

**"BARIATRIC SEATING AND POSITIONING:
LESSONS LEARNED IN AN URBAN MEDICAL CENTER"**

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SUMMARY

According to the Centers for Disease Control and Prevention (CDC), in 2007 and 2008, approximately 1/3 of adults in the United States were considered to be obese. 30.9% of Americans are considered to be clinically obese (AOTA, 2007). Rehabilitation professionals consider primary and secondary forms of obesity when evaluating and designing seating systems (Minkel, Taylor, Johnson, Canning, 2007). As the number of individuals with obesity rises, rehabilitation professionals will be increasingly required provide functional seating solutions for this special population.

DISCUSSION

During the past decade at the Rusk Institute, we have been faced a limited budget for appropriate bariatric size and weight capacity wheelchairs. We have also encountered additional challenges in accommodating our clients' varied and unique proportions. For a client with a *pear shape or posterior redundant tissue* we may position the back above the gluteal shelf. Clients *with lateral redundant tissue* require increased seat width which results in decreased accessibility to the push-rims and ineffective wheelchair propulsion. We may provide a pressure relieving cushion which supports the

trochanters and ischial tuberosities. We then create a perimeter around the lateral borders of the cushion to support the redundant tissue. For clients with an *apple shape or anterior redundant tissue* we need to accommodate the increased hip extension caused by the redundant tissue, shift the center of gravity over the rear wheel to facilitate self propelling and prevent the client from sliding forward in the chair. We accomplish this by adapting the back of the wheelchair to provide the increased seat depth necessary.

At the Rusk Institute we have implemented low tech solutions to address the needs of our bariatric clients. This poster presentation outlines some common solutions to the challenges we face. Case examples will be provided to illustrate these interventions

CASE STUDIES



**Rusk Institute of
Rehabilitation Medicine**

NYU LANGONE MEDICAL CENTER

DATE - August 4, 2010		
SUBJECT NAME - Dxxxxxx Vxxxxxx		
GENDER - Male	AGE -	
CONSENT (DATE) - August 4, 2010		
HEIGHT -	WEIGHT -	BMI -
DIAGNOSIS - AKA (R)		
PRECAUTIONS -		
THERAPIST - Nxxxxxx Cxxxxxx		
CONSENT (DATE) -		
MAT EVALUATION (DATE) - 8/14/10		



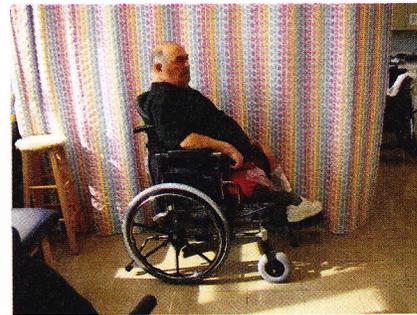
Full mat evaluation



Wheelchair setup



Full mat evaluation



Functional assessment



Balance assessment

ACKNOWLEDGEMENTS

REFERENCES

- [1] Centers for Disease Control and Prevention, U.S. Obesity Trends, (2008)
- [2] Minkel, Taylor, Johnson, Canning, 2007
- [3] Obesity and Occupational Therapy - AOTA position paper (2007)