

Protection of body shape (Postural care)

1. About you

This survey has been set up by the Protection of body shape steering group. This group of organisations is working to highlight the importance of aiming to protect body shape (also known as 'postural care'.)

This survey was prompted by a growing recognition of the need to raise awareness of postural care as a gap in healthcare provision.

If you support a person with multiple disabilities please help us to learn more about postural care by taking part in this survey.

1. Please describe your role (e.g. mum, personal assistant)

2. Please tell us the age of the person you support

3. Please outline their disability and support needs

4. Had you heard the term 'postural care' before taking part in this survey?

Yes

No

Please add any comments

5. If 'yes'- do you feel confident about providing postural care and aiming to protect body shape?

Yes

No

Please add any comments

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2. Postural care

6. Have you ever felt worried about the posture and body shape of the person you support?

Yes

No

Please add any comments

7. Do you think anything can be done to improve or protect the posture and body shape of the person you support?

Yes

No

Please add any comments

8. Are you worried that the posture and body shape of the person you support is getting worse?

Yes

No

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9. If 'yes' why do you think it is getting worse? You can choose more than one response.

- From looking at them their posture seems worse
- They are having more difficulty feeding
- They are having more difficulty with digestion
- They are having more difficulty with bowel movements
- They are having more difficulty sleeping
- They are having more difficulty breathing
- They appear to be in more pain/discomfort
- It is becoming more difficult to provide personal care
- It is becoming more difficult to move and handle them
- Their quality of life is getting worse

Other (please explain)

10. Are you aware of the benefits of protecting someone's posture and body shape?

Yes

No

11. If 'yes', please describe these benefits

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3. Current support

12. Does the person you support access any of the following therapies? You can choose more than one response.

- Physiotherapy
- Occupational therapy
- Hydrotherapy
- Postural care (protection of body shape)

Other (please give details)

13. Is the person you support getting any help which aims to protect their body shape and posture?

- Yes
- No
- Don't know

14. If 'yes', who are they getting help from? (eg. you, a nurse, a teacher, a physiotherapist)

15. How do you (or someone else) care for their posture? You can choose more than one response.

- By lying the person in a particular way.
- By using equipment to help someone lie in a certain way.
- By using equipment to help someone sit in a certain way.

Other (please give details)

16. Is there anything else you'd like to tell us about the current support they get to care for their posture?

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4. Measurement and monitoring of body symmetry

17. Has the person you care for ever had objective measurements of body symmetry taken?

Yes

No

18. If 'yes', do you know what these measurements mean?

Yes

No

Please add any comments

19. Do you know how these measurements are used to monitor and help protect body shape?

Yes

No

Please add any comments

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5. Wheelchair use

20. Does the person you support use a wheelchair?

Yes

No

21. Do you think the wheelchair is comfortable?

Yes

No

22. Does it allow frequent changes in posture?

Yes

No

23. Do you think it protects posture and body shape?

Yes

No

Please add any comments

24. Was it easy to get?

Yes

No

Please add any comments

25. Who paid for it?

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26. Is maintenance easy?

Yes

No

Please add any comments

27. Please describe any training you had on how to use the wheelchair.

28. Who provided this training?

29. Is there anything else you'd like to tell us about the person you support and their use of a wheelchair?

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6. Support for the lying posture

30. Do you provide support for the lying posture?

Yes

No

31. If 'yes', how old was the person when you started to provide this support?

32. Do you think the person's lying posture helps protect their body shape?

Yes

No

Please add any comments

33. If you provide support - was it easy to get the equipment?

Yes

No

Please add any comments

34. Who paid for it?

35. Do you think the person you care for is comfortable with the support equipment?

Yes

No

Please add any comments

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36. Please tell us your thoughts about the maintenance of the support equipment.

37. Please describe any training you had on how to provide support for lying posture.

38. Who provided this training?

39. Is there anything else you'd like to tell us about support for the person you care for's lying posture?

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7. Information and accredited training

40. Have you seen any information about how to protect someone's posture and body shape? You can choose more than one response.

- Leaflet
- Website
- Heard a presentation
- Done an accredited training course

Other (please give details)

41. Do you think more information should be available about how to protect someone's posture and body shape?

Yes

No

Please add any comments

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8. Surgery

42. Has the person you care for been referred for surgery?

Yes

No

43. If 'yes', can you describe why surgery has been suggested?

44. Has the person you care for had surgery?

Yes

No

45. If 'yes', can you describe what was done?

46. Are you pleased with the results of the surgery?

Yes

No

Please add any comments

47. If you could go back in time would you advise to have the surgery done again?

Yes

No

Please add any comments

48. Is there anything else you'd like to tell us about the person you support and surgery?

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9. Comments and support

49. Do you think care of posture and body shape is important?

Yes

No

50. Do you have any other comments about the provision of postural care to aim to protect body shape?

51. Would you be happy for us to contact you to find out more about your experiences of postural care?

Yes

No

52. Would you like us to send you the findings of this survey?

Yes

No

53. Would you like us to send you further information about aiming to protect body shape or 'postural care'?

Yes

No

54. If you answered 'yes' to any of the previous three questions, please give us your contact details

Name	<input type="text"/>
Email address	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>

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55. Using your details

We may also wish to share your details with other organisations who share or are supportive of our charitable aims including our corporate partners and they may wish to send you their own marketing information. If you are happy for us to share your details in this way, please tick here.

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10. Thank you!

Thank you for taking part in this survey.

Your responses will help the Protection of body shape steering group to discover more about the issue of postural care and develop strategies which aim to protect body shape.

If you are printing off the survey and completing it by hand please return it to:

Freepost RRKL-SRXZ-RTKY
Bella Travis
Mencap
123 Golden Lane
London
EC1Y 0RT

(Please note this is a freepost address so you do not need to use a stamp.)