

# Manual tilt wheelchairs: device or restraint?

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**T**he current regulatory environment is both discouraging the use of restraints and considering tilt chairs a “restraining device.”

Manual tilt wheelchairs are often prescribed for clients as part of a pressure management plan because they facilitate changes in posture. These same devices are classified as “restraints” by the Canadian Institute of Health Information because they “may prevent rising.” This classification does not consider the intended use of the device or the physical limitations of the client.

Within long-term care, there is a focus on restraint minimization. This focus, combined with the classification of the tilt chair as a possible restraint, has led some long-term care homes to remove manual tilt wheelchairs in an effort to promote resident safety and achieve legislative compliance. Unfortunately, this has created a practice dilemma for clinicians. The goal of this paper is to provide a context for determining the appropriate use of manual tilt wheelchairs in minimal-restraint settings.

## Literature review

A literature review was conducted to determine the effectiveness of manual tilt wheelchairs and the rationales for prescription. A review was also conducted of relevant legislation and the best practices for minimizing restraints. A discussion with individual clinicians who are struggling with issues surrounding manual tilt wheelchairs in “least-restraint” settings brought the practice dilemmas into focus.

The Ontario Ministry of Health and Long-Term Care has published the *Long-Term Care Homes Act* (2007). The Act states the following: “29.(1) Every licensee of a long-term care home, (a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and (b) shall ensure that the policy is complied with.”

The term “restraint” is not formally defined within this document. In Ontario, however, the Minimum Data Set (MDS) has been mandated as the standard assessment in long-term care homes. This assessment defines a restraint as:<sup>1</sup> “Any manual method, or any physical or mechanical device, material or equipment that is attached or adjacent to the resident’s body, that the resident cannot remove easily and that restricts or has the potential to restrict the resident’s freedom of movement or normal access to his or her body.” (Manual tilt wheelchairs are classified as potential restraints in this assessment).

The College of Nurses of Ontario<sup>2</sup> recommends a philosophy of least restraint. The key concepts include: **Cause:** Identify the underlying cause of the behaviour if possible (e.g., if the client is trying to reach a favourite object, make sure the object is within reach from a seated position). **Safety:** Restraints do not necessarily increase patient safety and may cause injury. **Who:** Restraint reduction is an interprofessional process. **What:** Least restraint means all possible alternative interventions are exhausted before deciding to use a restraint. **How:** The assessment, alternatives tried, restraint required and application instructions should be documented in the clinical record.

Since manual tilt wheelchairs have been flagged as possible restraints by the MDS assessment, some homes have taken the approach of limiting or removing these chairs.

In a manual tilt wheelchair, the seat and back move together to change the client’s relationship to gravity. Manual tilt wheelchairs are usually infinitely adjustable and are usually prescribed for clients based on their medical or functional needs. They can help to address the following areas of need:<sup>3-7</sup> **Pressure/sensory perception:** Regularly changing the degree of tilt of the chair helps to manage pressure. Best practice recommendations suggest that

fostering mobility and repositioning helps to prevent and manage pressure ulcers. **Friction and shear:** Tilt can reduce sliding in the wheelchair as the tilted position harnesses gravity to help the client stay positioned in the wheelchair. **Nutrition:** Manual tilt wheelchairs can improve positioning for feeding and swallowing. **Mobility:** Tilt can help manage muscle tone and prevent deformities, which may help promote functional mobility. **Activity:** Manual tilt wheelchairs promote an aligned posture to facilitate improved functional abilities, respiration and visual field. They promote comfort and decrease fatigue to increase activity tolerance.

The Braden Scale<sup>3</sup> is a validated risk assessment tool to identify patients who are at risk of developing pressure ulcers. This tool identifies risk for developing pressure ulcers in the following categories: sensory perception, friction and shear, nutrition, mobility, activity and moisture. It is startling to recognize that, when used appropriately, manual tilt wheelchairs can address many of these issues.

### Evidence-based practice

While Ontario's legislation does require a minimization of restraints, it does not state that all potential restraints need to be removed. Consistent with the recommendations from the

College of Nurses of Ontario, an assessment of each resident and consideration of the various options must be completed to determine the best course of action for each individual.

Although manual tilt wheelchairs may be flagged as a possible restraint, they can also have significant health benefits. It is important for the use of tilt to be evaluated within the context of the resident's care plan. When tilt is prescribed, clear documentation of the assessment findings and the rationale for the prescription should be included on the resident's chart. Care providers need to advocate for the continued use of this equipment where it will be of benefit.

### Clinical relevance

Changes in practice, such as a focus on minimizing restraints, may have an unintended impact on pressure management plans. Reviewing the relevant literature and seeking expert opinion can help front-line care providers advocate for the appropriate use of manual tilt wheelchairs. A clear assessment of the clinical impact of manual tilt wheelchairs allows them to be distinguished from restraints. This information should enable clinicians to clearly identify when the use of a manual tilt wheelchair is appropriate and advocate for its use. ❖

*References available upon request.*



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