**BEFORE**

**TYPICAL POSITIONING**

Turn patient to a 30° side lying position.

Note: Patient is turned with pillows or wedge to a 30° position, not greater than 30°.

5.8. Use the 30° side lying position in preference to the 90° side lying position when positioning. (Strength of Evidence=C; Strength of Recommendation=†)*

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**AFTER**

**CBPM¹ - GUIDED POSITIONING**

Use microshifts (small shifts) by lifting sheet/underpad slightly (reducing friction/shear on the patient) to adjust patient. Microshifts help to reduce pressure to the hips & other body areas (e.g., shoulders, etc.) & allow further immersion into a support surface.

First, elevate foot of bed to 20° (but no more than 30°) using bed controls or pillows (knee-gatch position, above figure). Raising the knees, first, will stop patient from sliding (shearing) when the head of bed is raised.

Then, elevate the head of bed using bed controls or pillows to 30° or lower if clinically feasible.

When elevating the head of bed, maintain elevations at 30° or lower to minimize soft tissue deformation. (Expert Opinion)*

5.6: Reposition the individual to relieve or redistribute pressure using manual handling techniques and equipment that reduce friction and shear. (Strength of Evidence=B2; Strength of Recommendation=†)*

5.7: Consider using continuous bedside pressure mapping as a visual cue to guide repositioning. (Strength of Evidence=C; Strength of Recommendation=↔️)

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**RESULTS**

HEEL PRESSURE REDUCED BY OFFLOADING HEELS

HIP PRESSURE REDUCED WITH MICROSHIFTS

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*Continuous bedside pressure mapping Images courtesy of Wellsense/VU