

Practitioner Manual for Specialised Seating



**A manual for SWEP registered and
credentialed practitioners**

Developed by the SWEP Clinical Advisory Team



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Images in this manual have been used to demonstrate the range and breadth of features available within this AT category. However, images provided should not be considered an endorsement of a particular product, nor should they be considered an exhaustive list of all products or features available. As a practitioner you need to use due diligence to ensure that the item and supplier you recommend is best suited to your consumer, their wishes and needs. SWEP will not be held liable for any mismatch of consumer and AT interface that has resulted from the use of images or information in this manual.

Background

This manual has been developed for assistive technology (AT) practitioners who are registered and credentialed with the State-wide Equipment Program (SWEP). It aims to support and enhance the ability of practitioner to assess, consider and recommend seating items for consumers.

SWEP clinical advisors have developed this resource manual to

- Provide useful information for practitioners
- Give links to evidence-based practices
- Recommend assessments to assist with identifying successful seating solutions
- Outline potential risks to consider related to the consumer, support people and the environment
- Describe relevant items and provide links to a range of product types and options

Guidelines and application process

SWEP offers eligible practitioners a registration and credentialing process, whereby credentialing levels are assigned for specific areas of practice according to *The Standard*. For full details on all available credentialing pathways please refer to the relevant standard and information found below.

The Standards: <https://swep.bhs.org.au/the-standard.php>

Process for registration and credentialing: <https://swep.bhs.org.au/registration-and-credentialing.php>

SWEP also provides an online application portal to collect and manage requests for AT items. This is integrated with the registration and credentialing framework to match AT Practitioner level with consumer and item complexity and establish urgency of consumer need.

Please refer to the funding body for which your consumer is eligible to determine the relevant guidelines for what types of AT items will be considered for funding, and whether or not the SWEP portal should be used to submit an application.

<https://swep.bhs.org.au/programs-services.php>

If you are a registered SWEP practitioner you can access the portal to update your details, apply for credentialing or submit applications as appropriate here:

<https://swep.service-now.com/csm>

Definitions

Specialised seating in the context of this manual refers to AT items that support a consumer to sit for comfort, positioning and/or functional tasks. The word specialised is used to differentiate seating designed for a specific therapeutic purpose from regular seating you would expect to find in a home setting (ie dining chair, armchair). This category does not refer to standard or customised seating on wheelchairs. It also does not refer to standalone pressure care items, although these pressure relieving materials or items may be integrated into seating solutions that do fall under this category (i.e. a memory foam layer built into a chair, a ROHO cushion added to a high back chair).

Riser recliners, high back chairs, kitchen stools, chair raisers or a princess/air comfort chair are examples of items that do fall into this seating category.

The seating items referred to in this manual

- are designed to provide adequate and appropriate support to the occupant,
- allow and encourage independent transfers where appropriate,
- reduce the risk of pressure issues being incurred by the occupant,
- may be an off-the-shelf product, a customised product or custom made.

Products range and features (summary)

Basic specialised seating for therapeutic purposes

- Kitchen perching stool / rest stool
- Low back chair – i.e. bridge chair, utility chair, dining
- High back chair – i.e. todd chair, day chair

Specialised seating with additional features or complexity

- Riser recliners (vertical lift, manual, electric)
- Pressure care lift chairs
- Postural pressure care chairs
- Other specialised seating with postural support, tilt in space, moving features i.e. glide or vertical life, integrated pressure care or other customisations

Specialised seating accessories

- Pressure care to be used on seating – i.e. medical grade sheepskin, pressure care cushion
- Chair raisers
- Seat lift

Recommended Assessments and Considerations

The following assessments and resources can be used as part of evaluating the consumer's needs, abilities and requirements in order to identify the most suitable seating solution.

1. Home assessment

A thorough assessment of the home environment is essential when recommending specialised seating equipment. A home visit, or visit to the environment where the seating is to be used, is considered best practice in order to ensure relevant details have been identified and considered:

- The home assessment must be conducted with the person and all appropriate support person/s present if possible. If all parties cannot be present, the practitioner needs to be confident that all perspectives and impacting details have been considered.
- A trial of potential and/or recommended item/s should be conducted in the environment where the equipment will be used. If this is not possible a trial of similar equipment is recommended, with thorough clinical reasoning to determine any issues that may arise from the different model. The practitioner must ensure safe use of the item prior to making an AT recommendation.
- A practical demonstration in the use of the AT item/s is recommended to ensure the consumer and the support person/s demonstrate their understanding of and ability to use the item safely. The practitioner also needs to consider whether or not additional follow up/demonstration is needed once the item is actually funded and provided to the person for ongoing use.
- Any photos or information required to document and provide the consumer and/or support person with a care plan should be collected. The practitioner needs to ensure that the consumer has access to information such as
 - recommended techniques for using the item/s safely and effectively,
 - routines for use of the item within daily activities,
 - care and maintenance of the recommended items,
 - red flags that the item is no longer meeting the person's needs and what to do about it, and
 - contact details for maintenance, repairs or follow up when required.

Factors that need to be assessed and considered during the home assessment:

Crucial measurements and considerations:

- Circulation space for positioning of seating items, particularly noting space behind the seating if it has a tilt or recline function, or needs to be moved to allow for transfers
- Door widths and hallways for getting the item into the home, or moving it between rooms as needed
- The ability to move the equipment safely, are accessories required e.g. glides

- or skis, to enable the client to be independent?
- Is there adequate space under or around the seating if hoist transfers or stand aids are required?
- Angles of flooring to ensure seating items are stable, floor coverings or positioning of any rugs that may need to be navigated when positioning seating – could there be safety or trip hazards?
- For powered items, is there a power point nearby? Will the cord pose a trip hazard?
- The compatibility of the seating with other AT items in the home - for example:
 - space for positioning of standing or transfer aids
 - circulation space if a wheelchair or walking frame is used to assist the person to move away from the seating
 - heights between commodes, wheelchairs or beds if standing/sliding transfers are used
- Appropriate storage of the item/s when not in use – how this might impact other users of the space, accessibility of the item for daily routines or longer-term maintenance and care of the item/s

2. Physical MAT assessment

While physical MAT assessments are more commonly associated with wheelchair recommendation, it is crucial that the practitioner can measure and apply some basic consumer measurements to ensure the recommended seating item will meet the person's physical needs.

Missing or incorrectly assessing a consumer's physical presentation can negatively impact on comfort, posture, pressure care, function and success of the AT solution. If possible, the assessment should be completed with the consumer NOT sitting in an existing AT item as the equipment may influence the outcome of the assessment.

Measurements that must be considered are:

- Consumer weight including any anticipated weight changes – the relevant load capacity of the seating equipment must be known by the practitioner. It is suggested to allow for 10 extra kgs above the consumer's weight. This considers small weight fluctuations as well as the 'drop down' impact to sitting that sometimes occurs.
- Hip width, including hip rotation or wind-sweeping that may influence the required seat width of the AT item. If a seat width is too wide, then a lateral pelvic lean may occur causing a pelvic obliquity.
- Back of buttocks to behind knee to determine seat depth required in the AT item. Allow for approximately 2 cms gap behind the back of knee and edge of seat. This prevents any pressure against the sensitive popliteal area.
- Shoulder and/or head height to determine backrest height or headrest positioning requirements.
- Any changes to spinal alignment that impact on postural supports.
- Thigh to trunk angle and functional range of movement to determine backrest to seat angle. If the functional thigh to trunk angle is greater than the backrest to seat angle provided, then the person may slip forward or lean to the side of their

seating to give their body the increased space that is more comfortable. This can lead to unintended pressure care, postural or comfort issues.

- Thigh to lower leg angle and functional range of movement to determine positioning of leg supports and safety of feet during transfers and AT item use. This is particularly important for riser recliner chairs, or other seating items with elevating legs – the practitioner needs to ensure that the consumer has the range of movement through the hamstrings for the legs to raise without impacting hip position (i.e. pulling the consumer's bottom forward in their seat).
- Lower leg to foot angle and functional range of movement to determine requirements for foot supports or any considerations for stand transfers from the seating.

Resources to assist development of thorough MAT assessment skills

NCART (National Centre for Assistive and Rehab Technology, USA) - A Clinical Application Guide to Standardized Wheelchair Seating Measures of the Body and Seating Support Surfaces:

https://www.ncart.us/uploads/userfiles/files/documents/GuidetoSeatingMeasuresRevisedEdition_November2013-compressed.pdf

NSW Department of Health Spinal Seating Professional Development Program – Module 3: Hands On

<https://aci.health.nsw.gov.au/networks/spinal-cord-injury/spinal-seating>

NSW Department of Health Spinal Seating Professional Development Program – Module 4: Body Measurements [<https://www.aci.health.nsw.gov.au/networks/spinal-cord-injury/spinal-seating/module>]

<https://aci.health.nsw.gov.au/networks/spinal-cord-injury/spinal-seating/module-4>

NSW Department of Health Spinal Seating Professional Development Program – Module 8: Pressure Management

<https://aci.health.nsw.gov.au/networks/spinal-cord-injury/spinal-seating/module-8>

[CP Tech – How to measure a postural seating insert](#)

Important note:

Sometimes for seating items a practitioner may determine that an item which doesn't match the consumers physical presentation perfectly will be appropriate for the AT solution. Things to consider in making this decision:

- How long the item is used for each sitting and how many times over the course of the day (consider implications for comfort, pressure care and function)
- Transfers and whether the consumer can still easily move to and from the item

- Long term wellbeing and posture, and the impact of being in a less desirable or supported position for periods of time
- Cost implications of customising or purchasing a more customised item, versus the impacts on the consumer of using a more standard seating item
- Whether or not the person is likely to maintain good function using the AT item over time

Assessment of Weight Bearing Status

As part of the physical assessment, weight bearing status needs to be assessed and considered. This will help establish which type of specialised seating equipment is suitable for the person. For example, the client needs to fully weight bear to use a lift recliner chair. Some resources to assist this aspect of assessment are:

- The Worksafe Victoria Transferring People Safely Booklet outlines how to assess and provide assistance safely when assisting a person who has with difficulties transferring.
<https://content.api.worksafe.vic.gov.au/sites/default/files/2018-06/ISBN-Transferring-people-safely-handbook-2009-07.pdf>
- Work safe also has available the Compliance code: Hazardous manual handling, which includes the handling of live persons.
<https://www.worksafe.vic.gov.au/resources/compliance-code-hazardous-manual-handling>
- WorkSafe Victoria Advisory Service
Call 1800 136 089 or go to [worksafe.vic.gov.au](https://www.worksafe.vic.gov.au) to download:

[Information about Manual Handling: review and revision of risk control measures \(March 2016\)](#)

[A guide to risk control plans \(March 2014\)](#)

3. Pressure care risk assessment

Specialised seating items, at times, can be used for long periods of the day, and the consumer may not always have the cognitive ability or physical skills/supports available to change their posture regularly. While not always best practice, seating items may be used for sleeping – either accidentally or intentionally to reduce transfers, support comfort and positioning or minimise support needed. Consequently, pressure care risks need to be thoroughly assessed and considered.

A pressure injury occurs when skin integrity is compromised by soft tissue being compressed between bony prominences and external surfaces. Friction, shear, tissue ischemia and poor blood flow can also contribute to pressure injury. These factors need to be considered when the consumer is seated well in the item, through any postural changes that the item allows, as well as postures that the consumer might slide into during use of the item.

In the seated position, the weight of the head and trunk is supported by the buttocks via the ischial tuberosities (bony prominences). If the person is sitting reclined, or with hips in posterior tilt, the coccyx and sacrum can be vulnerable to pressure areas. Pressure injury can also arise on the arms due to pressure from armrests especially if they are an incorrect height. The skin on the outer thigh can be compromised if the leg is digging into an armrest support or other lateral postural support. Lower legs, feet and ankles can also be prone to injury due to pressure from seating surfaces, foot supports or the environment around them.

Shear can be present during transfers when buttocks, legs or arms are moved across surfaces. Modified transfer techniques or gel surfaces have been shown to be useful against shear and can be considered with seating. Friction can also occur when a bony prominence rubs against a flat surface.

The following assessments support practitioners to consider the range of factors that impact on pressure injury risk:

- Braden Scale https://www.in.gov/health/files/Braden_Scale.pdf
- Waterlow scale http://www.judy-waterlow.co.uk/waterlow_downloads.htm

These scales also consider other factors that can impact on pressure areas and need to be assessed and considered. They include:

- Nutrition
- Decreased mobility
- Sensory perception
- Temperature and humidity
- Moisture
- Incontinence

If the consumer presents with a history of pressure injury or medium to high pressure risk, consider:

- Surfaces of the seating item and whether they are likely to contribute to direct pressure, shear or friction
- Dimensions of the AT item to ensure that pressure is not unnecessarily placed on skin or tissue – either from being too tight a fit or being too large resulting in postural changes such as hip obliquity and lean
- Edges of supports such as armrests to assess pressure risk
- Other AT items that the person uses and how they are addressing pressure care – consider the accumulative impact over a 24-hour period as well as the direct impact of a single item
- Adding a pressure care cushion or additional padding to reduce the likelihood of pressure injury, always noting any impacts of raising the seat height and changing the distance between the seating surface and the armrests (i.e. with a pressure cushion) on transfers, comfort and cleaning

Pressure ulcers are painful for the consumer and can be difficult to treat so prevention is key. The consumer and/or support person/s need to know how to regularly check for and note any reddened areas on the buttocks and any other at-risk areas. If relevant, this could be included in the provided care plan.

4. Cognitive Assessment

A consumer's cognition may impact their safe use of a seating item, or their need to have support to use the item. Supervision or assistance may be needed for safe transfers (i.e. operating the controls on a riser recliner or a hoist to leave a Princess chair) or positioning of the seating item (i.e. a high back chair used at the dining table). Cognition also needs to be considered for any items with a controller (i.e. riser recliner) to ensure that use of the controls don't inadvertently cause the consumer to get into trouble or an unsafe position.

Even if the consumer is identified as having a cognitive challenge, they should still be actively engaged in the assessment and decision-making process using their body language, preferences and participation as a guide.

Formal and informal assessments can be used to determine the consumers' cognitive skills and support needs, including:

- Standardised Mini Mental State Examination (SMMSE)
- Rowland Universal Dementia Assessment Scale (RUDAS)
- Montreal Cognitive Assessment (MoCA)
- Organisation specific or functional cognitive assessments

If it is felt that a seating item is needed due to behaviour of concern or perceived non-compliance with tasks, please ensure you are abiding by the relevant guidelines and legislation around restraint and seclusion. You will also need to be aware of the differences between postural supports and restraints, and be able to determine what it is that you are recommending as part of the AT item. AT items, or any of their components, should not be used for restraint or seclusion without appropriate authorisation and due consideration.

5. Transfer assessment

The consumer's ability to get in and out of the AT item needs to be considered alongside the suitability of the item once the person is in it. Things to consider:

- The person's ability to transfer into the seating safely and with ease and comfort
- The person's ability to weight bear
- The persons health being at risk by using the seating - this includes mental health, skin integrity and participation opportunities
- The ease for which the seating can be moved or positioned with the person in or out of the seating (i.e. positioning the dining chair once consumer is seated, move the Princess chair to another part of the home).
- Consideration for who will do any required repositioning of items also needs to be made

6. Diagnosis considerations

While a diagnosis does not define the extent of a person's abilities or challenges, a diagnosis can point to future prognosis, expected care requirements or anticipated changes in AT item needs. This can help inform decisions such as:

- Whether seating should have growth or postural support customisations available
- Whether hire or reissue items are a viable option to address the need
- The need for fast response changes to seating, and any AT features that can be chosen at the outset to assist with this

7. Functional assessment

Functional assessments can be used to determine a consumer's skill level and hence where support is required to complete a task or daily activity. It is important to identify the consumer's goal for the AT item and ensure that the seating chosen does help them achieve it.

Tools available to measure function:

- Functional Independence Measure (FIM)
<https://meteor.aihw.gov.au/content/index.phtml/itemId/495857>
- Barthel Index Scale <https://www.mdcalc.com/barthel-index-activities-daily-living-adl>

8. Support person considerations

If a support person is unable to assist the consumer to use an existing item of seating safely (i.e. without manual handling risks to themselves), this may be a driver for finding a new piece of seating AT.

If a support person/s is required for the consumer to use or maintain the seating, consider these factors when choosing the item:

- The capabilities of the support person, including the physical and cognitive abilities, and willingness, of the available person/s to use the item
- Any factors in the social or organisational environment that may impact successful and safe use of the item
- The support person's awareness of the consumer's abilities (i.e. weight bearing capability) and how the support they offer demonstrates understanding of these capabilities
- Any changes to manual handling techniques or transfer strategies that may be needed to support consumer preferences and support person safety
- Understanding of health and safety risks to themselves and the consumer as relevant

9. Important equipment features to consider and demonstrate

- How the consumer can use features of the seating to maximise their independence (if appropriate)
- How to operate any controls – manual or electronic – on the seating
- How to operate the equipment if there is a power outage or power failure (if connected to mains power or has battery operated functions) and inform consumer or support person/s where the battery backup is positioned (i.e. how to lower a riser recliner when the power is out)
- How to adjust armrests, headrests or seating as relevant to the item – or reminders not to make their own adjustments to a particular set up!
- How to move items safely such as manual handling considerations or techniques

Contract/Tender Details

After a rigorous and robust evaluation process, SWEP has contracted suppliers for a wide range of Assistive Technology. This has ensured that the equipment selected has been certified under the relevant Australian Standards, meets the specifications required by our consumer group and has been secured at the best value for money.

SWEP have a warehouse in Thomastown with reissue equipment. Reissue equipment is collected items that have been refurbished and are available to consumers and have no wait time for funding.

The pool of equipment consists of items of Assistive Technology that have been refurbished and checked over to ensure they are in good condition for use.

Under the Victorian Aids & Equipment Guidelines a reissue item should always be selected first if available prior to purchasing a new item.

More information on reissue equipment and the process can be found on our website

<https://swep.bhs.org.au/prescriber-reissue-database.php>

Please note we do not reissue low cost items

SWEP have a Contracted Item catalogue, or picklist, on our website, which contains all items listed by category, with a product brochure link, specification and relevant information. You can access the catalogue here:

<https://swep.bhs.org.au/picklists-catalogue.php>

Summary of Evidence

Manual handling legislation and codes of practice

- Australian Association for Manual Handling People website: <http://aamhp.org.au>
- Occupational Health and Safety Act (2004)-Victoria - www.worksafe.vic.gov.au
- Occupational Health and Safety Regulations (2017) - These specify the ways duties imposed by the Act must be performed - www.worksafe.vic.gov.au

Standards

- AS/NZS 4688.1:2018 Fixed height chairs - Determination of stability - Upright chairs
- AS/NZS 4688.3:2000 Furniture - Fixed height chairs - Determination of stability - Upright chairs
- AS/NZS 4688.4:2000 Furniture - Fixed height chairs - Determination of stability - Chairs with tilting or reclining mechanisms when fully reclined and rocking chairs
- AS/NZS 4688.2:2000 Furniture - Fixed height chairs - Determination of strength and durability
- AS/NZS 3744:1998 Assessment of the ignitability of upholstered furniture


Note: AS = Australian Standards NZS = New Zealand Standards

Relevant Articles

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- Collins, F. (2002). "Use of pressure reducing seats and cushions in a community setting." *British Journal of Community Nursing* 7(1): 15.
- Collins, F. (2004). "Seating: assessment and selection." *Journal of wound care*: 9-12.
- Collins, F. (2008). "An essential guide to managing seated patients in the community." *British Journal of Community Nursing* 13(3): S39-40, S42-33, S45-36.
- Nitz, J. C. (2000). "The seating dilemma in aged care." *Australian Journal of Physiotherapy* 46(1): 53-58.
- Stewart, S. (2003). "Choosing the correct chair for the elderly client." *Nursing & Residential Care* 5(3): 113.
- Steele CM, Greenwood C, Ens I, Robertson C & Seidman-Carlson R (1997): Mealtime difficulties in a home for the aged: not just dysphagia. *Dysphagia* 12:43 - 50

** Please note that some of these articles are not Australian and the products they refer to may not be available in Australia.

Appendix 1: Product range and features

Assistive Technology	Information About Features	Functional Implications and Considerations
Basic specialised seating for therapeutic purposes		
<p>Kitchen perching stool or rest stool</p> 	<ul style="list-style-type: none"> • May have backrest and armrests, or just armrests • Legs are usually height adjustable to fit the user and/or task • Splayed legs assist with stability 	<p>Can be used to support participation in activities where fatigue or balance would otherwise be a limitation</p> <p>Considerations:</p> <ul style="list-style-type: none"> • This style of seat is designed for the consumer to 'perch' on the seat so leg strength, balance and mobility need to be carefully considered • Due to the longer legs and often small base of support, these items can unbalance easily so consider the consumers size, weight and transfer style • Ensure the item does not become a falls hazard that the consumer could trip over, or sustain an injury from, while trying to move it to another location (also consider other people in the environment)

Low back chair

i.e. bridge chair, utility chair, low back chair with cross bracing



- May be fixed height or height adjustable
- Back heights will vary and can be matched to the consumer and their postural and functional needs
- Curved back or flat back depending on model is available
- Padded or non-padded armrests, including length of padding and style of arms may vary (i.e. desk style arms)
- Standard or bariatric sizing. Bariatric sizing often requires reinforced or cross braced frame (see picture).
- Rear legs may be angled back to increase stability during transfers
- Comes in variety of coverings including fabric, velour, vinyl, three way stretch waterproof covering or combinations
- May be used in independent or assisted transfers
- Can consider slides on the bottom of the chair to facilitate transfers or moving of the chair

Can be used as an activity chair or replacement dining chair to offer additional postural support, height adjustment and stability compared to standard seating.

Considerations:

- Consider how the consumer interacts with the chair and how they may be impacted by the increased weight of the chair (compared to a dining chair) – is there a falls risk if the consumer tries to stand and the chair won't move?
- Assess if the consumer's independence is actually decreased due to weight of chair and possible inability to position by themselves – how do we support people to manage this task? A chair with a swiveling seat may be more appropriate (please see Revolution Chair under Specialised Seating).
- Consider any implications for restraint if the consumer is unable to get out of the chair themselves
- Consider how the chair covering will interact with continence or any



activities done while in the chair (i.e. ability to wipe clean after a meal or craft)

- Assess for stability during transfers, particularly if consumer tends to drop into the seat
- Armrests are not always adjustable – are they appropriately positioned for comfort, posture and function (i.e. pushing up to stand)?
- Is there any pressure care risk from exposed frame without padding?
- How long will the consumer sit in the chair and is pressure care from the seat adequate?

**High back chair
I.e. todd chair, day chair, day chair
with ease up seat built in**



- Fixed height or height adjustable
- Fixed depth or depth adjustable
- Fixed armrests, height adjustable armrests, drop side armrests or removable armrests
- Full length armrests, padded or not padded
- Handgrip at armrest end or rolled armrest end
- Static lumbar support, adjustable lumbar support or no lumbar support
- Fixed angle backrest or reclining backrest
- Separate headrest (often fold over

Can be used as an activity chair, or replacement to an armchair to offer height adjustment and postural support.

Considerations:

- Consider how the consumer interacts with the chair and how they may be impacted by the increased weight of the chair (compared to a dining chair) – is there a falls risk if the consumer tries to stand and the chair won't move?



backrest)

- Standard, bariatric or custom made sizing
- Bariatric sizing usually has a reinforced frame or cross bracing
- Independent or assisted transfers
- Day chairs can have a built in gas assisted lift up seat. Consumer 's require good standing balance for this option.

- Assess if the consumer's independence is actually decreased due to weight of chair and possible inability to position by themselves.
- Consider any implications for restraint if the consumer is unable to get out of the chair themselves
- Consider how the chair covering will interact with continence or any activities done while in the chair (i.e. ability to wipe clean after a meal or craft)
- Assess for stability during transfers, particularly if consumer tends to drop into the seat
- Armrests are not always adjustable – are they appropriately positioned for comfort, posture and function (i.e. push to stand)?
- Is there any pressure care risk from exposed frame without padding?
- How long will the consumer sit in the chair and is pressure care from the seat adequate?
- If transfer aids are required, check how they fit around the legs of the chair (i.e. hoist leg clearance)

Specialised seating with additional features or complexity

Riser recliners



For users with hip or knee joint issues, pain or reduced mobility who require assistance to stand from a sitting position.

- Available in manual or electric style
- Combinations of backrest recline, leg elevation and vertical lift available
- Single and dual motors available depending on weight requirements, load on chair and movements possible
- Usually has battery back up in case of power outage
- Adjustable padding or fixed padding may be present
- Built in headrest or separate headrest
- Fully or partly upholstered armrests
- Handgrip at armrest end or rolled armrest end
- Partial or full recline
- Petite, standard, large, bariatric or custom-made sizing
- Single motor allows the backrest and leg rest to raise or lower in unison, dual motor allows more independent operation of the chair functions (i.e. the backrest can move independently to the leg rest)
- Requires a power point to function
- Consider placement of chair to allow for backrest to recline and not hit walls or other furniture
- Consider cognition of the consumer and how they will manage to operate the controller and whether supervision is required for safe use
- Consider mobility needs and how the chair may interact with a walking aid, transfer aid or consumers ability to walk independently
- Control can be positioned on the right or left side
- Different controllers have different types of controls and display which may be easier or harder for some consumers
- Ensure the consumer has adequate postural control to reach for the controller, particularly if it is stored in the side pocket
- Consider armrest style to facilitate pushing off to stand



- Sometimes riser recliners can have very deep and wide seats. A good physical MAT assessment is essential to ensure the consumer will be able to maintain good posture and comfort, without the seat depth being too long or wide.
- The MAT assessment will also show to what extent the consumer has adequate hamstring length and knee extension to allow upright sitting up with the leg rests raised (if hamstring length is inadequate, the consumer may slide forward in the riser recliner when the leg rests are raised)

Pressure care lift chair




Offers the standing assistance of a riser recliner with additional pressure care built into the chair. Features are similar to the riser recliner plus:



- Four way stretch fabric upholstery needed to optimise the pressure care properties
- Padding is layered memory foam of various densities, with or without adjustable water or air bladders
- Adjustable padding or customised foam padding may be possible

Same as the standard riser recliner plus:

- Consider amount of time consumer will be in the chair and what activities will be performed and whether available pressure care is adequate
- Consider transfers and any possibility of friction or shear that may impact presenting pressure care risks
- Consider how reaching for the controller or making postural adjustments may impact pressure care
- If air or water bladders are included, consider the stability of the consumer

		<p>and how that might relate to comfort, posture and pressure care</p> <ul style="list-style-type: none"> • Consider consumers cognition and ability to understand how changing postures or using particular positions in the chair may or may not support pressure care management • Always check any firm parts of the chair (i.e. ends of armrests, sides of chair) to ensure they don't negatively impact pressure care
<p>Postural pressure care chairs</p>	<p>Seating on wheels with postural support, tilt in space, moving features, integrated pressure care or other customisations</p> <ul style="list-style-type: none"> • Partial or full recline or fixed angle • Tilt in space • Chair style or tub style • Full body support with head support • Four way stretch fabric upholstery or memory vinyl webbing • Padding is layered memory foam of various densities, with or without adjustable water or air bladders • Mobile with braking castors • Assisted transfers 	<ul style="list-style-type: none"> • Complete a thorough MAT assessment to know the consumers range of movement and whether combinations of tilt, recline and backrest angle will work for them – hip angle and knee extension are key measurements • These chairs can be wide so consider how this impacts posture in the chair (i.e. hip leaning to one side causing windswept posture) • Assess how easy it is for a support person to move the chair or adjust the position (i.e. does the backrest lift up easily when the person is not in the chair, are the levers easily confused between tilt and recline)

		<ul style="list-style-type: none"> • Ensure the chair interacts with any transfer equipment • Assess the environment to ensure there is room for an item of this size (i.e. clearance to access hallways if needed, circulation space in a lounge) • Consider what activities the consumer will complete in the chair and whether positioning support and pressure care is adequate for the duration required
<p>Glider chairs</p> 	<p>A glider chair provides a gentle gliding action to help create a calming, soothing effect for agitated individuals.</p> <p>The gliding action is excellent for Alzheimer's and dementia consumers as it may help reduce the need for wandering.</p>	<ul style="list-style-type: none"> • The backrest contours to the body for an individualized fit that cradles each occupant providing a comforting effect. • The supportive strapping in the backrest and seat provides pressure redistribution and air flow for increased sitting long-term sitting comfort and support. • Glide chairs begin to glide once the consumer sits in the chair, and stops gliding (locks into position) once the resident begins to vacate the chair. • It may also feature a caregiver lock to prevent unwanted gliding.

<p>Vertical Lift Chair</p> 	<ul style="list-style-type: none"> • Vertical Lift function – chair rises enabling easy side transfers to bed for users 	<ul style="list-style-type: none"> • Removable armrests and wings to facilitate side transfers to bed • Tilt-and-recline function with single motion • Large castors (rear locking) and push handle allows for easy transportation from room to room • Includes battery backup pack for power failure • Fully padded seat surface • Easy to use remote
<p>Swivel chair</p> 	<p>Chairs are available that include a swivel and slide function. A lift handle feature is used to operate the swivel.</p> <ul style="list-style-type: none"> • Sturdy steel frame, waterfall polyurethane arms. 	<ul style="list-style-type: none"> • The seat swivels and locks at each 90 degree turn • The swivel allows easy access for the occupant to sit, particularly if they are trying to sit in front of a table • Once seated and facing the appropriate direction, the slide mechanism brings the occupant forward and closer to the table edge • At all times, the chair legs remain fixed and stable

Specialised seating accessories

Pressure care to be used on seating

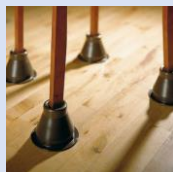


Pressure care cushions or items may be added onto any item of seating to provide increased pressure care support

- Items may be made from sheep skin, foam, gel, air or combination
- Cushions may be similar to those used on a wheelchair, repurposed from car or office chair setups, or customised for the particular seating



- Check the impact on seat height and armrest height when a cushion is added onto an existing seat (does the seat height become too high? Are the armrests too low to be functional when seat height is raised with the cushion?)
- How does the pressure care item stay attached to the seating – is there any risk of it moving and creating pressure care issues or falls risks?
- Is the pressure care item chosen suitable for the level of pressure care needed by the person and the length of time they are seated?
- Would it be more appropriate to choose a seating item that has increased pressure care already built into the item?
- How do additional pressure care items impact on transfers?

Chair raisers



Chair raisers are placed under the feet of chairs in order to raise the height of the seating for more ease with transfers or improving leg position for pressure care

- Check the static stability of the chair with chair raisers in place – check that chair legs cannot slide out of the chair raisers (usually sunk down into a socket or hole in the chair raiser) and

	<ul style="list-style-type: none"> • May be individual raisers, or a larger platform • May be off the shelf or custom made • Can be stackable to increase or decrease height • There are different shapes and depths available • Indentation depth is important for safe fit 	<p>the seating feels solid to touch when raised</p> <ul style="list-style-type: none"> • Consider how the consumer transfers into the chair and whether stability remains during transfers (i.e. does the consumer fall into the chair creating a lot of force?) • Increased safety can come from positioning the chair against a wall when raisers are used • Assess the flooring underneath the chair and how that might interact with the chair raisers (i.e. can chair raisers slide on tiles or laminated flooring?) • It is advised to remove castors, so only the chair leg is positioned in the chair raiser
<p>Seat lift</p> 	<p>This portable seat is operated via a gas spring</p>	<ul style="list-style-type: none"> • The upright strut is altered depending on the consumer's weight • As the consumer begins to stand the seat begins to rise behind the consumer supporting the movement to stand • The consumer needs to be able to weight bear and stand

<p>Chair slides</p>	<p>Chair slides can be fitted to a chair to make it easier for the consumer or a support person to move the chair backward and forward for transfers or to access a table</p> <ul style="list-style-type: none"> • Readily available from hardware shops 	<ul style="list-style-type: none"> • Ensure the slides do not make the chair too unstable during transfers (i.e. move unexpectedly) • Ensure the manual handling required by the consumer or a support person is reasonable in force and/or effort
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