

## Appendix O: Seating Assessment

The following is one method of how to perform a seating assessment for people with pressure injuries. This is not an exhaustive list but rather an example of a seating assessment identified within the systematic review, AGREE II appraised guidelines, by the expert panel or external stakeholder feedback.

The term “pressure ulcer” used in this appendix, refers to “pressure injury.”

### Seating Assessment

A seating and mobility assessment requires a specialized expertise. As a result, all clients at risk of developing pressure ulcers, or who have pressure ulcers and sit in a wheelchair or other chairs should be referred to an occupational or physical therapist with an expertise in seating and mobility. These individuals are often familiar with various funding sources both governmental and non-governmental which may be able to assist the client with the purchase of any needed equipment. A seating assessment should occur every two to three years, whenever the client has status changes, or where there is a risk of pressure ulcer development.

There are other activities that members of the health-care team can do to maximize the reduction in pressure, friction and shear when sitting. These include:

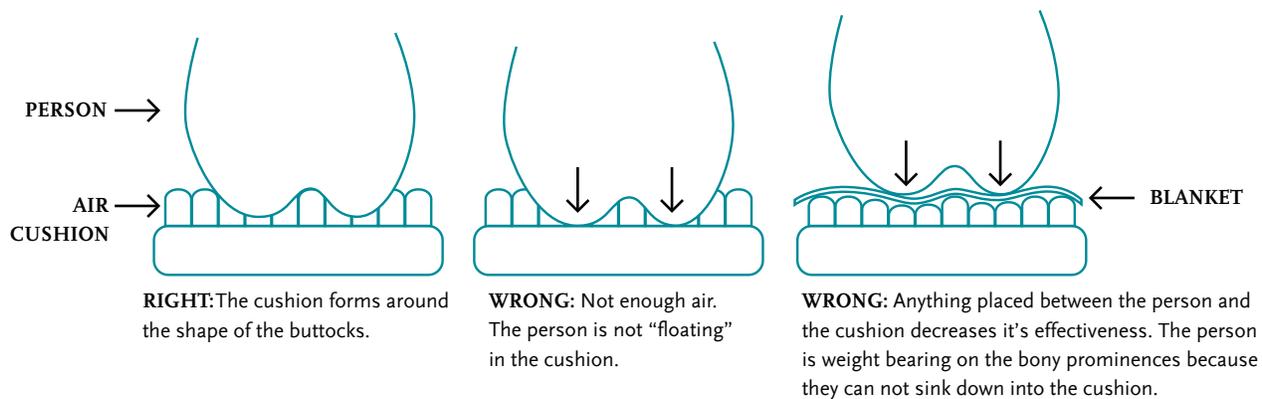
- **If the client uses a wheelchair, ensure that the wheelchair and seat cushion have been prescribed for that client and it is the latest prescription.** Clients may have been given a wheelchair that was prescribed for another relative, or purchased without a therapist’s involvement. In these situations, the fit of the chair may not be ideal. In other cases, the client may have a newer piece of equipment that they are not using. Encouraging the use of the most recently prescribed equipment may help to minimize friction and shearing forces.
- **Check that there are no foreign objects in the wheelchair.**
- **Encourage clients to engage in weight shifting behavior.** Depending on the abilities of the client this may include shifting from side to side, leaning forward or using the tilt feature on their chair.
- **Assist clients to reposition themselves in the wheelchair at least every 2 hours.**
- **Always use a specialty wheelchair cushion, which has been prescribed by an occupational or physical therapist. Ensure this cushion is correctly placed in the wheelchair.** Many cushions have contours on the top of the cushion. The contour in the middle on one side of the cushion is called a pommel. The pommel should be positioned on the top at the front of the wheelchair, as it is designed to help align the legs. Provide education for the client and/or family on cushion use.

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- Check to ensure that the wheelchair is properly maintained and is not worn or bottoming out.** As foam cushions near the end of their life span, they may not return to their original shape when the client's weight is removed; alternatively they may collapse under the client and not distribute the pressure under the client. Some gel cushions may leak. Bottoming out or leaking are indicators that the client requires a new pressure management cushion. Air cushions should be checked to ensure they are properly inflated weekly. The only way to check the inflation of an air cushion is to put your hand between the client and cushion when the client is sitting normally on the chair (Note: wear gloves during this procedure. A low friction sleeve or sheet over the glove will make this process easier). There should be approximately one inch of air between the client's lowest bony prominence, and the bottom of the cushion (see diagram below).

### Inflation of Air Cushions

Concept: The person should be "floating" in the cushion not sitting "on top of" the cushion.



**RIGHT:** The cushion forms around the shape of the buttocks.

**WRONG:** Not enough air. The person is not "floating" in the cushion.

**WRONG:** Anything placed between the person and the cushion decreases its effectiveness. The person is weight bearing on the bony prominences because they can not sink down into the cushion.

#### OTHER TIPS:

- The best way to check the inflation is to put your hand between the person's bony prominence (ischial tuberosity) and the cushion and "feel" how much air is in the cushion.
- When the person gets out of the cushion it may look as though there is not enough air.
- Remember to check the cushion regularly to ensure that it has the correct amount of air.

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