Passive standing

For those patients with a reduced Glasgow Coma Scale (GCS), postural hypotension or ready to commence more active rehabilitation the standing position of the Sara Combilizer can be used. This provides an excellent method of increasing arousal whilst facilitating weight-bearing through the lower limbs, helping prevent joint contractures and improving lower limb strength. Straps to support the knees and trunk make this a very stable position, with the addition of the head pillow and head straps recommended for those patients with a low GCS to maintain a more supported posture.

In the case of low arousal or postural hypotension the device should be tilted gradually whilst keeping a close eye on the patients Blood Pressure (BP). The tilt angle can be monitored using the inclinometer.

Where possible active exercise, particularly of the lower limbs, is encouraged to support circulation and venous return.

The standing position can also be utilised for more alert patients who still have limited sitting balance and are unable to stand. The full tilt position allows an upright standing position to be achieved much earlier with a number of benefits. As well as those listed above, the addition of functional or reaching tasks and squats can also be considered to start to challenge dynamic balance and reciprocal trunk activity. As patients progress there is also the option to remove the knee support to allow knee bends / squats using the patient’s own weight as a source of resistance training. This can be commenced at lower inclines such as 30 degrees in the early stages, increasing the degree of tilt and hence the effect of gravity as patients progress.

Standing in Sara Combilizer

Benefits of tilt table

- Allows standing position to be achieved much earlier
- A tilt of > 60 degrees is associated with:
  - Respiratory improvements including ↑ functional residual capacity, ↑ minute volume and ↑ tidal volumes
  - Promotes weight bearing through the lower limbs
  - Facilitates stretching of the calf muscles to maintain muscle length
  - Improved trunk stability
  - Provides an orthostatic challenge

IN-BED MOBILISATION

OUT-OF-BED MOBILISATION

In-bed → Transfer → Sitting → Standing → Standing/raising → Walking

This is an extract from the Arjo “Clinical Evidence Summary ICU Early Mobility Solutions” Brochure

www.arjo.com