

# Sarah Clayton

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## Financial Disclosure

I am a salaried, full-time employee of Simple Stuff Works, a therapeutic positioning equipment manufacturer

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I am a Director of Goldsmith and Goldsmith and am paid to provide measurement of body symmetry and consultancy to privately funded clients

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Goldsmith and Goldsmith are paid to present both online and face to face training for Born at The Right Time Ltd

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Goldsmith and Goldsmith are paid to provide coaching for paediatric therapists by Clinical Excellence Online

Simple Stuff Works in partnership  
with WellChild

# Supporting Parents of Children with Complex Disabilities: 24 Hour Postural Care

Sarah Clayton BSc PGCE

16<sup>th</sup> September 2025

# A brief history

1998 – 2000 The Mansfield  
Project S Goldsmith

2007 Simple Stuff Works

2004 Postural Care CIC  
Training

2008 Carnaby and Pawlyn –  
Nursing Complex Needs

2010 The Patterns of Body  
Shape Distortion – Tizard J  
Goldsmith and S Hill

2011 Workforce training  
strategy – Skills for Care

2013 Confidential Inquiry into  
Premature Deaths of People  
with Learning Disabilities



2011 Simple Stuff Works wins  
BHTA Best Established Product  
Award

2013 Living Local – NHS  
Safeguarding Report



2018 Salford Postural Care  
Study with older adults

2024 First Paediatric Postural  
Care Masterclass – many more  
to come!

2023 Clinical Excellence Online  
coaching platform for  
paediatric therapists

2021 Cradle to Grave 6 week  
CPD online training programme  
launched

2020 Posture Positive

2021 Postural Care Strategy for  
Scotland

2018 NHS Reasonable  
Adjustment Guidance

## Session objectives:

To know a basic definition of postural care

To identify key components of postural care

To suggest some practical strategies for parents families

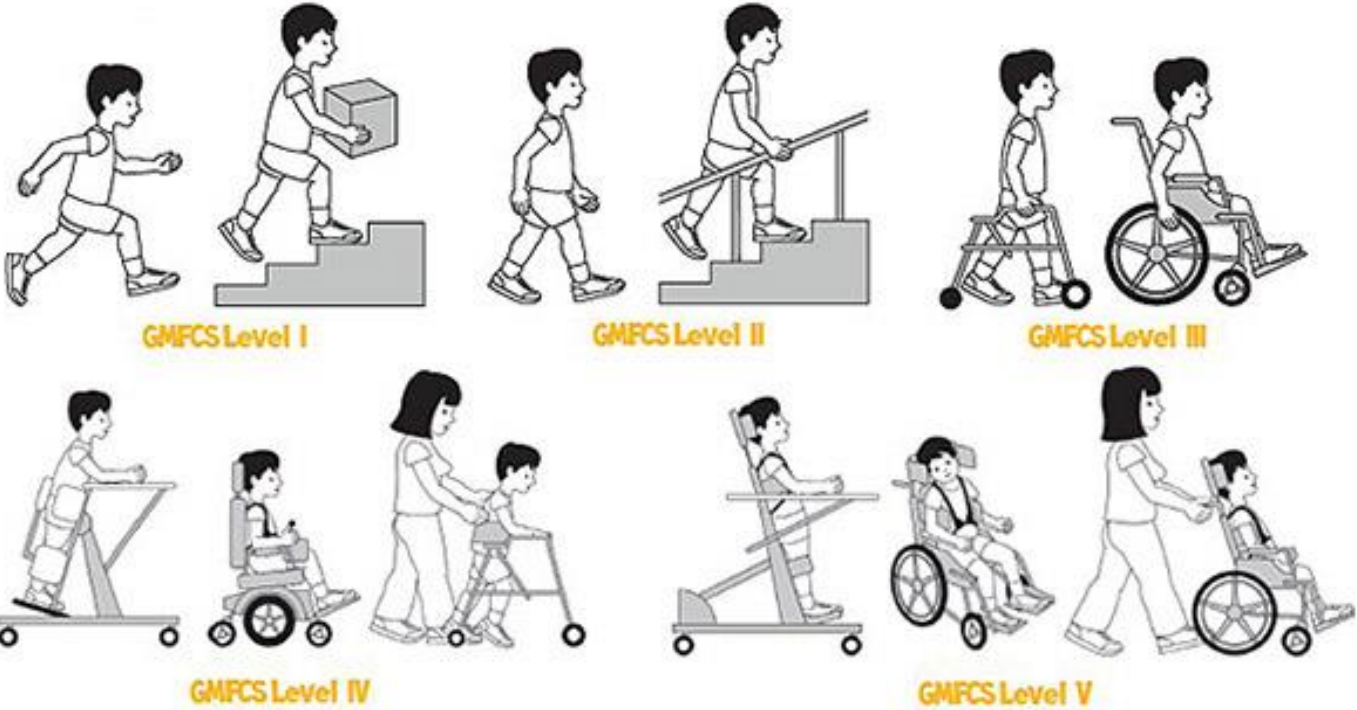
To identify common challenges for those providing postural care

Signposting to further resources and support

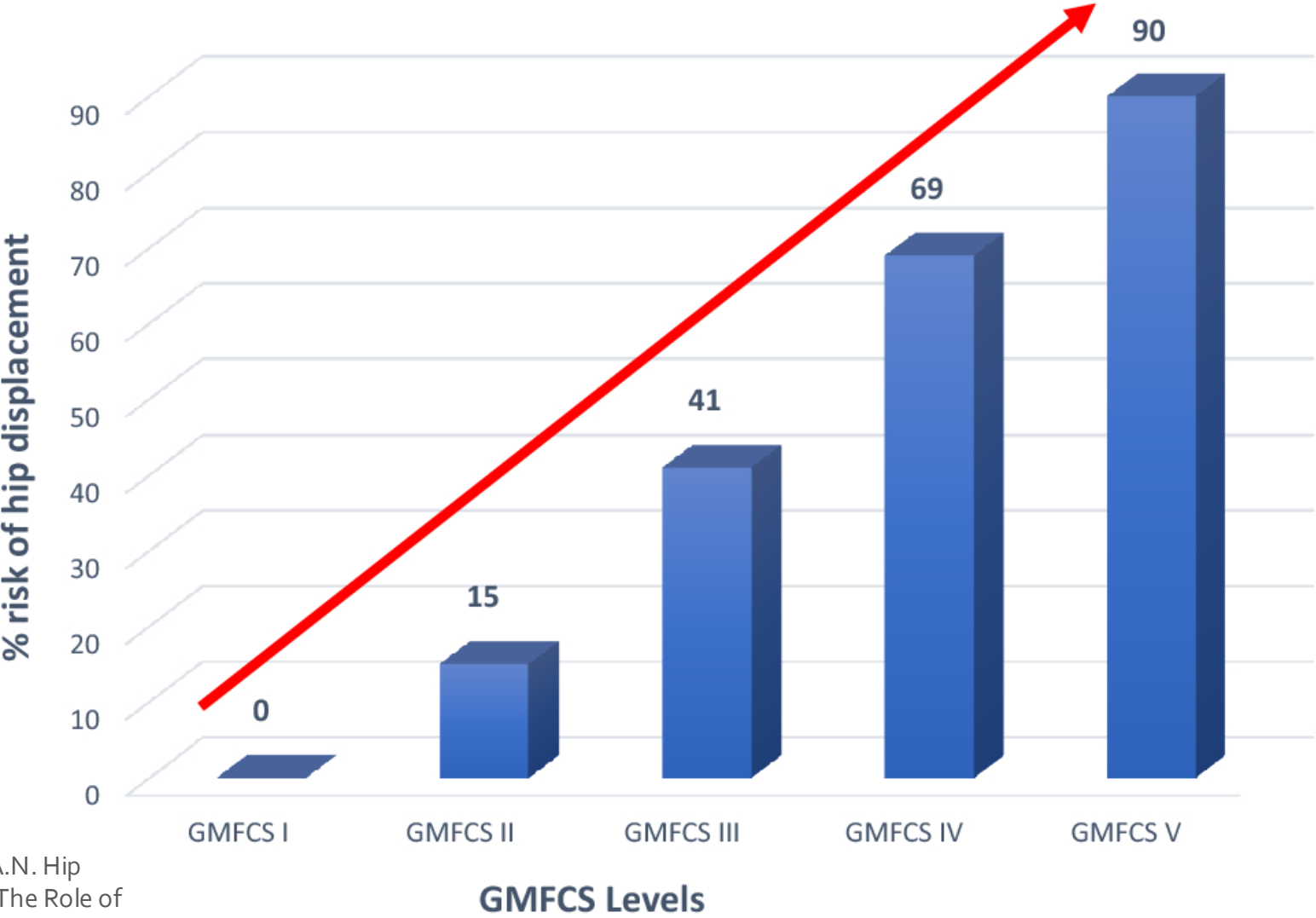
To know a basic definition of postural care

# What is 24 hour postural care?

**24-hour postural care** is the continuous support of a person's body **day and night** to protect body shape, improve comfort, and prevent complications like pressure injuries and contractures



### Risk of Hip Displacement related to GMFCS Levels



To know a basic definition of postural care

Aroojis, A., Mantri, N. & Johari, A.N. Hip Displacement in Cerebral Palsy: The Role of Surveillance. *JOIO* 55, 5–19 (2021). <https://doi.org/10.1007/s43465-020-00162-y>

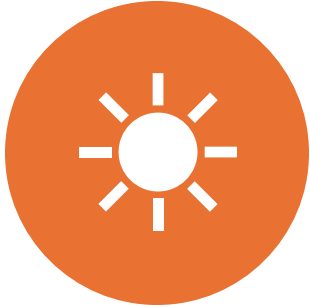
To know a basic definition of postural care

# Why protect body shape?



- Specialist nursing care costs
- Complex moving and handling
- Health
  - Dysphagia and risk of aspiration
  - Sexual Function
- Premature death
  - Social Interaction
- Pain
  - Demands on carers
  - Pressure injury
- Emotional wellbeing
  - Bowel function
- Movement
  - Communication
  - Self determination

To identify key components of postural care



### DAYTIME POSITIONING

Sitting  
Standing  
Lying  
Mobility Aids



### NIGHTTIME POSITIONING

Supported lying  
Usually most influential position  
Leads to predictable changes in body shape



### TRANSITIONS AND MOVEMENT

Changing position regularly  
Movement to support learning and development



### EQUIPMENT AND ASSISTIVE DEVICES

Sitting  
Standing  
Lying  
Mobility Aids  
Interaction with all other aids to daily living – hoist, communication, feeding...

To identify key components of postural care

Assessment and identification of goals

Equipment Provision

Review



Implementation

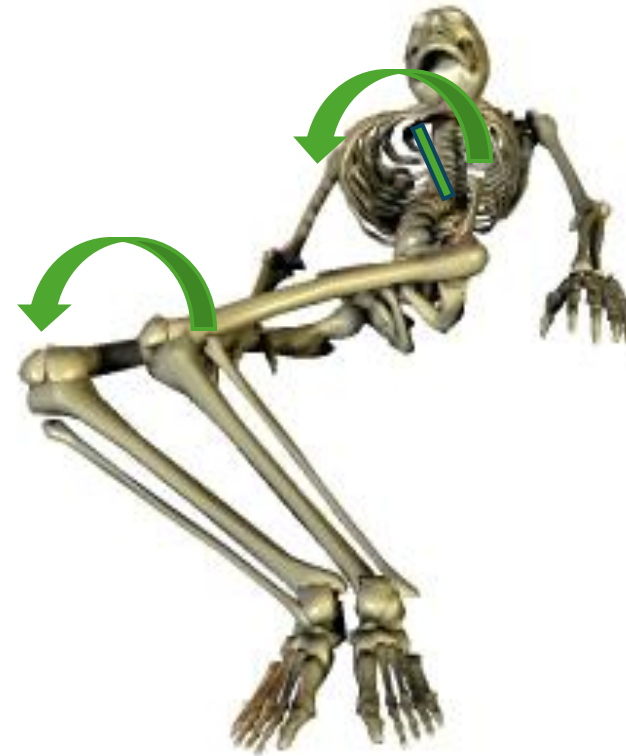
Changes in body shape are highly predictable  
With predictability comes opportunity to track a different course  
With opportunity comes responsibility

# Windsweeping

To identify key components of postural care



Windswept **LEFT**  
Clockwise chest  
rotation



Windswept **RIGHT**  
Anti - Clockwise chest  
rotation

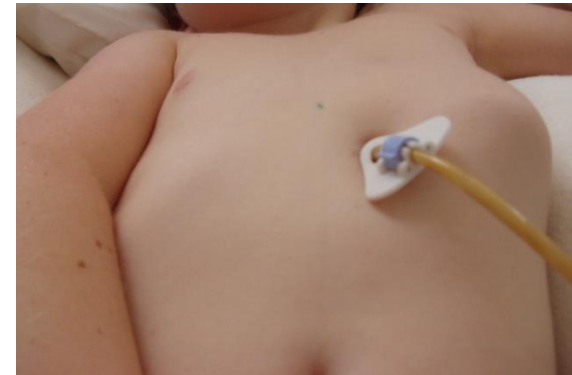
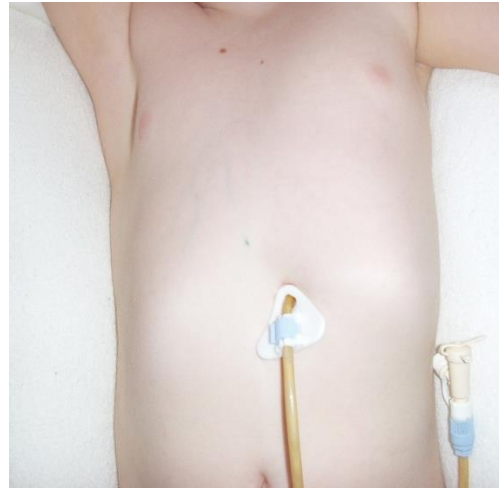


To identify key components of postural care



# De-rotating the Chest

To identify key components of postural care



# De-rotating the Chest

To identify key components of postural care



This young man is 25 years old  
The photographs are taken 3 months apart

The direction of dislocation will depend on the position the person lies in as a habit

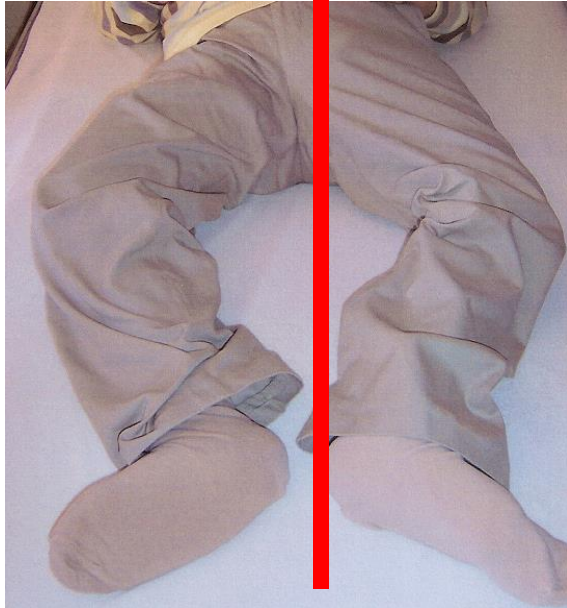
To identify key components of postural care



If the leg is crossing the midline the hip will tend to dislocate posteriorly or backwards

The direction of dislocation will depend on the position the person lies in as a habit

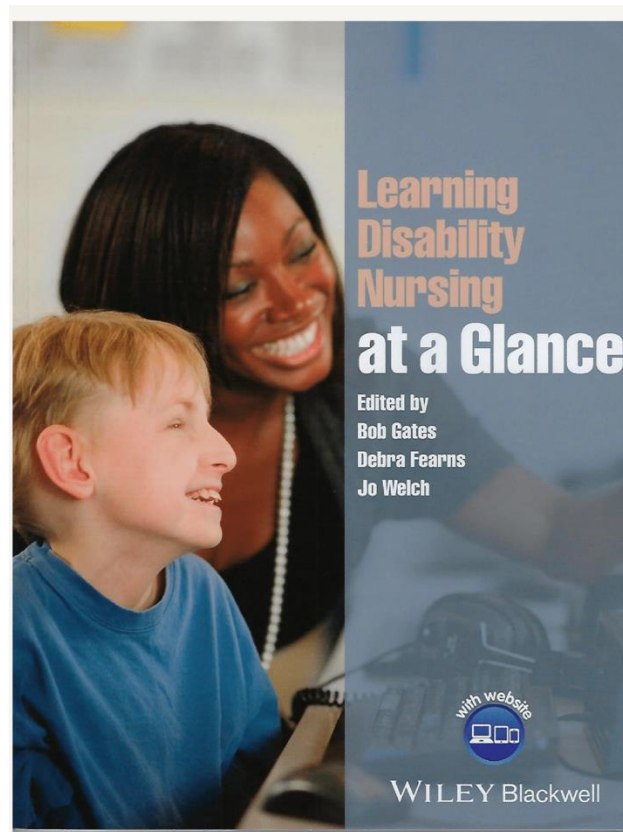
To identify key components of postural care



If the leg is falling away from the midline the hip will tend to dislocate anteriorly or forwards

To suggest some practical strategies for parents and families

# Student nursing textbooks...



**44 Postural care**

**Protection of body shape**

Postural care is a gentle, passive form of physical therapy used to protect a person's body shape. It is effective if it is used consistently over a 24-hour period. It is important to recognise the significance of night time when considering postural care due to the significant amount of time that people spend in bed.

- On average a child will spend 1140 hours of the year in school, slightly longer if an adult, as a work.
- If they go to bed at 10pm and get up at 7am they will be in bed for 860 hours of the year.
- Many people with a complex disability will spend longer than this in bed.
- Being physically active during the day is very important but good positioning is vital if a person is to remain symmetrical.
- People who position an individual's hands-on care are the key to good postural care.

Body shape distortion occurs gradually over time. Common examples of body shape distortion include hip subluxation or dislocation, pelvic obliquity and scoliosis.

**Chest symmetry**      **Clockwise rotational distortion**      **Anticlockwise rotational distortion**

**How do you know if the person needs postural care?**

- If they find it difficult to change position independently, regardless of their age or diagnosis, you need to consider postural care.
- Consider the positions that the person is able to adopt and whether these are destructive or supported.
- Within a 24-hour period assess the likely impact of these positions. Very short periods of time in destructive postures, for example when a person is using a hoist, will have less impact compared with long periods of time, for example when a person is asleep in bed. This will be heavily influenced by the quality and appropriateness of the equipment the person has access to.

**Commonly used terms and concepts to be aware of**

- Destructive postures** – postures in which the skeleton, internal organs and muscle tone can be damaged. Usually these are asymmetric postures in which some joints will be stressed.
- Supported postures** – postures in which the skeleton and joints are supported in neutral, comfortable positions. Internal capacity of the chest and abdomen are protected.
- Primitive pathological reflexes** – in a newborn baby, primitive reflexes can be seen to influence the way they move. As the child develops, these primitive reflexes are replaced by postural reflexes which help to support the child to move against gravity and to produce more coordinated movement. Some children retain these primitive reflexes if their balance and core stability does not develop.
- Postural reflexes** support control of balance, stability and movement, normally replacing primitive reflexes as more mature patterns of movement develop.
- Muscle tone** – the state of readiness of muscles to contract, relax, coordinate and stabilise. High tone (hypertonicity) the muscle is too tight, low tone (hypotonicity) the muscle is too loose.
- Prone** – the word used to describe lying on your stomach. **Supine** – the word used to describe lying on your back.
- Symmetrical supine lying** – the position in which the heavy parts of the body, the spine, back of the pelvis, shoulder blades and the back of the head are best supported. In this position the softer more vulnerable parts of the body such as the front of the chest are less likely to be damaged.
- Side lying** – a position in which rotational forces acting on the body will inevitably cause damage. This position is used for short periods to support the development of function but whenever possible should be avoided for long periods of time.

**Equipment used to protect body shape**

**Postural care**

Postural care is used to protect a person's body shape. Very young children rarely have distorted body shapes as distortion occurs gradually over a long period of time. Gravity and destructive postures conspire to distort body shape in a predictable and avoidable way. Those people who provide hands-on day-to-day care need to be supported to understand how to provide gentle postural care over the 24-hour period.

**Assessment**

If the person you support finds it difficult to change position independently you need to think about whether they need to use postural care. The Mansfield Checklist can be used to help identify people that are at risk of body shape distortion:

- Does the person stay in a limited number of positions?
- Do the person's knees seem to be drawn to one side? Inwards? Outwards?
- Are the person's arms and hands in a position in which they could function easily?
- Does the person's head seem to turn mainly to one side?
- Does the person's body tend to extend backwards? Flex forwards? Fall to the right or to the left?

**Measurement of body symmetry**

Validated, standardised and non-invasive measurement of body symmetry provides an accurate baseline of the symmetry of the body. It is used to determine the therapeutic forces that are required either to maintain symmetry or to restore the body to a symmetrical, balanced posture. The measures are called The Goldsmith Indices of Body Symmetry and are used alongside other information, such as the condition of a person's hips, to determine the success of therapeutic intervention.

**Use of equipment**

There is a very wide range of equipment that may be used to provide people with comfortable support and to protect their body symmetry.

- Tilt in space seating enables both the seat and back to be tilted forward or backwards without altering the angle at the hips, this is used in combination with recline to offer a range of seating positions over time.
- Recline allows for the angle of the hip to be opened which reduces the destructive impact of gravity on a person in an upright posture. Recline also increases the internal capacity of the abdomen and thorax so enabling improved function of the internal organs.
- Modular seating comprises a seating base with a range of moveable parts which can be selected and positioned according to the person's needs.
- Moulded seating comprises of a seating base which is moulded around the individual person's body. This may enable those with severe body shape distortion to be able to access mobility, but is far less flexible and dynamic than a modular system.

**Safety planning**

Particular consideration must be given to the safety of night time positioning. People may well be either asleep or tired, there may be fewer people around and fewer opportunities to monitor the person's wellbeing. The following list is not exhaustive but highlights common safety considerations:

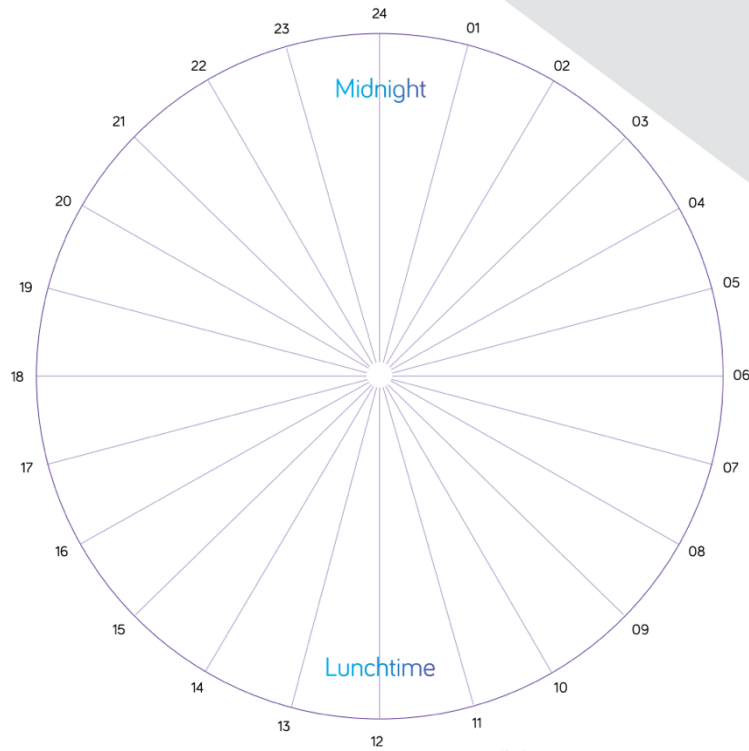
- Is the person happy?
- Does the person have epilepsy?
- Can they breathe safely?
- Are they comfortable with regard to temperature?
- Are there any new pressure areas resulting from a change in body position?
- Are there any problems with circulation?
- Does the person use external feeding at night?
- Does the person have reflux?
- Are continence issues resolved?
- Are there any other issues which need to be thought about in order to make sure that changes of position will be introduced safely and gently?

**Summary**

- Postural care is a person-centred 24-hour approach that has been shown to both protect and restore body shape, muscle tone and quality of life. It is essential that the person and their first circle of support are well trained to self-manage this long term aspect of healthcare.

## Posture Analysis Graph

24 hour clock for: Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



### Instructions

- Divide the clock up according to the different positions/equipment the client is in.
- Label each sector accordingly
- Colour code each position/equipment type as per the shading key
- Calculate the percentage of the clock (24 hrs) spent in each situation
- Copy this page or email [solutions@medifab.com](mailto:solutions@medifab.com) to request more copies if required.

### Shading Key

■ Bed	= ____%
■ Wheelchair	= ____%
■ Standing frame	= ____%
■ Relaxed position	= ____%
■ Other: _____	= ____%
■ Other: _____	= ____%

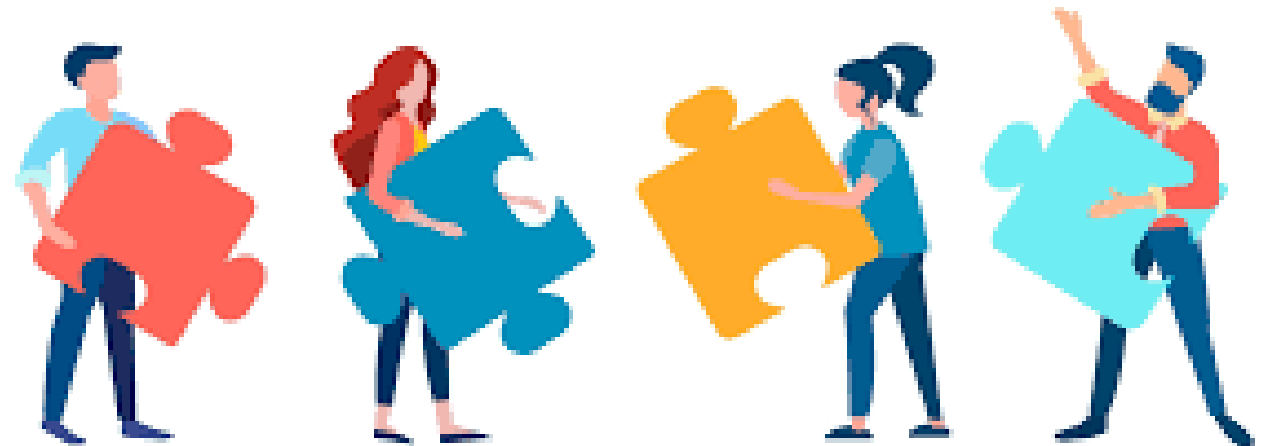
To suggest some practical strategies for parents and families



Find out who your local postural care person is!  
Probably a Physio or an OT...

To suggest some practical strategies for parents and families

Then buy them cake



# Take photographs

To suggest some practical strategies for parents and families





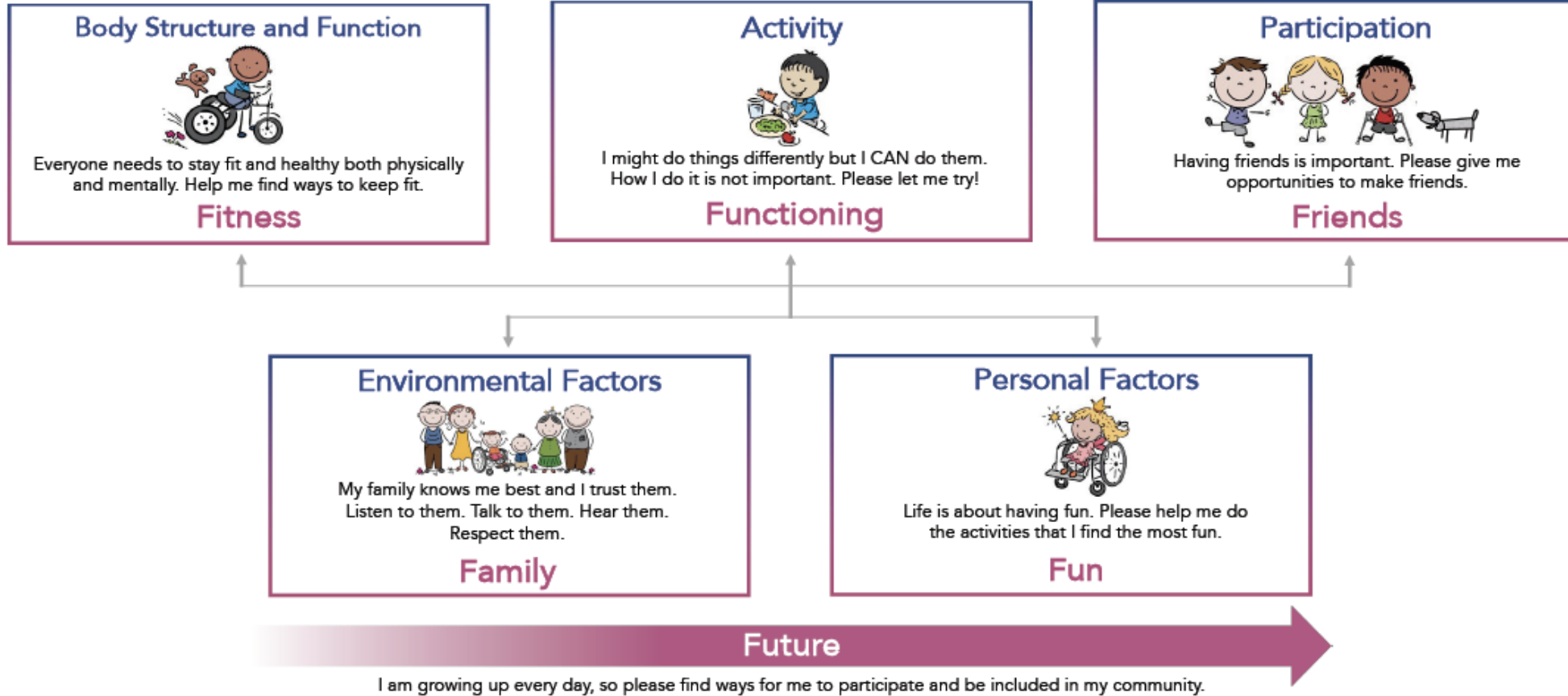
Thorough assessment in seating  
AND lying is essential – check out  
Sharon Sutherland at  
[www.postureandmobility.com](http://www.postureandmobility.com)

Make the link  
between lying and  
sitting and life in  
general!!

To suggest some  
practical  
strategies for  
parents and  
families

Simple? But the  
experiences of  
parents captured  
by Jane Hamer  
would indicate that  
introducing  
supported lying at  
night is very  
challenging  
(Hamer 2025)

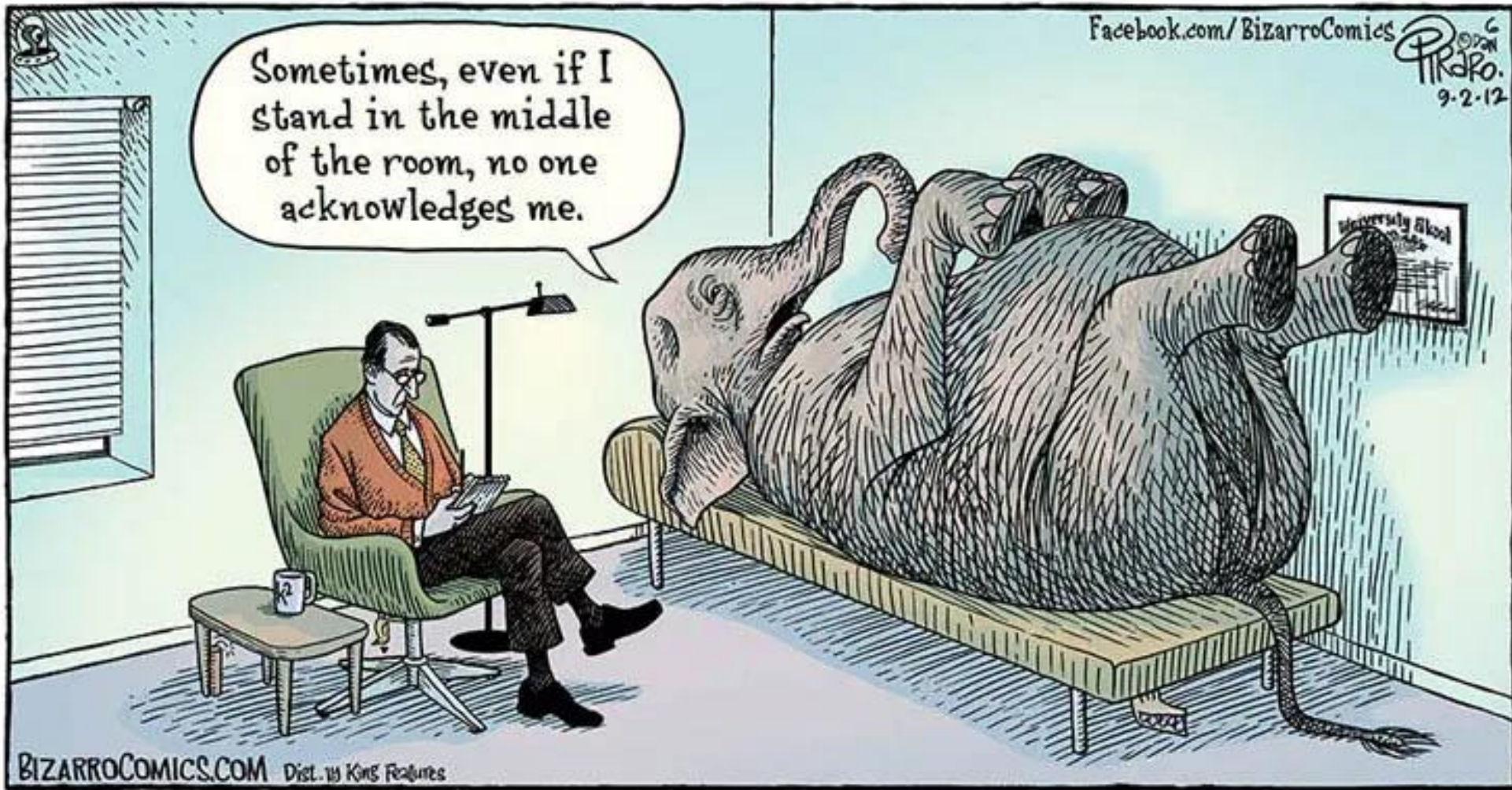
# The ICF Framework<sup>1</sup> and the F-Words<sup>2</sup>



For more information visit the F-words Knowledge Hub:  
[www.canchild.ca/f-words](http://www.canchild.ca/f-words)



1) World Health Organization. (2001) *International Classification of Functioning, Disability and Health (ICF)*  
2) Rosenbaum P & Gorter JW. (2012). The 'F-words' in childhood disability: I swear this is how we should think! *Child Care Health Dev*; 38.



To identify common challenges for those providing postural care

### Person

Feels restricted  
Doesn't see the point / understand the need  
Moves  
Finds it strange (not usual position)  
Finds it uncomfortable or even painful  
Finds it difficult to fall asleep  
Doesn't like the look of the equipment  
Tried before – bad experience / “it didn't work”  
Doesn't like being told what to do  
Gets too hot / sweaty  
Gets in the way of my partner / parent / support worker

### Service

Not enough time to assess / support / review  
Not enough money for therapist contact time / equipment / training  
Not what we are measuring  
Difficulty in justifying preventative interventions  
May save money in the future but doesn't save money today  
Not aware of the evidence base  
Not aware of reasonable adjustment guidelines  
Misconception that gravity no longer affects people when they stop growing  
Different disciplines within the MDT can be out of step with one another – e.g. response to referrals in different time scales

### Medical

High muscle tone that is difficult to manage  
Continence issues  
Temperature control issues  
Perceived conflict with other interventions e.g. PEG feeds, pressure care  
Infections control issues  
Risk benefit analysis incomplete

### Care Giver

Not enough time  
Doesn't see the point / understand the need  
Doesn't “believe” in it  
Too much washing  
Not my job  
Conflicts with something else I have been told to do  
Have to keep putting the equipment in and out  
Doesn't look like a normal bed  
Can't remember what to do  
“Why can't you just leave them alone at night?”  
Interferes with my sleep and I am already exhausted

### Cultural

Attitudes towards co-sleeping  
No recognition that night time therapeutic positioning is required / hidden population  
Misconception that night time therapeutic positioning is restrictive / unnatural / unkind  
It's another trend / craze  
Not a quick fix (unlike surgical intervention)  
Need for postural care training not recognised

Signposting  
to further  
resources  
and support

# Further resources

- [The Skies We're Under](#) – parenting podcast for anyone who wants to know what it's really like... Not for our younger listeners!
- [Postural Care Overview Tool](#)
- [Heba app](#) used to track children's care and to share information with clinicians
- The Goldsmith Development Programme by Simple Stuff Works – contact Sarah for details
- Simple Stuff Works [YouTube channel](#)
- Simple Stuff Works [resources page](#)
- Simple Stuff Works resource booklet <https://www.simplestuffworks.com/wp-content/uploads/2024/01/Therapeutic-Lying-Handout-2024.pdf>
- ISWP webinars postural care in [less resourced settings](#)

Thank you **so much** for your time

Email: [Training@simplestuffworks.co.uk](mailto:Training@simplestuffworks.co.uk)

Office: 01827 307870

# References

- Hill (Clayton), S. and Goldsmith, J., *Biomechanics and prevention of body shape distortion*. The Tizard Learning Disability Review. 2010. Vol. 15, Issue 2, pgs. 15 – 29
- Casey J, Rosenblad A, Rodby-Bousquet E. Postural asymmetries, pain, and ability to change position of children with cerebral palsy in sitting and supine: a cross-sectional study. *Disabil Rehabil*. 2022 Jun;44(11):2363-2371. doi: 10.1080/09638288.2020.1834628. Epub 2020 Nov 3. PMID: 33142069.
- Hamer, J., Graham, F., Martin, R., Ranta, A. (2025). Caregivers' Experience of Sleep Systems for Children with Complex Neurodisability: A Qualitative Study. *Physical & Occupational Therapy in Pediatrics*, 45(3) 401-422. <https://doi.org/10.1080/01942638.2024.2419642>
- Sharon Sutherland – seating and lying assessment [www.postureandmobility.com](http://www.postureandmobility.com)
- Listen to Jane discussing her findings here It's a complex night – <https://www.bornattherighttime.com/the-skies-we-are-under-podcast/>
- Goldsmith, L. Golding, RM. Garstang, RA. Macrae, AW. *A technique to measure windswept deformity*. *Physiotherapy*. 1992; (78) 4; 235-42. Goldsmith, J., & Goldsmith, E. (2013).
- Jo de Clercq – Sensorimotor disintegration. Connect with him via LinkedIn for updates and materials <https://www.linkedin.com/pulse/paratonia-people-dementia-jo-de-clercq/>
- Further online CPD certified training <https://www.bornattherighttime.com/24-hour-postural-care/>