



Learning Objectives:

- 1. 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
- 3. The participant will be able to list 3 strategies to support the head for clients without any head control.

Assessment

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

Impact of general position on the head



· Very poor positioning led to extreme neck hyperextension and choking





What do you think?

- · What is wrong with his head position?
- · What would you adjust?
- · Hint: we already positioned the pelvis in neutral and adjusted the headrest



What do you think?

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





Decreased or No Head Control

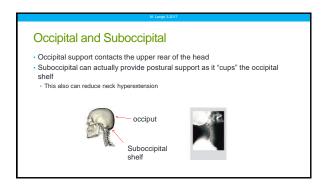
- · Possible Causes:
- · Decreased neck strength
- Hyperextension of neck in compensation for poor trunk control
- Forward tonal pull
- Visual impairment, particularly a vertical midline shift

Vertical Midline Shift - Midline "shifts" so that client drops head to optimize visual field - Horizontal Midline Shift can lead to lateral head lean VISUAL MIDLINE SHIFTTEST Normal Response Posterior Shift of Visual Midline

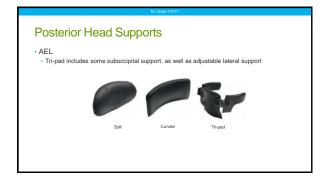
Decreased or No Head Control

- · Interventions:
- Increase trunk extension and scapular retraction
- Change pull of gravity against head by reclining or tilting seating system
- · Refer to behavioral optometrist, if appropriate
- Neck rest
- Posterior head support
- Anterior solutions

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

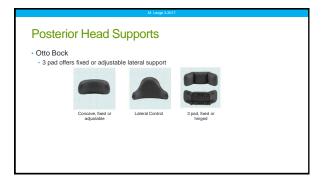




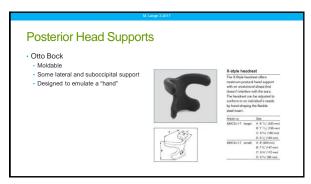






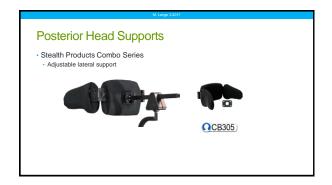
























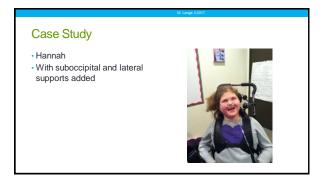




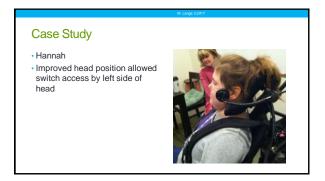


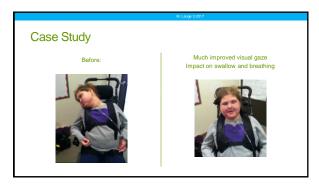




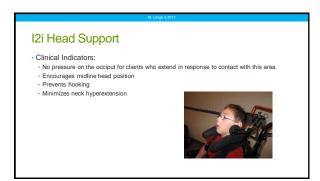






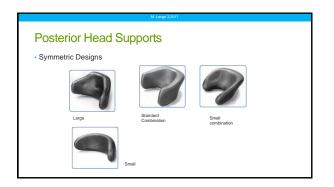


























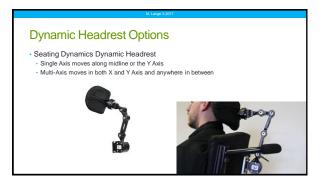
Dynamic Options

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

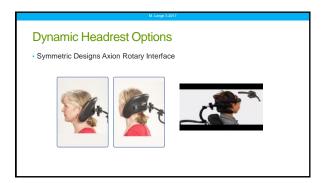


Dynamic Posterior Head Supports

Otto Bock Dynamic Rock-n-Lock
Headrest Bracket
Spring loaded mechanism, 1 ½"
travel
Shrouded to protect hands and hair







Anterior Head Solutions

Tread lightly – many clients will not tolerate anterior head support and many caregivers are resistant to the idea

Controversial whether to use in transport

At the least, use anterior trunk support if anterior head support is used

Soft collar is safest in transport

Do not attach collar to seating system

Head Solutions for Clients with Little to No Head Control

Anterior Forehead

Forehead band, strap, or pad

Lateral pads

Halo

Baseball cap/helmet attached back

Under Chin

Collars

Chin support/orthosis

Superior support

Head Pod

Head Solutions for Clients with Little to No Head Control

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











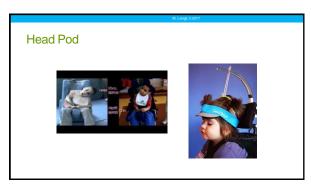












Decreased or No Head Control

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

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