



The Effect of Seating Setup on Shear Forces Experienced at the Seating Interface

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Definition of shear:

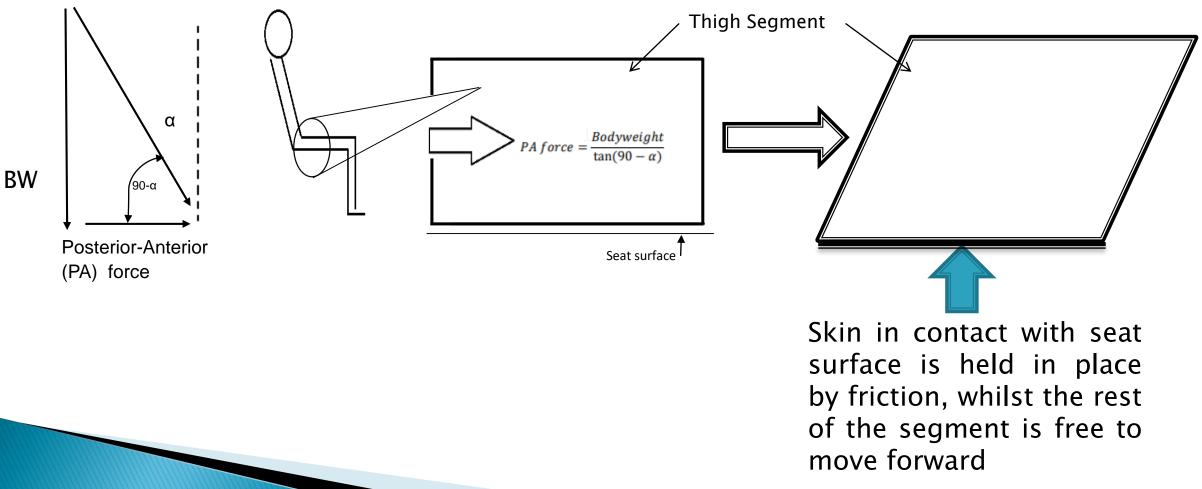
'an action or stress resulting from applied forces, which causes or tends to cause two contiguous internal parts of the body to deform in the transverse plane'

- National Pressure Ulcer Advisory Panel (NPUAP) 2015

Background

- Pressure ulcer cost to the NHS is estimated to be £1.74billion for 2017/2018^[7]
- Animal studies found that when shear forces are present, there is an increased severity of pressure ulcer in comparison to pressure alone^{[4][5]}
- Shear forces have been shown to reduce ability of blood to flow^{[2][3][6]}
- The effect of shear is worse than pressure, as shear forces will cut off the blood supply to a larger area^[8]
- Almost half the pressure is required to reduce blood flow to a point where ischaemia occurs when sufficiently high shear forces are present [1]

Effect of increased recline



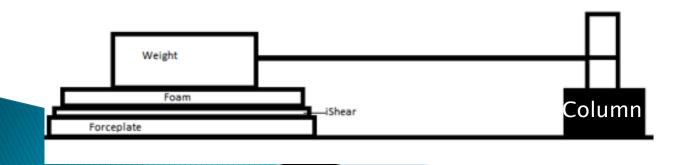
Measuring Shear Forces

- Measuring shear is difficult as devices/sensors interfere with the shear phenomenon
- The iShear was used in this study
 - Placed under the user and cushion
 - Produces a total shear force reading (TSF) for the whole loading scenario



Preliminary Testing - Validation

- iShear was validated against a Kistler force plate
- > 25kg, 50kg and 75kg weights used
- 13 loading conditions (per weight)
- Pearson correlation of 0.977 for the 50kg test
- Spearman's rho correlation of 0.986 was calculated for the 25kg and 75kg

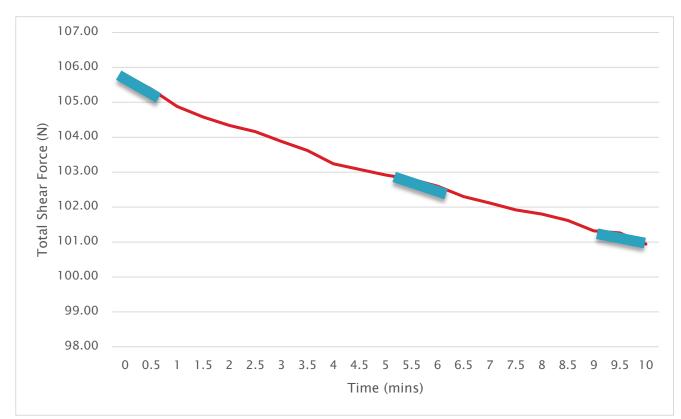




Preliminary Testing - settling time

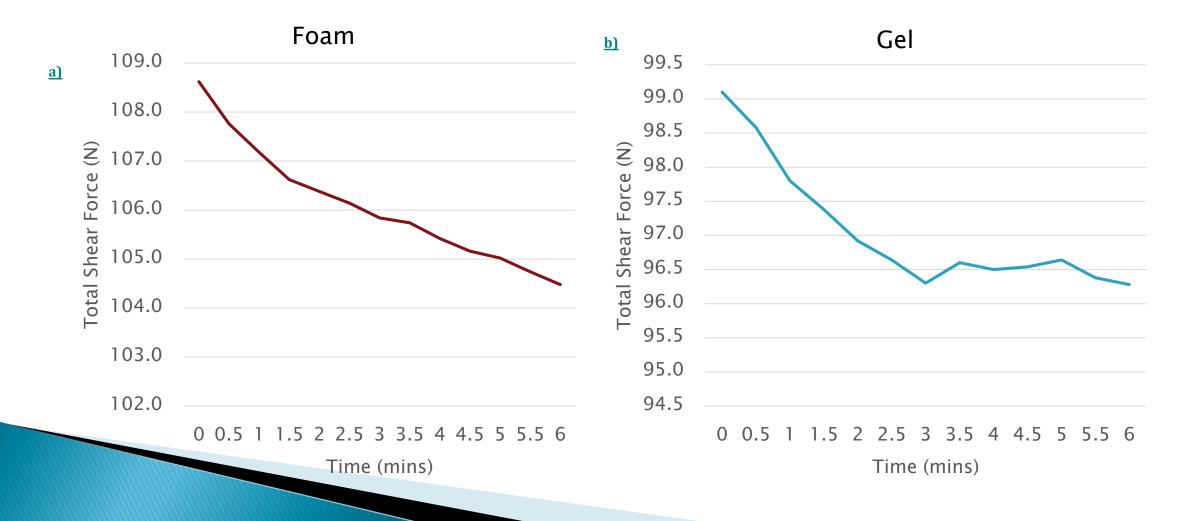
- Settling time: time taken for sensor readings to settle
- User sat on cushion a top of iShear to determine settling time with readings recorded every 30 seconds

- Initial gradient was y=-0.45x+106.25
- Gradient between 5.5 minutes and 6.5 minutes is y=-0.25x+103.07N
- Gradient between nine and ten minutes is y=-0.19x + 101.55N



Preliminary Testing - settling time

- Gradient of curve reducing therefore the change of shear over time is decreasing
- Pressure mat settling time has been found to be six minutes^[10]
- Six minute settling time was chosen based on the above and time/comfort constraints of participants



Seating Setup Testing

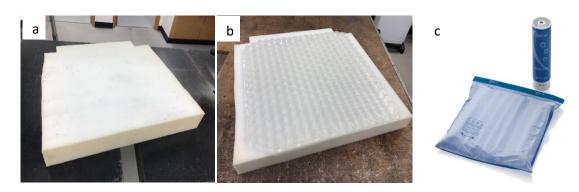
<u>Test 1</u>

- Ten participants sat at 0°T0°R, 0°T15°R, 0°T30°R, 15°T0°R, 25°T0°R and 45°T0°R
- Total shear force was recorded after six minutes
- Order of testing was randomised to reduce test setup bias



<u>Test 2</u>

- Ten participants sat at 0°T30°R on air, foam and gel cushions
- Total shear force was recorded after six minutes
- Order of cushion material was randomised to reduce test setup bias



Seating Setup Results

• Repeated one-way ANOVA used to analyse the results of the recline, tilt and cushion material

Test	Comparison	Statistically Sig. Difference (p < .05)	Change in TSF?	Difference (N)
Recline	0° to 15°	Yes	Increase	23.7
	0° to 30°	Yes	Increase	24.8
	15° to 30°	No	Increase	1.1
Tilt-in-space	15° to 25°	Yes	Decrease	22.5
	15° to 45°	Yes	Decrease	60.5
	25° to 45°	Yes	Decrease	38.0
Material	Air to Foam	Yes	Increase	16.0
	Air to Gel	Yes	Increase	13.7
	Gel to Foam	No	Increase	2.3

Conclusion

- Seating set-up impacted on the TSF at the user-seat interface
 - Increasing recline increased TSF
 - Increasing tilt reduced TSF in the PA direction
 - Increasing tilt above ~25° induces shear in the opposite direction
 - Air was the most effective cushion in reducing TSF
- Readings provided are for the whole system as opposed to what is occurring within the tissues
- Horizontal/shear forces can increase the risk of developing a pressure ulcer^{[4][5]}
- Some seating set ups which may be advised for optimal pressure relief, may be suboptimal for shear

References

- 1. Bennett, L. Kavner, D., Lee, B. K., Trainor, F. A. 1979. Shear Vs. Pressure as Causative Factors in Skin, Blood Flow Occlusion. *Arch Phys Med Rehabil*. 60 pp. 309–14
- 2. Bennett, L., Kavner, D., Lee, B. Y., Trainor, F. S. and Lewis, J. M. 1981. Skin blood flow in seated geriatric patients. *Arch Phys Med Rehabil*. 62(8) pp.392–98
- Bennett, L., Kavner, D., Lee, B. Y., Trainor, F. S. and Lewis, J. M. 1984. Skin stress and blood flow in sitting paraplegic patients. *Arch Phys Med Rehabil*. 65(4) pp.186–90
- Dinsdale, S. M. 1974. Decubitus ulcers: Role of pressure and friction in causation. Arch Phys Med Rehabil. 55(4): pp.147-52
- 5. Goldstein B, Sanders J. 1998. Skin response to repetitive mechanical stress: A new experimental model in pig. *Arch Phys Med Rehabil.* 79(3) pp.265-72
- 6. Goossens, R. H., Zegers, R., Hoek, van Dijke, G. A. and Snijders, C. J. 1994. Influence of shear on skin oxygen tension. *Clin Physiol*. 14(1) pp.111–18
- 7. Guest, J. F., Fuller, G. W., Vowden, P. and Vowden, K. R. 2018. *Cohort study evaluating pressure ulcer management in clinical practice in the UK following initial presentation in the community: costs and outcomes.* BMJ Open
- 8. Guttmann L. 1976. *The prevention and treatment of pressure sores*. In: Kenedi R. M., Cowden, J. M. and Scales, J. T. Bed sore biomechanics. London: Macmillan. pp. 153–9
- 9. National Pressure Ulcer Advisory Panel (NPUAP). 2009. *Shear: a contributory factor in pressure ulceration*. [Online] Available at http://www.npuap.org/wp-content/uploads/2012/02/Shear_slides.pdf
- 10. Stinson, M., Porter, A. and Eakin, P. 2002. Measuring Interface Pressure: A Laboratory-Based Investigation into the Effects of Repositioning and Sitting. *The American Journal of Occupational Therapy.* 56 p.185–190





Thank you for listening

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