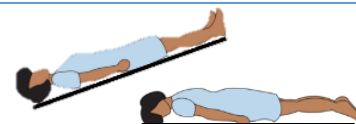


Importance of Positioning



Positioning is a frequently used term which has several associations or applications depending on what we are trying to accomplish, minimize or avoid. Positioning is a 24 hour/365 day concern that those of us who do not have positional challenges or needs take for granted.

Common positioning concerns:

- Bedtime or sleeping positions.
- Meal times.
- Bathroom or hygiene.
- Daily activities.
- Vehicle travel and transport.
- Medical supports.
- Adaptive equipment.
- Wheelchairs.
- Other durable medical equipment (DME).

Proper positioning is necessary for:

- Comfort.
- Functionality.
- Ability to engage in an activity.
- Pressure reduction.
- Medical reasons.
- Safety.
- Preventative measures.

Positional considerations related to GERD/aspiration should be evaluated by a Speech Language Pathologist (SLP). A Physical or Occupational Therapist can also be a part of the assessment/evaluation process to address postural considerations, equipment modification or fabrication and/or necessary DME.

App of the Month

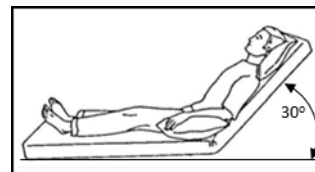


Have the International Dysphagia Diet Standardization Initiative (IDDSI) framework at your fingertips - get access to the descriptors and look up the different IDDSI food texture and drink thickness tests easily either in the lab, office or at home. The IDDSI Framework is culturally sensitive, measurable and applicable to individuals of all age groups in all care settings, designed in an effort to help those with dysphagia. (App of the Month is not endorsed by DBHDS Office of Integrated Health. User accepts full responsibility for utilization of app).

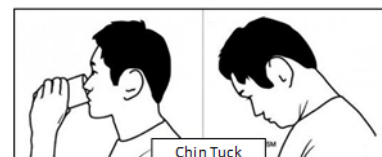
Positioning with a focus on Dysphagia is related to avoidance of aspiration on stomach contents. Sitting upright often improves an individual's mental alertness and makes aspiration less likely.

Body positions which minimize aspiration include:

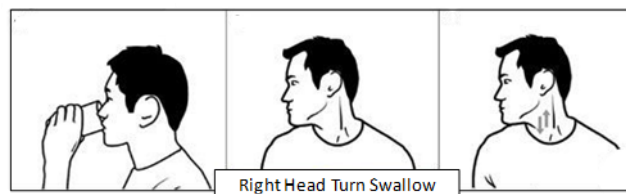
- Reclining position with 30° head elevation.



- Chin down.



- Head rotation to stronger side.



- Side-lying/recumbent position.



References

- (1) Kagaya, H., Inamoto, Y., Okada, S., & Saitoh, E., (2011, January/February). Body positions and functional training to reduce aspiration in patients with dysphagia. *Japan Medical Association Journal (JMAJ)*, 54(1), 35-38. https://www.med.or.jp/english/journal/pdf/2011_01/035_038.pdf
- (2) Alghadir, A.H., Zafar, H., Al-Eisa, E. S., & Iqbal, Z. A. (2017, March). Effect of posture on swallowing. *African Health Sciences*, 17(1), 133-137. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5636236/pdf/AFHS1701-0133.pdf>
- (3) Rosen, S. P., Abdelhalim, S. M., Jones, C. A., & McCulloch, T. M. (2018, June). Effect of body position on pharyngeal swallowing pressures using high-resolution manometry. *Author manuscript Dysphagia*, 33(3): 389-398. Doi: 10.1007/s00455-017-9866-3.



ABA Snippets ...

Practice Guidelines for Behavior Support Plans

The Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS) have finalized [Practice Guidelines for Behavior Support Plans](#) which serve as guidance to the recently updated regulations which govern [therapeutic consultation](#) behavioral services. The Practice Guidelines for Behavior Support Plans (hereafter referred to as the *Practice Guidelines*) provide guidelines on the minimum elements, which constitute an adequately designed behavior support plan. The *Practice Guidelines* additionally contain three brief literature review sections on the tenets of positive behavior support, person centered practices, and trauma informed care in behavior support planning. Further, a visual summary of the authorization types for this service, associated timelines, and required documentation is included in the *Practice Guidelines* document. Behaviorists who are delivering therapeutic consultation behavioral services under the DD waivers must adhere to the aforementioned waiver regulations when completing functional behavior assessments, developing behavior support plans, and providing other components of this service (e.g. training of supporters). The *Practice Guidelines* should also be used by behaviorists to ensure they are capturing the full context of the minimum elements, which relate to the minimum required BSP content areas outlined in the regulations. As required under the [United States vs. Commonwealth of Virginia Settlement Agreement](#), DBHDS will review behavior support plans to determine their adherence to the Practice Guidelines and will provide feedback to behaviorists on BSPs to highlight areas of particular strength, and when indicated will offer suggestions and associated resources to improve any areas, which lack adherence to the *Practice Guidelines*.

Questions regarding ABA Snippets please contact our team at nathan.habel@dbhds.virginia.gov or sharon.bonaventura@dbhds.virginia.gov

Extreme Heat Safety Tips

Virginia Department of Health (VDH), July 1, 2021



- Drink plenty of water.
- Keep cool indoors.
- Dress for the heat.
- Limit physical activity.
- Do not keep children or pets in cars.
- Check on your neighbors.

Heat-Related Weather Terms:

- **Heat Index:** is a measure of how hot it feels when relative humidity is added to the air temperature.
- **Excessive Heat Outlooks:** Issued when the potential exists for an excessive heat event in the next 3-7 days.
- **Excessive Heat Watches:** Issued when conditions are favorable for excessive heat in the next 24 to 72 hours.
- **Excessive Heat Warning/Advisories:** Issued when excessive heat is expected in the next 36 hours.

Signs & Symptoms of Heat-Related Illness:

- **Dehydration** - excessive loss of water and salts from prolonged exposure to heat.
- **Heat Cramps** - painful, involuntary muscle spasms which usually occur during heavy physical activity in hot environments.
- **Heat Exhaustion** - occurs when the body loses too much water and salt from sweating during hot temperatures.
- **Heat Stroke** - caused by prolonged exposure to high temperatures or by doing physical activity in hot weather.

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