

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

# Positioning of Long-Term Care Patients: Clinical Effectiveness and Guidelines

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## Research Questions

1. What is the clinical effectiveness of residents resting in a reclined positioning chair versus laying in a bed?
2. What are the evidence-based guidelines regarding positioning of long term care immobile patients during rest time?

## Key Findings

No relevant literature was identified regarding the of resting in a reclined position chair versus laying in bed of long-term care immobile patients during rest time. Additionally, no evidence-based guidelines were identified regarding the positioning of long-term care immobile patients during rest time.

## Methods

A limited literature search was conducted by an information specialist on key resources including PubMed, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused Internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine’s MeSH (Medical Subject Headings), and keywords. The main search concepts were best practices in positioning or positioning chairs and long-term care residents. The search was also limited to English language documents published between January 1, 2014 and August 20, 2019.

## Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

**Table 1: Selection Criteria**

<b>Population</b>	Residents in long term care facilities who are immobile (confined to a chair)
<b>Intervention</b>	Reclining the positioning chair (e.g., Broda chairs)
<b>Comparator</b>	Positioning patients in bed
<b>Outcomes</b>	Q1: Clinical effectiveness (pressure ulcer development, skin integrity, patient comfort) Q2: Evidence-based guidelines
<b>Study Designs</b>	Health technology assessments, systematic review, meta-analyses, randomized control trials, non-randomized studies, evidence-based guidelines.

## Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

No relevant literature was identified regarding the clinical effectiveness of resting in a reclined position chair versus laying in bed. Additionally, no evidence-based guidelines were identified regarding the positioning of long-term care immobile patients during rest time.

References of potential interest are provided in the appendix.

## Overall Summary of Findings

No relevant literature was identified regarding the clinical effectiveness of resting in a reclined position chair versus laying in bed; therefore, no summary can be provided. In addition, no evidence-based guidelines were identified regarding positions of long term care immobile patients during rest time; therefore, no summary can be provided.

## References Summarized

### Health Technology Assessments

No literature identified.

### Systematic Reviews and Meta-analyses

No literature identified.

### Randomized Controlled Trials

No literature identified.

### Non-Randomized Studies

No literature identified.

### Guidelines and Recommendations

No literature identified.

## Appendix — Further Information

### Previous CADTH Reports

1. Pressure Offloading Cushions for Positioning Chairs: Clinical Evidence and Guidelines. (*CADTH Rapid response report: reference list*). Ottawa (ON): CADTH; 2018.  
<https://cadth.ca/pressure-offloading-cushions-positioning-chairs-clinical-evidence-and-guidelines>
2. Positioning Chairs for Patients with Limited Mobility: Clinical Evidence and Guidelines. (*CADTH Rapid response report: summary of abstracts*). Ottawa (ON): CADTH; 2017.  
<https://www.cadth.ca/positioning-chairs-patients-limited-mobility-clinical-evidence-and-guidelines-0>
3. Emerging Technologies for the Prevention of Pressure Ulcers in Acute Care Settings: A Review of Clinical and Cost-Effectiveness and Guidelines. (*CADTH Rapid response report: summary with critical appraisal*). Ottawa (ON): CADTH; 2016.  
<https://cadth.ca/sites/default/files/pdf/htis/2016/RC0809%20Emerging%20Tech%20for%20Pressure%20Ulcers%20Final.pdf>  
[PubMed: PM27831664](#)
4. Prevention of Pressure Ulcers and Skin Degradation in Wheelchair Users: Guidelines. (*CADTH Rapid response report: reference list*). Ottawa (ON): CADTH; 2015.  
<https://cadth.ca/prevention-pressure-ulcers-and-skin-degradation-wheelchair-users>

### Clinical Practice Guidelines – Methodology Not Specified

5. BC Provincial Interprofessional Skin & Wound Committee in collaboration with Occupational Therapists, Physiotherapists, and Wound Clinicians. Guideline: Prevention of Skin Breakdown due to Pressure, Friction / Shear and Moisture in Adults & Children. Vancouver (BC): Connecting Learners with Knowledge (CLWK); 2016.  
<https://www.clwk.ca/buddydrive/file/guideline-prevention-of-skin-breakdown-2016-october/>  
See: “Promote Pressure Redistribution through Positioning/Repositioning – Section e and f”, pages 16 and 17:

### Additional References

#### *Comparison of Lying Positions*

6. Kallman U, Engstrom M, Bergstrand S, et al. The effects of different lying positions on interface pressure, skin temperature, and tissue blood flow in nursing home residents. *Biol Res Nurs*. 2015 Mar;17(2):142-151.  
[PubMed: PM25037449](#)