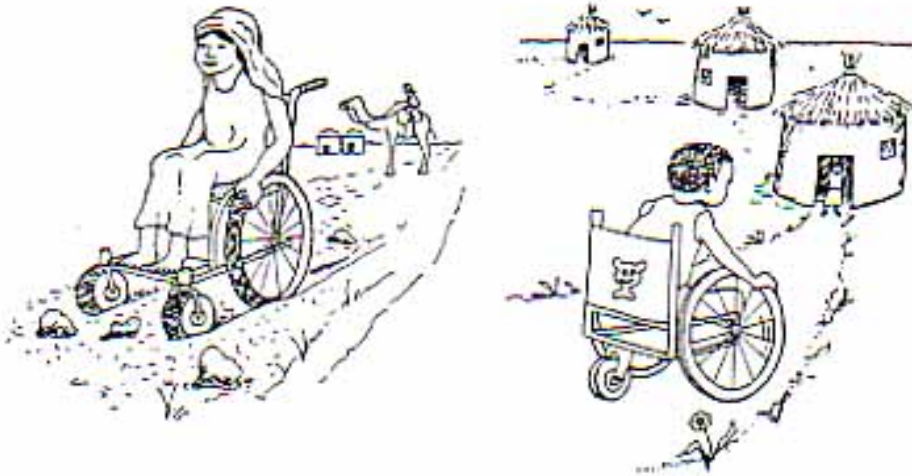


## Sitting and moving

Frequently it happens that an application for a disabled child or youngster concerns a (wheel-)chair. When a (wheel-)chair is applied for, it is important to consider the exact reason of the application first.

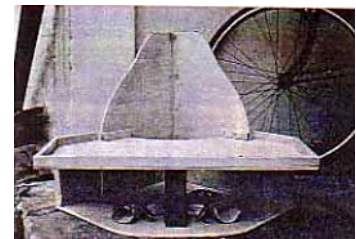
Aspects that play an important part for (wheel-)chairs concern both sitting and moving:



### I. Aspects of seating

At first sight seating should be a simple thing to accomplish. However, for a disabled child it is often something very complex to achieve.

1. It is important to consider the following functions:
  - Is there proper control of the head? If not, the child could adopt a tilted backwards position and/or be helped with a head rest.
  - What is the balance like when the child is seated? Is there any risk of slumping, falling aside etc.?
  - Are there any deformations of the body (e.g. of back or legs) that might prevent the child from sitting in an ordinary (wheel-)chair?
  - Is there any question of "loss of sensitivity" (the child is insensitive in some areas)? This entails the risk of pressure sores, which can be prevented by a special cushion.
  - Seating problems often occur by children with brain damage. One of the effects of brain damage may be *spasticity*, i.e. stiffened muscles causing frequent uncontrolled, uncoordinated movements of (certain parts of) the body. The question is then: do we have a case of spasticity here and how does this affect seating? Some spastic children (in an ordinary wheelchair) push off against the back.
2. It is important to know in which situations the child needs seating facilities. These situations could be for instance:
  - eating and drinking; does this take place at the table or on the ground?
  - playing; does the child mainly have to move about or is its principal need to be able to play on the ground with other children?
  - to school; is the child able to sit in a (wheel-)chair at a table or is an adapted little chair required?



3. Sitting is important for a child also in view of its further development, and therefore has a therapeutical effect. For instance:
  - adapted back of the chair to avoid the child's back growing crooked
  - tilted seating facilities for slowly building up the seating balance
  - a special area or facility for seating so as to slow down spasticity.

## II. Aspects of mobility

Often a wheelchair is being asked to improve the child's mobility. When doing so, however, it is good to take the following aspects into critical consideration:

- Can the child move about independently (by using one or two hands) or should the wheelchair be pushed by others;
- Does the child have to move about inside and/or outside the house;
- Are the distances to be covered (relatively) long or short;
- Is the wheelchair meant for permanent or temporary use (for instance can the child cope with short distances inside the house);
- To what extent is the house and/or the school accessible for the wheelchair;
- Are there any obstacles inside the house and/or the school (can the child enter the room that he wants to enter?)
- What is the accessibility like of the roads/paths in the near environs?

### Option for a wheelchair or other chair

In case the option is for a wheelchair, obviously efforts should be made to combine the aspects of a good sitting position with those of mobility.

Wheelchairs also have some disadvantages, such as:

- often only available in adult's sizes;
- often foreign-made, spare parts are not always available;
- often not suitable for use on rough ground (sand, pot-holes, mud etc.).

Alternatives are possible, such as:

1. if the child can move about independently:
  - tricycle; however, riding requires strong arms;
  - AHRTAG wheelchairs with large front wheels and swiveling rear wheel; more suitable for rough ground;
  - trolley; for little children in and around the house;
  - caster cart (wheelboard);
2. if the child cannot move about independently:
  - large-size Buggy; for infants and especially in towns;
  - adapted carrier bag; for toddlers;
  - pushcart pulled by a bicycle.



For activities and situations where moving about is not necessary, alternative seating facilities may enlarge the child's possibilities extensively.

Examples:

- a hammock; this may have the following functions:
  - to prevent the continuous stretching out of spastic children
  - to help the child to join its hands;
  - to learn to sit;
- a wooden or APT (Appropriate Paperbased Technology) corner chair
- a bucket seat made of APT to slowly allow or improve seating
- a small tree trunk seat with table

**Finally**

We realize that the above recommendations for the choice of a wheelchair cannot always be realised. Therefore it is important to always bear the main objective in mind: offering the child or youngster the opportunity to become (more) mobile. Thus he or she can mix with other people: an important social and emotional effect of assistance.

*Literature:*

Disabled Village Children, David Werner

Cerebral Palsy in Africa, M.J.Wolff-Vereecken

Personal transport for Disabled People, AHRTAG.