

Learning Objectives:

The participant will be able to list 3 causes of decreased head control.

The participant will be able to list 3 strategies to provide posterior head support.

The participant will be able to list 3 strategies to provide lateral head support.

The participant will be able to list 3 strategies to support the head for clients little to no head control.

3

5

What are we Covering?

Positioning the Head

- Assessment Considerations
 Posterior Head Supports
- Posterior nead supports
 Occipital, Suboccipital, and Lateral support
- Dynamic Head Support Hardware
- Anterior Head Supports
- Forehead support and collars

Assessment Considerations

4

Assessment Considerations

To position the head, we first need to perform a seating assessment

The position of the head is extremely dependent on the position of the pelvis and trunk

Seat to back angle and position in space allows the client to "balance" the head



Impact of Pelvic and Trunk Position on the Head

On the left, this young man is sitting in a posterior tilt with forward trunk flexion = neck hyperextension

On the right, he is sitting with aligned pelvis, trunk, and neck



Assessment Considerations Let's begin with a case study to put all of this in context...



.

Case Study



Kian Very poor positioning led to extreme neck hyperextension and choking Impact of general position on the head

9

Case Study

Kian

What is wrong with his head position?

What would you adjust? • Hint: we already positioned the pelvis in neutral and adjusted the headrest



10

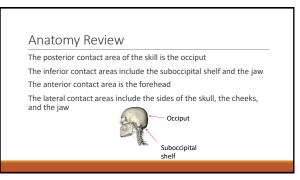


Kian

Supporting the trunk aligned the neck, reducing hyperextension and improving vision, breathing and swallow







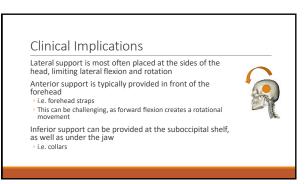
Clinical Implications

Occipital support contacts the upper rear of the head • This contact does not prevent forward flexion or hyperextension

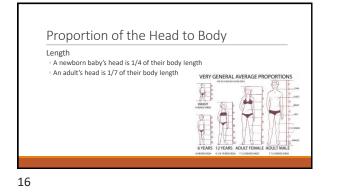
Suboccipital support can actually provide "inferior" postural support as it "cups" the occipital shelf



14



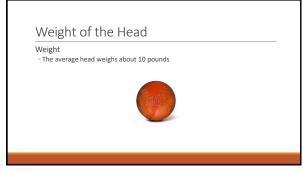
15

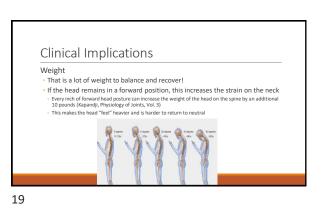


Clinical Implications

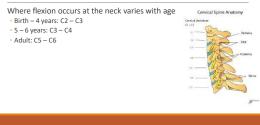
Younger children are more top heavy, impacting head control Younger children may still require adult sized head supports Clients with macrocephaly will have similar issues







Neck Flexion



20

Clinical Implications

We need to be aware of this as we look at overall positioning to optimize head control

This could also dictate placement of the occipital and suboccipital pads, depending on where flexion is occurring



21

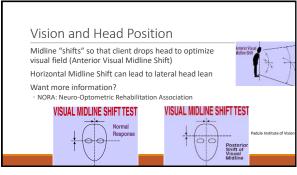
Assessment Considerations

Possible Causes of decreased or no head control: Decreased neck strength

Possible Causes of sub-optimal head position:

- Hyperextension of neck in compensation for poor trunk control Forward tonal pull
- Visual impairment, particularly a vertical midline shift or CVI · Client attempting to optimize swallow
- Client attempting to optimize breathing

22



23



Vision and Head Position

Cerebral Visual Impairment (CVI) Brain processing issue

Client may need to move their head position to optimize vision

Client may 'glance' at something as sustained gaze may be difficult

Functional vision can vary over the day May improve over time

Support the head, but allow movement for vision



What about Non-Reducible Kyphosis?



Assessment Considerations

General Interventions:

- Increase trunk extension and scapular retraction
- Change pull of gravity against head by reclining or tilting seating system
- Refer to neuro-optometrist, if appropriate
- Neck rests
- Posterior head supports Anterior solutions

27

Assessment Summary

Before jumping to product...

- Look at the client's overall positioning Refer to the other courses in this series
- Consider visual impact
- · Consider other factors, such as swallow and breathing
- Look at seat to back angle and position in space
- Non-reducible kyphosis

Posterior Head Supports

28

26

30

Posterior Head Supports

Many posterior head rests or head supports are on the market None will be effective if the client's head never touches it! Use those other strategies





Occipital Pads

An Example:

 Hailey can maintain an upright and aligned head position with a simple posterior head support. This support is thick to provide better pressure relief during tilt



Stealth Comfort Plus

33

Lateral Support

Many posterior head supports incorporate more lateral support than a simple contour $% \left({{{\rm{D}}_{{\rm{D}}}}_{{\rm{D}}}} \right)$

 This occipital pad is hinged to allow the distal edges to be moved in, creating more lateral head support





34

Suboccipital Pads

Suboccipital pads are typically used in conjunction with an occipital pad

Placed under the suboccipital shelf

Provides some weightbearing on this area for improved support

Can prevent neck hyperextension

Provides some lateral support along jaw



35

Suboccipital Pads

An Example:

This occipital and suboccipital pad are working together to align the head. The suboccipital pad is a bit too high and pressing the ear



36

Lateral Support

Lateral support can be added to many head supports

Rather than only having adjustment with a hinge attached to the occipital pad, very precise placement is provided in multiple planes Lateral pads come in many sizes



Stealth Products Ultra with occipital, suboccipital, and lateral supports

Posterior Head Supports

There are a lot! Here are some...

AEL Matrx

Metalcraft

Stealth Products

Symmetric Designs

Whitmyer

























Building a Head Support Materials and Upholstery • Cam is standard, but solid gel can be used too • Smoother upholstery = less friction. Less bald spots!





52



53





















12i Head Support

Clinical Indicators:

- No pressure on the occiput for clients who extend in response to contact with this area
 Encourages midline head position

63

Prevents hooking
Minimizes neck hyperextension



Christopher

Christopher was propped on his chest with neck flexion and rotation, similar to Hannah











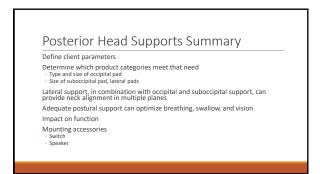




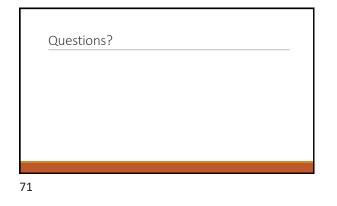


Whitmyer Heads Up

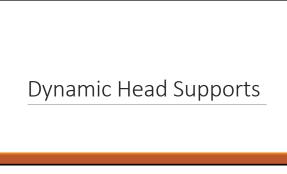
69



70







Dynamic Options

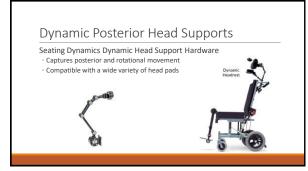
- Providing movement at the head has several goals:
- Absorbs force to maintain component alignment and protect equipment from breakage
 - Absorbs force to protect the client!
 - Diffuses force to reduce extensor patterns
 - Increases tolerance to seating system





<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header>









Dynamic Posterior Head Supports

Seating Dynamics Dynamic Head Support Hardware

81



82

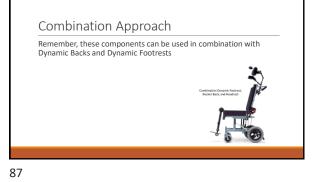


83





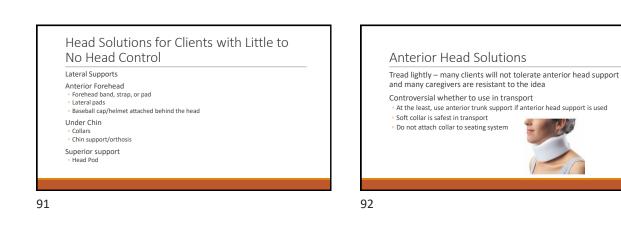




Anterior Head Supports

ANTERIOR SUPPORTS AND COLLARS

90



Clinical Implications

Anterior forehead supports can **reduce** any remaining head control Under chin supports limit active range and can actually **improve** head control in some clients

The Head Pod has increased head control in many clients



Forehead Straps

Available from various manufacturers Critical to ensure the strap cannot fall under the chin

Use with pelvic positioning belt and anterior trunk support

Angle of the strap, attachment point, and whether the strap moves with the client are all key





96













Anterior Forehead Pads

Must swing-away Use with pelvic positioning belt and anterior trunk support



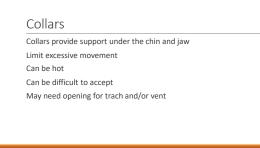
102

























Decreased or No Head Control

Goals:

- Improved swallow, feeding, breathing
- Prevent over stretching of neck extensors and shortening of neck flexors (if head is usually hanging down)
- Prevent shortening of neck extensors (if shortened by neck hyperextension)
- Capital flexion (chin tuck)
- Promote visual attention to the environment, peers, etc.
- Increase function
- Prevent subsequent distortions of neck and shoulder girdle

113

Anterior Head Supports Summary

For clients with very little or no head control, additional support may be required at the sides of the head, forehead, under the jaw, or even above the head

Consider client and family preference and concerns Consider impact on residual head control

Always consider safety!

