure ulcers. Establishing fixed positioning intervals has proven effective. Before adopting a new position, it is important to consider the following questions:

- Is new pressure developing in another area?
- Is this position suitable to be maintained for a longer period?

Sitting or upright positions in particular place increased strain on the sacrum and coccyx, so special caution is required. Every change of position also provides an opportunity to examine the skin. Is there any redness? Are there signs of swelling or areas that are particularly sensitive to touch? Such observations should always be taken seriously and documented or reported as appropriate.

Making positioning more comfortable – practical aids

A universal cushion is a versatile all-rounder. It can be used in the head, neck or shoulder area, for example to position the head in a stable and comfortable way or to support the shoulders and prevent them from falling backwards. This is particularly important for relieving pressure on the sensitive brachial plexus area and helping to prevent nerve damage. It can also be used to provide soft support for the arms and elbows, protecting sensitive areas such as the so-called “funny bone”.

Positioning a person in the lateral position can be made significantly more comfortable by placing a pillow under the side of the abdomen or the lower back. Even a small adjustment can make a noticeable difference. When lying on the back with the legs extended, the abdominal and back muscles are often under tension. Placing a bolster cushion under the knees allows them to bend slightly.

This:
- relaxes the muscles.
- reduces strain on the back.
- makes breathing easier and deeper.

In addition, a bolster cushion can help prevent a person from sliding towards the foot end of the bed. A soft support at the foot end of the bed can help maintain a stable position. The feet should not be overlooked. Correct foot positioning is essential for overall comfort. An aid such as the Heel Protect® heel protector boot helps keep the feet at the right angle and prevents them from dropping or pointing downward.

Bolster cushion



Universal cushion



Heel protector boot



Brachial plexus: a sensitive network of nerves in the arm and shoulder area

Important to know

Comfort is important, but nursing and medical requirements always take precedence. Comfort positioning is intended as a supportive measure and should never compromise safety or health.



Positioning for pain relief

For many people in need of care, pain is unfortunately part of everyday life. It drains energy, limits mobility and often affects mood. This makes it even more important to approach positioning with particular care, calmness and empathy. Even small adjustments can help relieve pain or at least make it more manageable. When it comes to pain, it is not large changes that matter most, but small, careful steps.

What is important when dealing with pain?

Positioning a person in pain is often a challenge. It requires time, patience and, above all, empathy.

People experiencing pain are often:
- more easily exhausted
- more sensitive to touch
- under increased emotional strain

Even small measures are particularly valuable, as they signal that a person’s symptoms are being taken seriously. Even slight changes in position, supported by appropriate aids, can provide immediate relief and a sense of security.

Where can pain occur?

Pain often occurs in the muscles or tendons, as well as in the joints and bones, but it can also originate from internal organs.
Sensitivity to pain often increases with age. Many people also live with chronic pain, which persists over time and may recur repeatedly. In these cases in particular, careful and considerate positioning is especially important.



Acute and chronic pain – explained simply

Acute pain usually occurs suddenly, for example as a result of a fall or an injury. It serves an important purpose, acting as the body's warning signal. In many cases, acute pain can be treated in a targeted way, for example by applying a cold compress, resting of the affected body part or using ointments.

Chronic pain, on the other hand, persists over a longer period of time or recurs regularly. It is considered as a condition in its own right even when no specific trigger can be identified. This often makes it particularly distressing for those affected, both physically as well as emotionally.

While the cause of acute pain is often clearly identifiable, chronic pain is usually more complex. Common causes include, for example:

- Polyneuropathy e.g. as a result of diabetes
- Arthritis – inflammation of the joints
- Osteoarthritis – joint degeneration due to cartilage wear
- Osteoporosis, which can lead to painful microfractures
- Tumours, which are often associated with pain

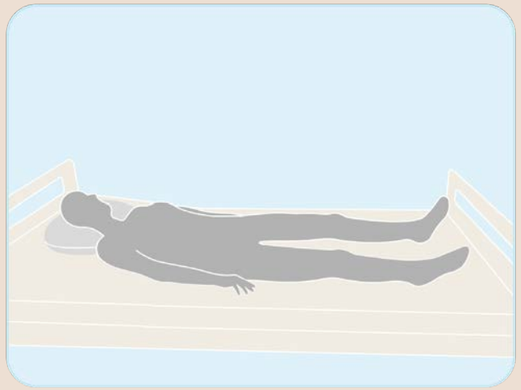
Depending on the type and cause of pain, different positions may provide relief.

It is always important that any position feels comfortable and supportive for the person affected.

Axis-aligned positioning

In axis-aligned positioning, the person in need of care lies relaxed on their back, with both sides of the body aligned symmetrically. The arms and legs are placed in a natural, comfortable resting position.

This type of positioning is particularly suitable for:
- Providing even support for the body
- Reducing muscular tension
- Conveying a sense of calm and stability

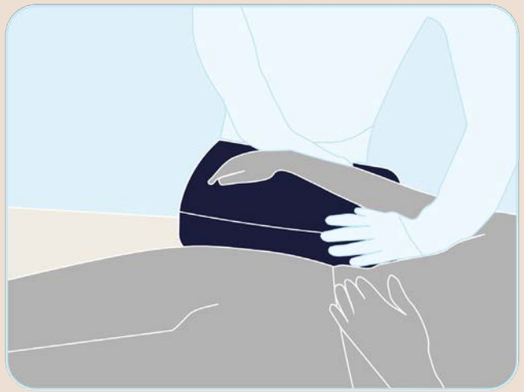


Polyneuropathy: a disorder of the nervous system in which nerve signal transmission is impaired

Osteoporosis: a condition in which bones lose density and strength, making them more prone to fractures

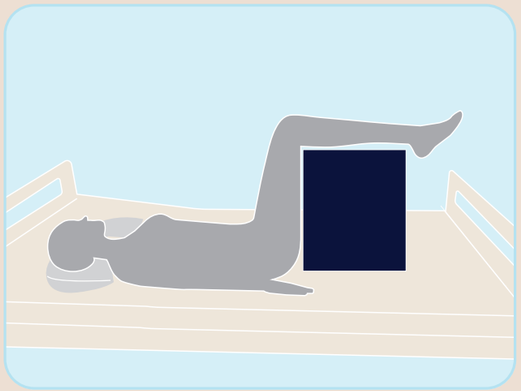
Micro positioning

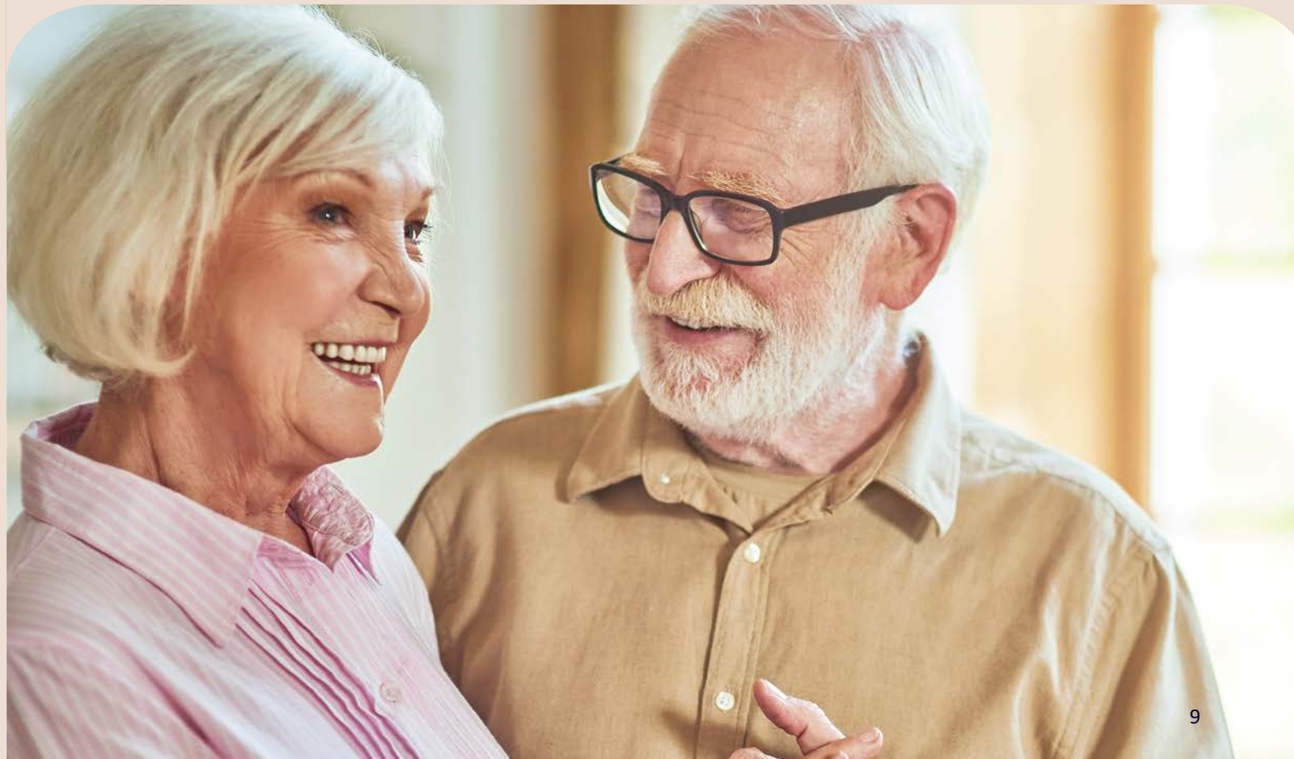
Micro positioning involves providing targeted support to specific areas of discomfort or pain. Universal cushions, for example, are often used for this purpose. The principle is to gently support the body in a circular sequence: beginning with the arms to relieve pressure on the shoulders, then stabilising the head and neck, and finally attending to the opposite side. This form of localised positioning does not replace regular positioning measures, such as those required for pressure ulcer prevention, but serves as a complementary approach that can contribute to pain relief.



Elevated position

For lower back pain, the elevated leg position can provide relief. In this position, the lower legs are raised so that the thighs and lower legs form a right angle. This helps to relieve pressure on the lumbar spine, relax the back muscles and thus reduce pain.





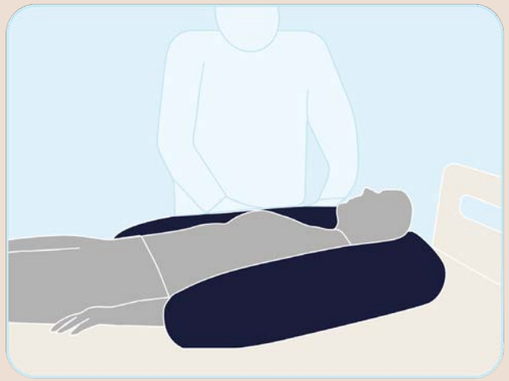
Foetal position

For abdominal pain, lying on the side in the foetal position can be helpful. The legs are drawn up and the upper body is slightly bent, which helps to relax the abdominal wall. A bolster or universal cushion can be placed in the person's arms, providing additional support and sense of security.



Nest positioning

People living with chronic pain often have an increased need for closeness and a sense of security. Nest positioning can be particularly soothing in such cases. A semi-circular cushion creates a soft frame around the head, shoulders and upper body – much like a protective nest. Additional small cushions can be used to gently relieve pressure on other areas. This type of positioning helps to create a sense of warmth, comfort and security.







Positioning to prevent contractures

Movement means freedom. When movement is lost or severely restricted, joints may gradually lose their range of motion. This can lead to what is known as a contracture. This issue is particularly relevant in care settings, where individuals may be bedridden for extended periods or have limited mobility.

What is a contracture?

A contracture is a permanent restriction in the range of motion of a joint. It most commonly affects the extremities, such as the arms, hands, legs or feet. The most common cause is a lack of movement over an extended period. This reduced mobility can have various underlying causes, for example:

- Injuries or surgery affecting the joints
- Scarring, which reduces the elasticity of the skin and underlying tissue
- Arthritis or osteoarthritis, where movement is painful or restricted
- Paralysis, for example following a stroke
- Severe pain, such as that associated with rheumatic conditions, which leads to joints no longer being moved through their full range of motion as a protective response

If a joint is not moved regularly, it may increasingly remain in a fixed position and gradually lose its range of motion.

How does a contracture develop?

A lack of movement leads to gradual changes in the body. Muscles, tendons and ligaments are no longer stretched regularly, causing them to shorten over time. In addition, proteins are deposited in the tissue, leading to thickening and a loss of elasticity in the affected structures. The result is that movements become increasingly limited, stiff and eventually barely possible. Joints can no longer be fully bent or straightened.

Important to know

Contractures themselves are usually not painful. Pain often occurs only when attempting to move the joint through its full range of motion again or to "stretch" it. This is why early prevention is so crucial.



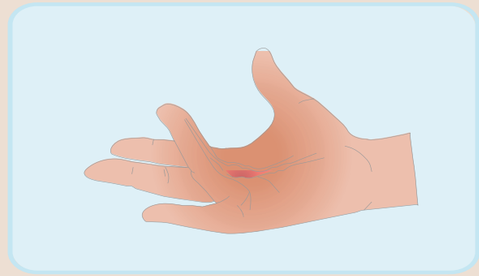
Encourage movement – even while resting!

What types of contractures are there?

There are different types of contractures, depending on the position in which a joint becomes „fixed“ or restricted.

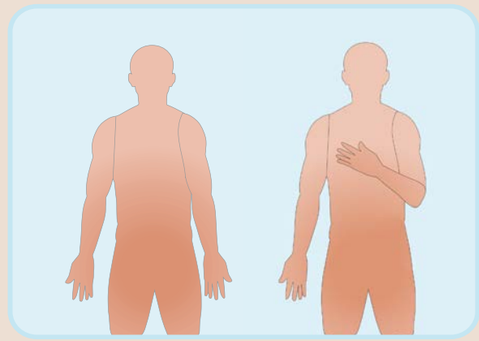
Flexion contracture

This is the most common type. For example, hands or fingers remain permanently slightly bent, so that full extension is no longer possible.



Adduction contracture

In this type, a joint is permanently held close to the body. For example, the arm may remain flexed against the upper body, or the elbow can no longer be fully extended. This form is often seen in people who have been bedridden for a long time and may develop as a protective or relieving posture.

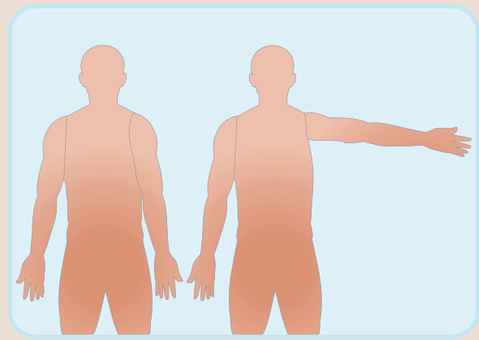


Abduction contracture

This is the opposite of adduction. The limb is held away from the body, and flexion is significantly limited or no longer possible.

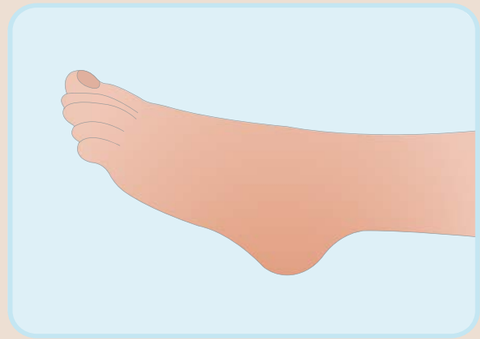
Contractures in the legs

Contractures can also develop in the legs, leading to flexion, extension restrictions or deformities – particularly in cases of limited mobility.



Drop foot contracture (pes equinus)

One of the most common forms is the so-called pes equinus contracture. In a healthy position, the lower leg and foot form a right angle (90°). However, during prolonged bed rest, the foot may gradually “drop” forward, so that this angle can no longer be maintained. The foot remains in a pointed position. To help prevent this, aids such as the Heel Protect® heel protector boot can be used.



How can a contracture be prevented?

The most effective measure for preventing contractures is regular movement, as far as this is possible and appropriate. Even small, repeated movements help to keep muscles, tendons and joints flexible.

Physiotherapy and mobilisation

Targeted physiotherapy is a highly effective way to help prevent contractures. However, as it is not always available, incorporating movement into daily routines becomes all even more important.

Joints can be gently mobilised during many everyday activities, for example:
- when positioning in bed
- when helping a person sit in a chair
- when assisting with washing, dressing or showering

The key is to ensure that all movements are gentle, slow and never forced.

Take pain management seriously

Effective pain management is particularly important for people with conditions such as arthritis or rheumatism. Movements are only carried out consistently if they are tolerable and do not cause excessive discomfort.

Maintain a physiological neutral position



For people with partial or complete paralysis, for example following a stroke, it is especially important to position joints that cannot be actively moved in a natural, neutral alignment.

Small movements – big impact

No matter what care task is being performed – whether making the bed, positioning a person, helping them get up, or assisting with washing or dressing – it is always worth taking a moment to consider their joints.

Examples:
- Briefly clench the hand into a fist and then open it again
- Gently bend and straighten the foot
- Carefully bend the arm and then straighten it again

These movements often take only a few seconds, but they can make a significant contribution to preventing contractures.



Positioning of the extremities

Positioning the arms correctly

To help prevent contractures in the arms, a forearm splint can be used, for example. This supports the arm in a natural, neutral position. It is important to ensure that the elbow joint is either fully supported or left free. The elbow should not rest on an edge. Alternatively, a universal cushion can be used to support correct arm positioning.

Preventing a drop foot – correct foot positioning

The heel protector boot is suitable for helping to prevent pes equinus (drop foot) contractures:
- keeps the foot in a 90-degree angle to the lower leg
- prevents the leg from turning sideways, thanks to the integrated ROTATION-STOP
- relieves pressure on the heel through a free position
- supports decubitus prophylaxis

If this aid is not available, a universal cushion can be used as an alternative. Place the cushion between the sole of the foot and the foot end of the bed, aiming to maintain as natural a 90-degree angle as possible. Care should be taken not to apply excessive pressure on the heels. If a blanket is placed over the feet, the toes should remain uncovered. The heels should also be positioned in a way that relieves pressure.

Universal cushion



Forearm splint



Heel protector boot



Positioning to prevent aspiration

Eating and drinking are essential parts of daily life. However, for many people in need of care they can also pose a risk. Incorrect positioning or not enough time can lead to food or liquids entering the airways. This is where correct positioning plays a crucial role.

What is aspiration?

Aspiration refers to the inhalation of foreign substances such as liquids, food or food particles into the airways. These substances can enter the trachea, bronchi, or even deeper areas of the lungs, where they may block the airways and cause swelling (oedema) or inflammation.

Why is aspiration particularly relevant in care?

Healthy individuals usually respond automatically to foreign bodies with a protective cough reflex. However, in people in need of care, this mechanism may be impaired or absent altogether. The risk is particularly high for individuals who are frail or have been bedridden for long periods, have reduced swallowing sensitivity, or are no longer able to control the swallowing process effectively.

A swallowing disorder can have many different causes. People with the following conditions are particularly at risk:

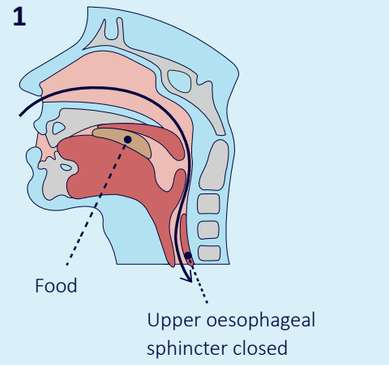
- Stroke – often associated with a loss of muscle control on one side of the body
- Dementia – the swallowing process is no longer consciously controlled
- Parkinson's disease – movements are slowed and may be uncoordinated
- Multiple sclerosis (MS)
- Muscular dystrophies
- Conditions affecting the head, neck, mouth or throat, such as tumours

Parkinson's disease: a neurological disorder characterised by muscle stiffness, slowed movements and tremors

Multiple sclerosis (MS): a chronic inflammatory autoimmune disease of the nervous system

Muscular dystrophy: a group of genetic disorders that cause progressive muscle weakness

How to swallow 'properly'



Upper oesophageal sphincter:
A muscular valve at the top of the oesophagus that prevents air from entering the digestive tract. It opens only during swallowing to allow food and saliva to pass into the esophagus.



What are the risks associated with aspiration?

If food or liquid enters the airways, it can affect the entire respiratory system – from the trachea down to the lung tissue. Inhaling stomach contents is particularly dangerous, as gastric acid is highly acidic (pH approximately 1-4). It can irritate and damage the sensitive mucous membranes, potentially leading to inflammation and breathing difficulties.

Dysphagia: a swallowing disorder in which food, liquids or saliva cannot be safely transported to the stomach

Silent aspiration

Silent aspiration poses a particular risk. In this case, liquids enter the airways without triggering coughing or any visible reaction. As a result, it often goes unnoticed. This form of aspiration is especially common in people with dysphagia following a stroke or in those whose swallowing mechanism is impaired.

What you can do in everyday life to prevent aspiration

Calmness and time are the most important safeguards. Haste, rushing or stress significantly increases the risk of aspiration. Take enough time for all care tasks, especially when eating, drinking or administering medication. A calm and relaxed atmosphere helps the person in need of care to concentrate and swallow safely.

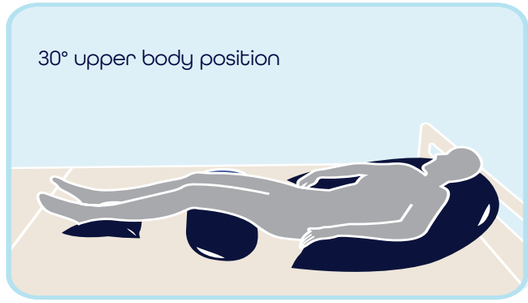
For people with swallowing difficulties, elevating the upper body by around 30° has proven beneficial. This supports the natural swallowing process, facilitates the flow of saliva and helps reduce the risk of liquids entering the airways.

When food or liquids are consumed, an upright and stable sitting position is essential. The upper body should be as upright as possible, with the head slightly tilted forward. This position helps prevent food from slipping backwards uncontrollably and entering the airway.

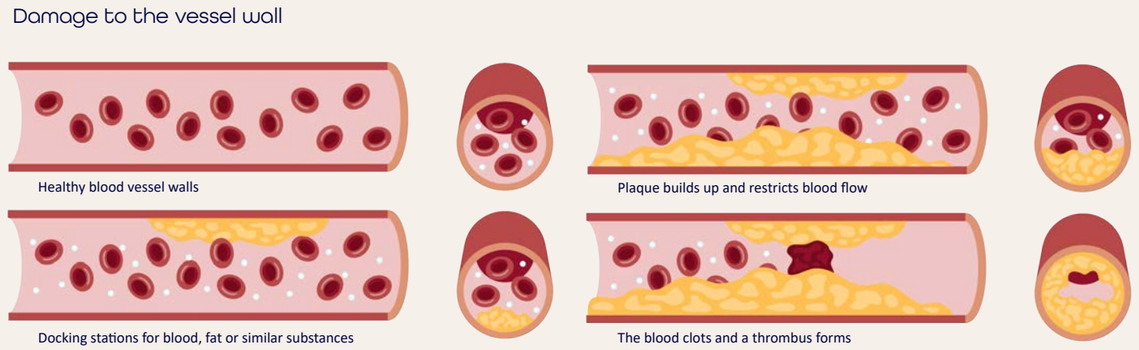
Tip: start by offering a small sip of water to check whether swallowing is effective (within the scope of your abilities and responsibilities). After eating, the person in need of care should remain in an upright position for a further 15-20 minutes. This is important due to the risk of silent aspiration. Without this precaution, food or liquid may be regurgitated unnoticed. Lying flat immediately after eating should be avoided.

Positioning to prevent aspiration

A tried-and-tested method is to elevate the upper body by around 30°, using a semi-circle cushion. The cushion is positioned in the neck and shoulder area, while the arms can rest slightly elevated on it. This position supports breathing, provides a sense of security and makes an important contribution to preventing aspiration.







Positioning to prevent leg vein thrombosis

Movement keeps the circulation active. If movement is restricted, for example due to illness, surgery or prolonged bed rest, the risk of blood clots forming in the veins of the legs increases.
Correct positioning can play a key role in supporting blood flow and helping to prevent complications. Slightly elevated legs, pressure relief for the heels and gentle, well-considered positioning all promote circulation and help reduce the risk of thrombosis.

What is a leg vein thrombosis?

Veins are blood vessels that carry blood from the body back to the heart. A distinction is usually made between:
- Superficial veins
- Deep veins, which carry around 90% of the blood back to the heart

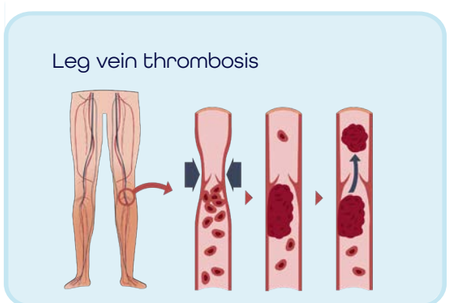
A leg vein thrombosis occurs when a thrombus forms in a vein. That is a blood clot that slows or blocks blood flow. These clots most commonly develop in the deep veins of the legs, which run between the muscle layers.

Why can a thrombosis be dangerous?

A thrombus can obstruct blood flow back to the heart, leading to swelling, inflammation and pain. In the most serious cases, part of the clot can break off and travel through the bloodstream, where it may block a blood vessel elsewhere in the body. For this reason, it is essential to identify risk factors early and take appropriate measures – including through correct positioning.

Possible causes and risk factors

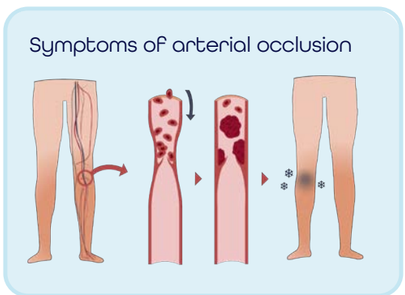
Deep vein thrombosis in the leg is usually caused by a combination of several factors. These may include, among others:
- Changes to the vessel walls, for example due to inflammation or long-term heavy smoking
- Lack of movement, for example following a stroke or major surgery
- Metabolic disorders such as type 1 or type 2 diabetes
- Dehydration, which causes the blood to become more viscous and flow more slowly
- An unbalanced diet, for example high in fat or sugar
- Genetic predisposition, such as deficiencies in certain clotting factors

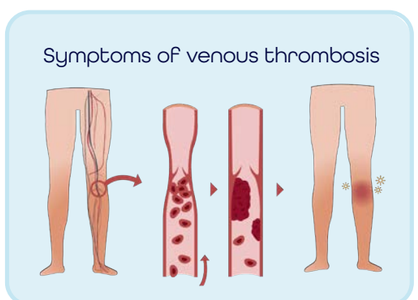


Different types of thrombosis

A blood clot can affect both arteries and veins, but the symptoms differ:

- Arterial occlusion: the affected limb has reduced blood flow, may feel cold, appear pale or discoloured
- Venous thrombosis (venous stasis): the affected leg often appears reddened, feels warm and may be painful – particularly when pressure is applied. For example, when pressure is applied to the sole of the foot.



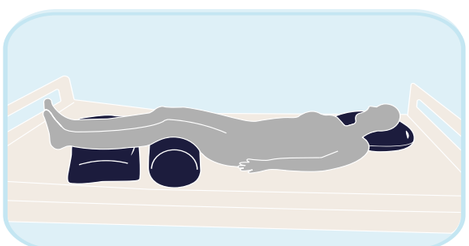


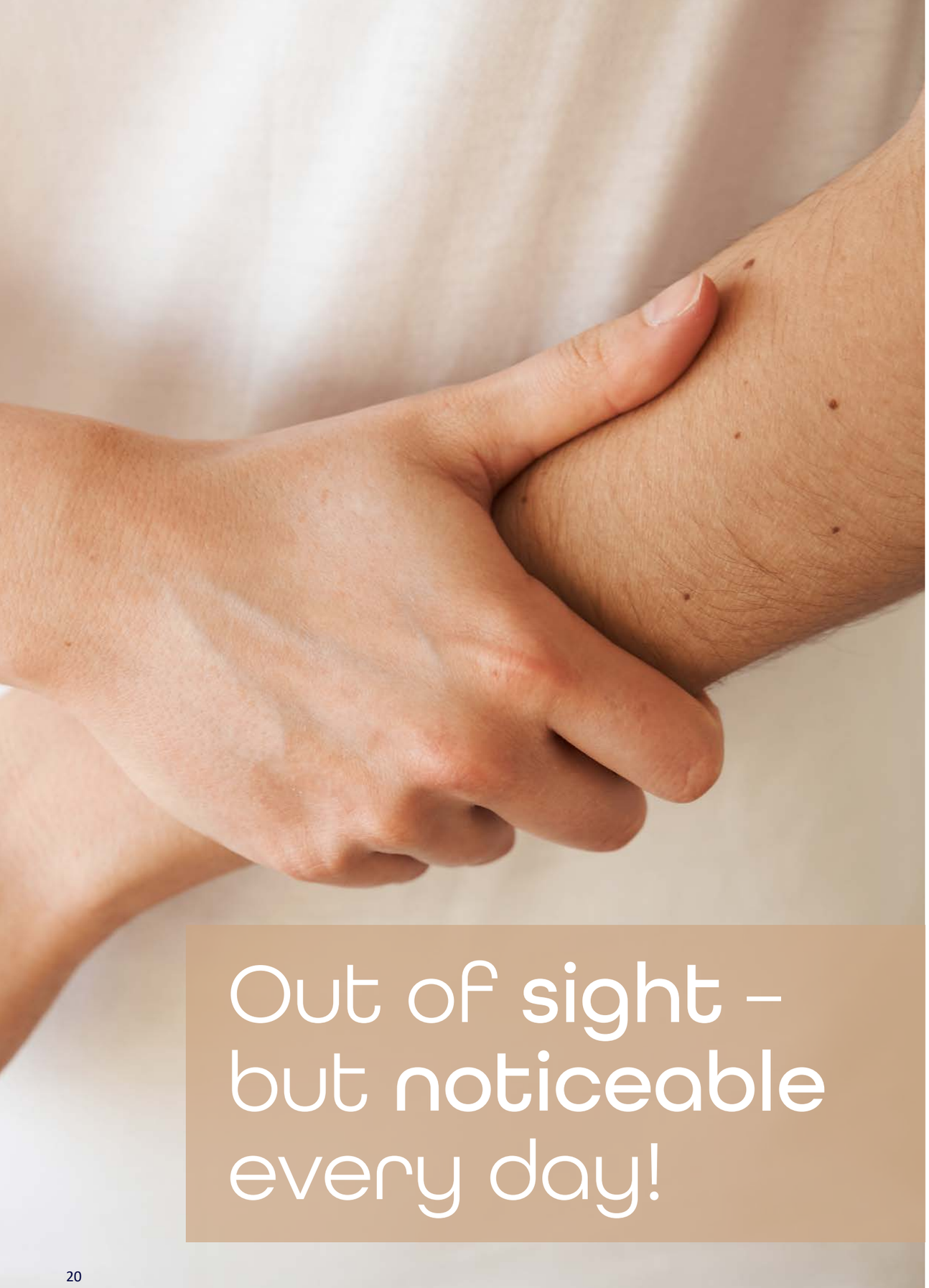
Positioning to prevent leg vein thrombosis

In addition to medically prescribed measures such as anticoagulant medication, correct positioning can also help to improve venous return. It is important to avoid sitting too upright, as an excessively upright position can compress blood vessels in the groin area and thereby restrict blood flow.

The legs can be elevated by approximately 15-20 degrees to support blood flow back to the heart. A universal cushion or a bolster cushion can be used for this purpose. The heels should remain free from pressure to help prevent pressure ulcers, and the feet should be positioned at a right angle to maintain a natural alignment. A positioning aid such as the Heel Protect® can be helpful in achieving this.

When lifting the legs, take care not to hold the joints directly. Instead, support the entire lower leg with your forearm wherever possible. This helps to protect the skin and reduces the risk of pressure sores. Also ensure that the backs of the knees remain free from pressure and that no pressure is applied to the groin area. This is essential to ensure that blood flow is not restricted.





Out of **sight** – but **noticeable** every day!

Positioning to prevent nerve damage

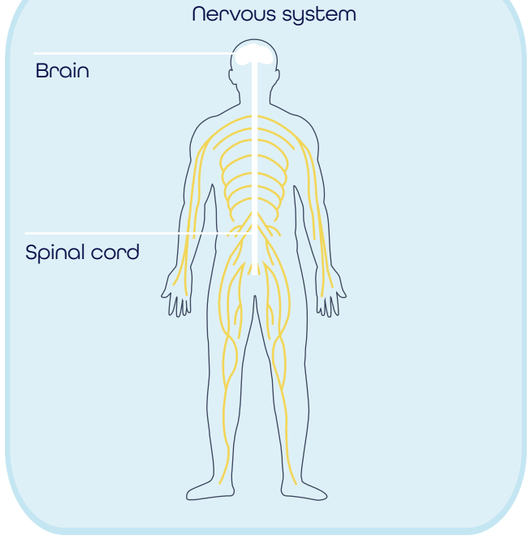
Nerve damage often develops gradually and may go unnoticed at first. Proper positioning is therefore particularly important for protecting nerves, especially in people who have limited or no ability to move independently. By avoiding pressure, supporting vulnerable areas such as the shoulders, and regularly checking at-risk points, nerve damage can often be prevented.

What is nerve damage?

Nerve damage occurs when nerves are exposed to prolonged pressure, tension or reduced blood flow.

This can cause the affected areas of the body to:
- become numb
- tingle
- feel painful or uncomfortable
- or become difficult to move

The arms, shoulders, and legs are most commonly affected.



Why does nerve damage occur so frequently in care settings?

Nerves run close to the surface in many areas of the body. If a person in need of care remains in an unfavourable position for an extended period, even slight but sustained pressure can be enough to impair nerve function. People who are unable to reposition themselves independently, particularly those who are bedridden, are therefore at risk. The most common causes include prolonged pressure on sensitive areas of the body, reduced blood supply to the nerves, and tension, for example in the shoulder region. Certain medical conditions can also increase the risk. These include, for example, diabetes mellitus, autoimmune diseases such as multiple sclerosis, and vascular conditions associated with impaired circulation.

Autoimmune disease: a condition in which the immune system attacks the body's own healthy cells, tissue or organs.

Vascular occlusive disease (e.g. peripheral arterial disease - PAD): a circulatory disorder affecting the arms or legs

Particularly vulnerable areas of the body

Certain areas of the body are especially vulnerable because nerves run close to the surface and have less natural protection:
- Elbow – the ulnar nerve („funny bone") runs close to the surface here
- Outer side of the knee – the peroneal (fibular) nerve is located here
- Shoulder and neck area – this region contains a sensitive network of nerves known as the brachial plexus

Even slight pressure or tension in these areas can be enough to cause abnormal sensations such as tingling or numbness.



How does nerve damage occur?

If the lower leg rests flat on the mattress for an extended period, continuous pressure is exerted on the calf. The calf contains many muscles surrounded by fasciae – firm connective tissue layers that allow little flexibility. Additional pressure can lead to minor swelling (oedema), increasing the pressure within the tissue and reducing blood flow to the nerves. This may result in tingling, numbness or even permanent nerve damage.

How can nerve damage be prevented?

Relieve pressure from body weight. Many cases of nerve damage are caused by prolonged pressure resulting from the body's own weight. It is therefore important to keep vulnerable areas free from pressure or to support them on a soft surface, ensuring that pressure is distributed as evenly as possible.

Keep sensitive areas free from pressure.

Take particular care to ensure that the elbows, the outer sides of the knees and the calves do not rest on hard or sharp surfaces for extended periods.

Provide proper support for the shoulders.
If the shoulders slump backwards, tension can develop in the sensitive brachial plexus area. Gentle support helps prevent this tension and protects the nerves in the shoulder and arm regions.

Suitable positioning for those at increased risk
- For individuals with low blood pressure, ensure that there is no excessive bending or compression in the groin area.
- A semi-circle cushion is well suited for supporting the shoulders, as it provides gentle stabilisation.
- Universal cushions can be used to support the arms or legs.

Important to know

When positioning an arm, the sensitive nerve area should either be evenly supported across a soft surface or left completely free from pressure. Resting on an edge must be avoided.

Positioning to prevent pneumonia

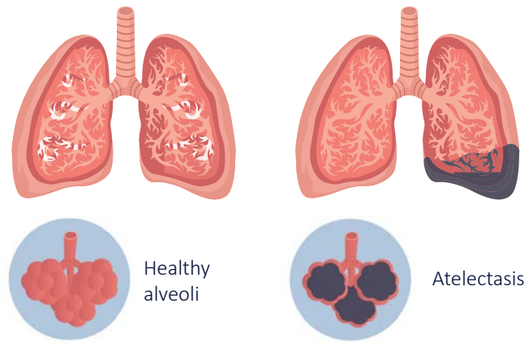
Breathing is usually a natural and effortless process – as long as it functions properly. However, breathing can become impaired, particularly in people in need of care. Prolonged periods of lying down, a lack of movement or an unfavourable position can prevent the lungs from being fully ventilated. This increases the risk of pneumonia. Correct positioning can play a key role in helping to prevent this.

What is pneumonia?

Pneumonia is an acute or chronic inflammation of the lung tissue. The lungs have the vital function of absorbing oxygen and releasing carbon dioxide. When lung tissue becomes inflamed, the delicate structures swell. This makes it more difficult for the alveoli to expand and impairs gas exchange. The result is that breathing becomes more difficult and physical endurance decreases.

How does pneumonia develop?

Pneumonia is often caused by bacteria, viruses, fungi or parasites.



However, in people in need of care, additional risk factors play an important role:
- Remaining in the same position for extended periods
- Limited mobility
- Reduced depth of breathing

For example, if a person is positioned on one side for a prolonged period, pressure builds up on that side of the chest. As a result, the lung on that side cannot expand freely and is less effectively ventilated. In addition, lung secretions may accumulate and are often not cleared effectively by coughing. This creates an environment in which pathogens can multiply more easily.

How can pneumonia be prevented?

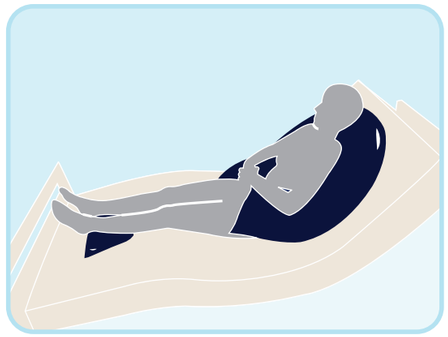
Proper positioning plays a key role, as it supports breathing and relieves pressure on the lungs.

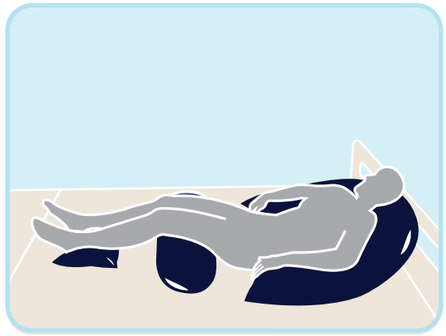


An overview of proven positioning methods

Upper body elevation

The upper body is elevated to create a semi-upright, seated-like position, which reduces pressure on the chest. This also promotes more effective use of the respiratory muscles, allowing for deeper and freer breathing.



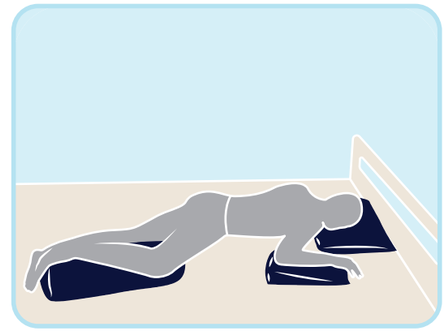


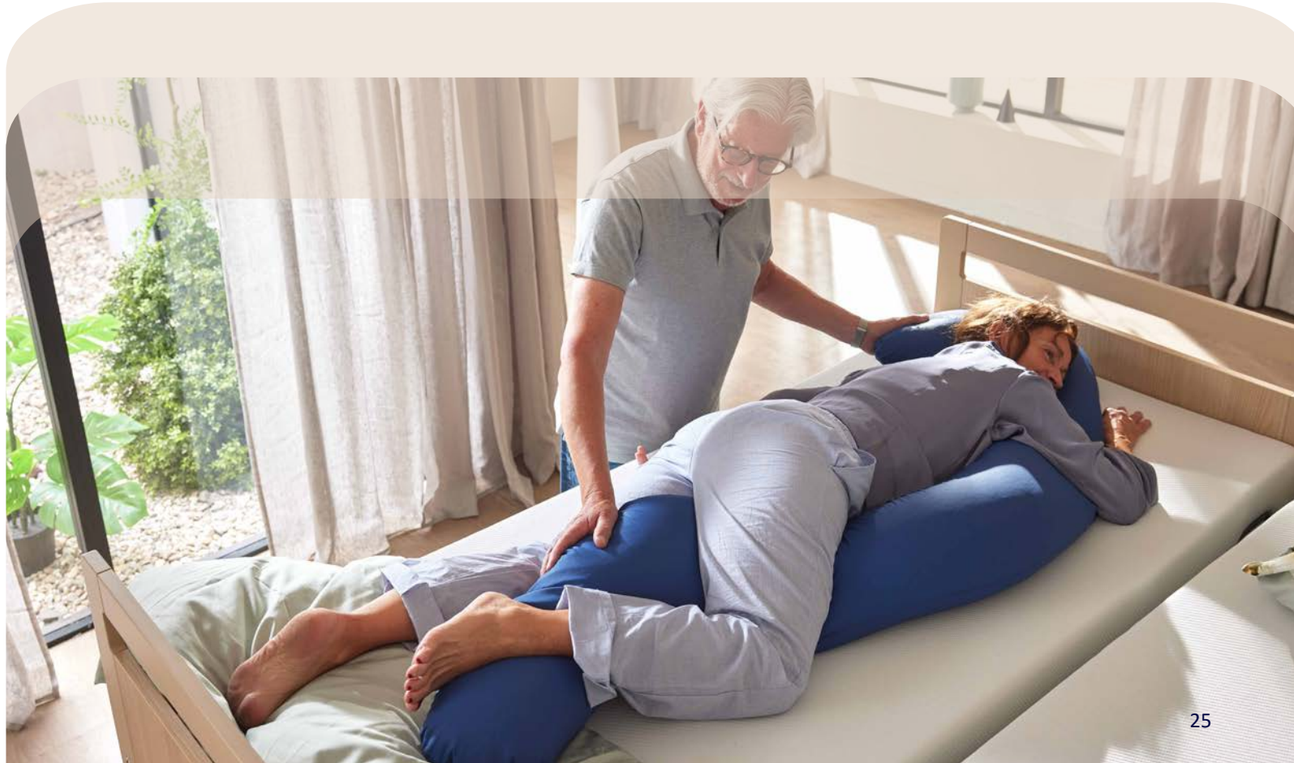
30° lateral position

In this position, the person lies slightly tilted to one side. This relieves pressure on the lung on the dependent side and allows the chest to expand more fully. The 30° lateral position is now preferred, as it significantly reduces the risk of pressure ulcers compared to the 90° side lying position.

135° position (for night-time rest)

In this position, the person lies almost in a prone position. Pressure is relieved from the back allowing the lungs to expand more effectively from the posterior side. This position is particularly suitable for night-time rest, provided it is well tolerated.





The importance of upper body elevation in detail

Elevating the upper body plays an important role not only in the prevention of pneumonia, but also in reducing other health risks.

Key benefits:
- easier breathing
- improved ventilation of the lungs
- support for the respiratory muscles (e.g. intercostal muscles)
- reduced risk of aspiration

An upright position is particularly important for people with swallowing difficulties, for example following a stroke, as aspirated fluids or food particles can lead to pneumonia. A slightly elevated upper body position can also be beneficial in cases of reflux, meaning the backflow of stomach acid.

Position the upper body correctly – step by step

Before elevating the upper body, it is important to check the starting position. The buttocks, lower back and coccyx should be aligned with the point where the bed will later bend between the upper and middle sections.

When raising the bed, inform the person in need of care beforehand and check whether they are sliding towards the foot end of the bed. To prevent slipping, the care bed can be slightly bent at the knee and foot section beforehand. Alternatively, a bolster cushion can be placed under the knees or thighs.

Additional aids for support and relief:
- universal cushion to support the arms and shoulders
- bolster cushion to relieve pressure in the leg and pelvic area

These aids help to distribute pressure more evenly and prevent discomfort in the lower back and coccyx area. Pressure on these areas is particularly high when in an upright position, which is why regular skin checks and repositioning are especially important.

Elevating the upper body can generate shear forces, which should be taken into consideration. To reduce these forces, it can be helpful to gently lift both sides of the hips briefly after positioning. This helps to minimise skin irritation and reduces the risk of pressure ulcers.



03 Closing remarks

Providing good care means being attentive

Care is not about doing everything perfectly.
Care is about observing, listening and acting with attention and empathy.

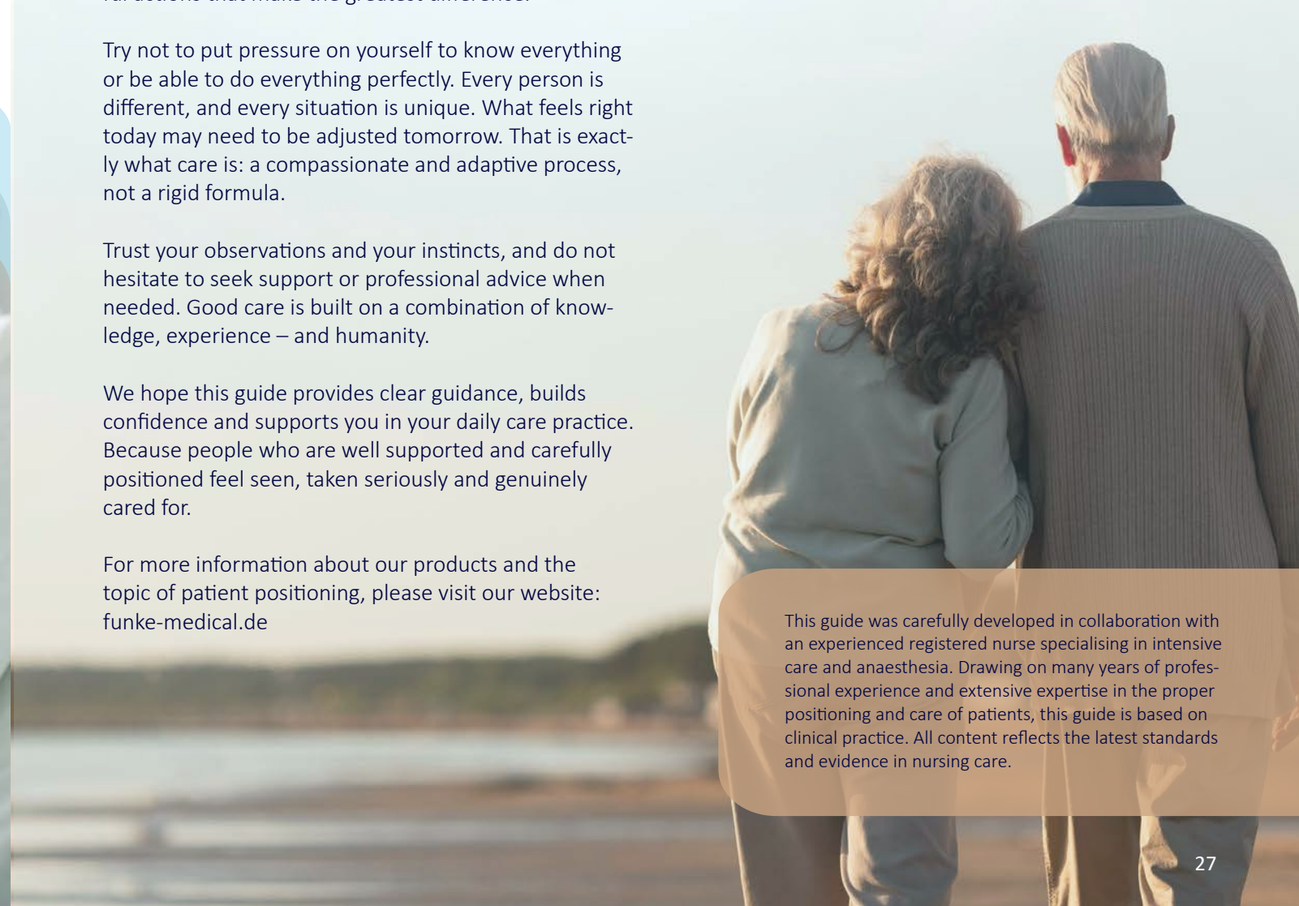
With appropriate positioning and repositioning, you can as a carer make a significant difference: you can improve comfort, relieve pain and help prevent health risks. Often, it is not the major interventions but small, thoughtful actions that make the greatest difference.

Try not to put pressure on yourself to know everything or be able to do everything perfectly. Every person is different, and every situation is unique. What feels right today may need to be adjusted tomorrow. That is exactly what care is: a compassionate and adaptive process, not a rigid formula.

Trust your observations and your instincts, and do not hesitate to seek support or professional advice when needed. Good care is built on a combination of knowledge, experience – and humanity.

We hope this guide provides clear guidance, builds confidence and supports you in your daily care practice. Because people who are well supported and carefully positioned feel seen, taken seriously and genuinely cared for.

For more information about our products and the topic of patient positioning, please visit our website: funke-medical.de



This guide was carefully developed in collaboration with an experienced registered nurse specialising in intensive care and anaesthesia. Drawing on many years of professional experience and extensive expertise in the proper positioning and care of patients, this guide is based on clinical practice. All content reflects the latest standards and evidence in nursing care.



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