difficult for them to pull the heels back slightly. Before encouraging someone to stand up from a wheelchair, ensure the brakes are on and that the footplates are moved to each side.

**Roll:** the seated person moves from side to side, lifting each buttock completely from the cushion to encourage tissue reperfusion at the lifted side.

The height and position of the armrests are important for carrying out this movement safely. If they are too low, patients will need to lean downwards to gain support while rolling, and they may become unstable in their seat.

Although this movement does not need as much strength as the lift, it does require patients to have good trunk control to gauge the movement and control their return to a midline seated position.

However, this level of trunk control is not always possible in those with degenerative neurological conditions, and the movement may result in painful muscle spasticity.

**Forward lean:** in this type of movement, the person leans forward while seated, moving the chest towards the knees. This movement does not take the buttocks off the support surface but it helps to reduce the peak pressures taken through the ischial tuberosities.

To perform this movement, patients need to have some trunk control. The forward movement can cause difficulties with incontinence if the bladder is full, and difficulties with breathing in some people, or even autonomic dysreflexia in those with spinal cord injury.

**CURRENT GUIDANCE**

Current pressure ulcer prevention guidelines limit clinical direction on seating to four points. This advises that seating assessment for aids and equipment should be carried out by trained assessors with specific specialist knowledge and expertise, such as physiotherapists or occupational therapists (NICE, 2005).

However, waiting for specialist advice can lead to lengthy delays, so nurses who have daily contact with patients on wards or in the community have an important role in preventing pressure ulcer development in vulnerable people who have to spend long periods of time in chairs.

An awareness of the potential risks of pressure ulcer development, together with knowledge on the principles of good seating, can provide nurses with key information to support and educate patients and carers.

For more information on preventing and managing pressure ulcers in seated patients, see the Tissue Viability Society (2009) guidelines and Clark (2009).

**Part 2, to be published next week, examines patient posture and techniques to prevent pressure ulcers**

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**REFERENCES**


