Nurses’ or carers’ help (Stockton and Rithalia, 2008; Henderson et al, 1994). Each type of movement requires different personal skill and physical ability that nurses need to be aware of. These movements are:

**Lift-off:** In this type of movement, the seated person pushes up from the armrest of the chair to take the buttocks completely off the support surface. For wheelchair users unable to support any of their weight through their legs, their entire lifted body weight is taken through their arms as they push upwards, locking the elbows.

This lift requires good upper-body strength and therefore tends to be done by younger, active wheelchair users. Those who can perform this movement when young may need to rethink their approach as they age and experience joint degeneration, or develop median nerve problems because of continuous wheelchair propulsion.

**Stand:** This should be done routinely if patients are able to do so. Those who can bear weight should be encouraged to stand for a short period. Any necessary support and help should be provided.

To prepare to stand, patients should be encouraged to make small movements to the edge of the seat, put heels back slightly and push to stand using the armrests.

It is important the design and dimensions of the seat do not obstruct the action of safely rising from the chair, as seen when patients struggle to rise when armrest heights are not at the correct level, or the seat is too deep, or with obstructive chair-frame designs that make it difficult for nurses’ or carers’ help.

**Self-repositioning**

Current advice is that self-repositioning pressure-relief movement should be carried out by a seated person every 15–30 minutes (NHS Choices, 2008). There is little readily available advice on how long this pressure-relief movement or ‘off-load’ of tissues should be maintained. One small research study indicated that up to three minutes and 30 seconds may be needed each time to raise tissue oxygenation to unloaded levels in some wheelchair users (Coggrave and Rose, 2003).

During continuous sitting, several types of self-repositioning and off-loading movements can be done by patients themselves or with nurses’ or carers’ help (Stockton and Rithalia, 2008; Henderson et al, 1994). Each type of movement requires different personal skill and physical ability that nurses need to be aware of. These movements are:

**Lift-off:** In this type of movement, the seated person pushes up from the armrest of the chair to take the buttocks completely off the support surface. For wheelchair users unable to support any of their weight through their legs, their entire lifted body weight is taken through their arms as they push upwards, locking the elbows.

This lift requires good upper-body strength and therefore tends to be done by younger, active wheelchair users. Those who can perform this movement when young may need to rethink their approach as they age and experience joint degeneration, or develop median nerve problems because of continuous wheelchair propulsion.

**Stand:** This should be done routinely if patients are able to do so. Those who can bear weight should be encouraged to stand for a short period. Any necessary support and help should be provided.

To prepare to stand, patients should be encouraged to make small movements to the edge of the seat, put heels back slightly and push to stand using the armrests.

It is important the design and dimensions of the seat do not obstruct the action of safely rising from the chair, as seen when patients struggle to rise when armrest heights are not at the correct level, or the seat is too deep, or with obstructive chair-frame designs that make it difficult for nurses’ or carers’ help.