Accora Academy



Sleeping in a **riser recliner guide**.

Accora

An introduction from
Clinical team leader Nicola



Welcome to our first quarterly wrap-up- and thank you to everyone who's engaged with the content over the past few months. I just wanted to take a moment to reflect on what we've been focusing on and why it matters.

Recently we have spent a lot of time talking about sleeping in riser recliner chairs- something many of us see regularly in practice. For most people, it's not an ideal situation. It usually comes down to pain, reduced mobility, fear of falling, or not feeling safe getting into bed anymore.

We have looked at the wider impact this can have on mobility, confidence, mental wellbeing, pressure care, and sleep quality. We've also shared practical, realistic ways to support people better, whether that's safer transfers, managing pain, building strength, or helping someone feel confident enough to sleep in a bed again where possible.

This final resource pulls all of that together in one place. It's been designed as a practical tool for clinicians working in the community-something you can come back to, share with colleagues, and use to support real conversations with patients and families.

Sometimes sleeping in a riser recliner is a short-term solution. Sometimes it's about making that setup as safe as possible. And sometimes it's about helping someone move on from it altogether. This resource is there to support those decisions.

Thank you for engaging with the webinars and other resources these past few months. We hope that this guide is useful in your day-to-day practice and supports better outcomes for the people you care for.

Nicola Murphy

Meet the **clinical team**:

Accora Academy

Our clinical experts are available for training and education opportunities but also to provide individual advice on a case-by-case basis.

They can support clinicians with clinical reasoning and justification for solutions and product requests.



Nicola Murphy
Occupational Therapist
nicola.murphy@accora.care



Jayne Brewer
Occupational Therapist
jayne.brewer@accora.care



Mary Snow
Occupational Therapist
mary.snow@accora.care



Jenny Rolfe
Consultant Occupational Therapist
jenny.rolfe@accora.care



Nicky Phillips
Occupational Therapist
nicky.phillips@accora.care



Phillippa Clark
Tissue Viability Nurse Specialist
phillippa.clark@accora.care



Heidi Sandoz
Independent Tissue Viability Nurse Specialist



Sarah Thompson
Tissue Viability Nurse Specialist
sarah.thompson@accora.care

Transfer tips when using a riser recliner chair

with Jayne Brewer



Riser recliner chairs can be beneficial in maintaining independence in transfers, maintaining mobility, improve safety during transfers and reduce manual handling and the need for carers.

There are key principles we need to consider when someone is transferring in and out of their riser recliner chair:

Their ability and mobility level:

Does the person mobilise independently, with a mobility aid or do they require a transfer device? Does the individual have good balance and leg and arm strength? Do they suffer from any pain and do they fatigue easily? Check if the individual has the cognitive abilities to operate the controls on the handset safely and make sure that the individual is wearing appropriate footwear to reduce the risk of falls.

The environment:

Make sure that the environment is clear of obstacles and hazards such as rugs, footstalls and wires.

The chair:

Does it work correctly, have the brakes been applied and castors locked to ensure stability on the flooring? Make sure that the handset works, and that all of the functions of the chair are operational. Check if the chair been configured for individual's size in respect to it's width, it's depth and it's height. Does the chair have adequate pressure relief to meet their pressure care needs and postural support to maintain good alignment and reduce the risk of deformities?

Before considering a riser recliner chair for an individual, the least restrictive and most cost-effective solutions should be considered first. See if the individual's transfers can be manged by using chair raisers, or if their legs can be elevated using a footstool.

The quality of the transfer in and out of the riser recliner chair can have a huge impact on maintaining independence and safety, reducing need for assistance and the posture that is adopted when seated in the chair.

Each patient will have a unique transfer technique, and this will vary depending if they require assistance or if they are using a mobility or transfer device.

A full moving, handling and risk assessment should be completed and a personalised care plan should be documented, however the following basic principles can apply when someone is mobile and weightbearing:

Transfer technique into the chair

- Ensure the chair is raised to the correct level for the individual.
- Encourage the person to position themselves so that they can feel the chair on the back of their legs.
- Encourage them to reach back for the armrests of the chair.
- Instruct them to lower themselves slowly and with control onto the seat cushion, using leg strength and arm rests, flexing at the hip.
- When the person is sitting fully back in the chair they should locate the controls and lower themselves fully and raise the leg rest and adjust the back rest if required.

Transfer technique out of the chair

- Ensure the chair is returned the chair to It's neutral position.
- Ensure the person's feet are flat on the floor and encourage them to bring their bottom forward if possible.
- Instruct them to locate the controls and activate the riser function to enable the person to get to a near standing position or standing position as assessed to enable the transfer, adjusting the back rest slightly can reduce the feeling of being pushed forward.
- Encourage the person to lean forward (nose over toes) and push through the armrests and use the strength in their legs to stand.
- Once the individual has found their balance, they can move away from the chair.

If the individual uses a transfer device, the caregivers involved in using this piece of equipment should be fully trained and the equipment should be in full working order. A riser recliner chair that has a horseshoe cut out in the framework will allow access for transfer device to get further under the chair. This enables the individual to be positioned further back in the chair, improving posture and reducing the need for further manual handling to reposition.

Riser recliner chairs with different rise functions, push back armrests or shaped armrests will further aid the transfer device to get closer to the chair.

Do riser recliner chairs reduce muscle strength?

There are some schools of thought that question whether using a riser recliner chair can reduce muscle strength. Although they don't directly relate to reduced muscle strength, long time use of a riser recliner could contribute to deconditioning if any of the following occur:

- The individual becomes passive during sit-to-stand transfers, allowing the chair to do all the work.
- The riser function is used every time, even when the person could stand with minimal assistance.
- There is prolonged sitting and reduced overall activity, leading to general deconditioning.
- The chair is used without regular reassessment, despite improvements or changes in ability.

Best practice to avoid deconditioning:

- Encourage the individual to transfer from the lowest level possible.
- Encourage pushing up from arms and legs and actively participate in the transfer.

Conclusion

Transfer methods in and out of a riser recliner can vary considerably and need to be individually assessed. Care plans need to be formulated to meet the needs of the individual and the care givers, ensuring safe manual handling practices are followed.

Whichever methods are used, a riser recliner chair can improve and maintain an individual's transfer ability, maintaining their strength and regaining their independence to participate in other activities of daily living.

Postural implications of someone sleeping in a riser recliner

with Jayne Brewer



We recognise that some people choose to sleep in their riser-recliner chairs because it can make transfers easier, improve comfort, and support independence. However, sleeping in this position can also affect posture and may have longer-term consequences for health.



Implications could be:

Reduced hip and knee range movement: constantly being in a flexed position at the hips and knees can lead to joint stiffness, muscle tightness and ultimately joint contractures which can have a negative impact on mobility. Sitting and sleeping with hips and knees bent can increase the risk of Deep Vein Thrombosis (DVT).

Reduced lumbar support: Some models of riser recliner chairs do not support that natural inward curve of the spine which can lead to back pain.

- Slouched posture: This can often occur in riser-recliner chairs without tilt-in-space, and can lead to sacral sitting, sliding down in the chair, and increased shear and friction forces. When the pelvis moves into posterior tilt, the spine compensates with increased curvature, contributing to the development of kyphosis.

- Hunched upper-back posture: caused by not being able to lie fully flat and combined with prolonged sitting, this can affect breathing and digestion as our essential organs in our 'Life Box' are affected.

- Hunched upper-back posture can also contribute to back pain due to joint stiffness. Being able to lie flat allows the spine to decompress and supports healthier posture and comfort.

- Altered or a forward head position: This can lead to neck problems, causing strain in the cervical spine and reduced spinal alignment. When the chair is reclined, the individual will lift their head to view the TV or engage in conversation which can cause neck strain.

Postural implications will have an impact on pressure distribution, increasing the risk of pressure ulcers. When an individual is sleeping in their chair, there may be asymmetry- resulting in areas of high pressure.

If an individual is leaning to one side in their chair, postural support needs to be provided to maintain alignment and prevent deformities from occurring, such as scoliosis.

It may be difficult for the individual to change position during the night resulting in periods of immobility, joint stiffness, musculoskeletal problems and an inability to relieve pressure.

Postural implications can also arise from the environment around the chair. Where the individual has their table or TV positioned can lead to habitual fixed positions which can impact posture and muscle imbalance.

If someone chooses to sleep in a riser recliner chair, encourage them to change position regularly and alter joint positions to reduce joint stiffness and relieve pressure. Ensure they have an appropriate cushion in their chair also.

If someone chooses to sleep in their riser recliner chair, ensure the chair has:

- Tilt in space to prevent sliding down in the chair

- Adjustable postural support to maintain good alignment for the neck and pelvis.

- Integrated pressure relief to protect vulnerable areas and offloading of the heels.

This will help manage and reduce some of those postural implications, leading to improved comfort and ultimately a better night's sleep.

Visit these websites for more information:

Healthline

The Life Box' by Sharon Sutherland

Managing pain to improve sleep, strength and safe transfers

with Nicola Murphy



Let's be honest- pain can make sleep tricky, and if we don't get enough rest, we all get a bit cranky. And we know that crankiness doesn't just affect the person- it can ripple out to everyone around them!

That's why pain management isn't just about comfort; it's about supporting better sleep, smoother movement, and safer transfers.

What is pain?

Pain is our body's way of saying, "Hey, something isn't right!" -but it's not just about tissue damage. The nervous system produces pain, and factors like stress, fatigue, emotions, and even poor sleep can make it feel worse (International Association for the Study of Pain (IASP), 2020).

This is why two people with the same injury can experience pain very differently. Understanding pain as a whole is key when we're planning interventions.

How pain affects sleep

Pain and sleep are closely linked. Pain can make it hard to fall asleep, stay asleep, or reach deeper restorative stages. Poor sleep, in turn, increases pain sensitivity, stiffens muscles, lowers mood, and makes movement feel harder the next day (Finan, Goodin and Smith, 2013).

When pain is present, the nervous system stays "switched on", muscles stay tense, and breathing can become shallow. The mind is often busy thinking about discomfort, which interferes with rest of the body.

As healthcare professionals, we know that sleep is a core occupation that underpins health, wellbeing, and participation in meaningful activity (RCOT, 2021).

Why some people sleep in a riser recliner

A riser recliner, like the Configura Comfort, can feel like a lifesaver. Sleeping with the chair in a recliner or tilted position can:

- Reduce pressure on sore joints
- Ease back, hip, or shoulder discomfort
- Make standing up feel safer and less effortful
- Relieve lower-limb pain that worsens when the legs are elevated (for example, in people with peripheral arterial disease, who may experience rest pain in bed and find hanging their legs down reduces symptoms)
- Reduce discomfort linked to lower-limb swelling, which can cause a dull, aching pain. This can be a useful prompt to ensure the legs are properly assessed and, where appropriate and safe, that compression or other oedema management strategies are considered rather than relying solely on chair sleeping.

From an OT perspective, this is a logical adaptation. However, if chair sleeping becomes the default, it can affect sleep quality, increase stiffness, and reduce strength over time. RCOT reminds us that routines and habits strongly shape sleep patterns, so it's worth addressing pain early, considering underlying causes such as vascular insufficiency, and supporting bed-based sleep whenever possible (RCOT, 2021).

Why managing pain matters for movement and transfers

Pain often leads to reduced movement without people even realising it. Over time, this can reduce muscle strength, flexibility, and confidence. Transfers- like standing from a chair, moving to bed, or walking short distances- can become more effortful, slower, and less safe (RCOT, 2019).

When pain is managed well, muscles relax, joints move more freely, and transfers feel smoother. This protects the person from falls and reduces the physical effort needed from carers.

Practical strategies to manage pain and support sleep

Here are some strategies that work well in everyday practice:

Mind–body approaches

Simple mind–body strategies can be helpful when pain makes it hard to settle at night.

- **Mindfulness or short meditation** can calm the nervous system and gently shift attention away from pain (Tang, 2018).
- **Breathing and relaxation exercises** support the body's natural "rest and digest" response and help ease muscle tension.
- **CBT-informed approaches** can help people recognise and reframe unhelpful pain-related thoughts, reducing anxiety and improving sleep (Tang, 2018).
- **ASMR (Autonomous Sensory Meridian Response)** uses gentle sounds or visuals, such as whispering or tapping, which some people find deeply relaxing. It may reduce stress, support sleep, and lessen the perception of pain at night for some individuals.

Some useful Apps to explore include Calm and Headspace, alongside free guided relaxation, sleep sessions, and ASMR content available on YouTube.

Physical approaches

- **Gentle movement:** Stretching, light walking, or seated exercises reduce stiffness, maintain mobility, and release endorphins.
- **Heat or cold therapy:** Heat relaxes muscles; cold can reduce inflammation- tailor to the individual.
- **Massage:** Relieves tension, improves circulation, and supports relaxation before bed.

Daily habits

- Keep a regular sleep and wake schedule
- Make the bedroom calm, dark, and quiet
- Limit caffeine, alcohol, and screen use in the evening
- Avoid long daytime naps, especially in recliners (RCOT, 2021)
- Use light distraction (music, reading, puzzles) to shift focus away from pain before bed

Supporting safe transfers

Managing pain helps people to stay active and confident. A riser recliner like the Configura Comfort is a great tool, but it's most effective when used as support, not a full substitute for movement. Practising transfers, position changes, and short periods of standing throughout the day helps maintain strength, independence, and safety (RCOT, 2019).

Key takeaways

Pain affects sleep, movement, and daily routines- but it doesn't have to control them. Using simple, evidence-based strategies, we can help improve sleep, maintain strength, and support safer transfers. And let's face it, getting better sleep also keeps us (and our clients) a little less cranky!

Sleeping in a riser recliner, pressure ulcer prevention checklist

with Sarah Thompson



How can you best offset the risks?

✓ Best posture

Good posture and appropriate support help distribute body weight evenly, reducing pressure on vulnerable areas. Correct positioning can offload high-risk pressure points and support comfort, circulation, and tissue health.

✓ Encourage movement and activity

Encourage position changes within the chair every 1–2 hours where possible or promote regular small movements to minimise prolonged pressure. If the chair has a tilt-in-space function, use a range of angles to redistribute weight without increasing shear or sliding.

Establish a clear positioning routine, whether the person can adjust their own position or the chair is repositioned for them. Regular movement and repositioning help maintain blood flow to at-risk areas and reduce pressure-related harm. Assist with standing, stretching, or repositioning when it is safe and appropriate.

✓ Support nutrition and hydration

Ensure adequate fluid intake and balanced nutrition, as these are essential for maintaining skin health and supporting tissue repair.

✓ Use pressure-relieving equipment

If you are unable to get a good amount of mobility within the chair, or with the chair itself, ensure the riser recliner is fitted with appropriate pressure-relieving or alternating cushion.

Where pressure systems are used, confirm that high-risk areas are supported appropriately and that alternating pressure settings are functioning correctly.

✓ Complete daily skin checks, if possible

Inspect the skin at least once daily for early signs of pressure damage, including redness, warmth, tenderness, or skin discoloration.

Pay close attention to bony areas such as the sacrum, hips, and heels.

✓ Maintain healthy skin integrity

Keep the skin clean, dry, and moisturised using non-alcohol-based products. Actively manage moisture and incontinence to reduce the risk of skin breakdown.

✓ Select appropriate fabrics and clothing

Use soft, breathable, and antimicrobial fabrics to minimise friction, irritation, and infection risk.

✓ Try to find out the root cause of someone sleeping in their chair

Resolve any obstacles that you can. Give reassurance, try alternative support surfaces, investigate alternative equipment, transfer aids and care support.

Tissue viability webinar overview

with Sarah Thompson



When a patient presents with swollen legs (oedema), they are not simply carrying excess fluid; they are carrying a significant burden that threatens their independence, motivation, sleep, and ultimately the viability of their skin. If left unmanaged, what may appear to be a 'simple' case of swelling can trigger a downward spiral, potentially resulting in a total loss of mobility- a state clinicians often refer to as being 'off-legs.'

The mobility crisis and the danger of sleeping in a riser-reclier

While these chairs can offer immediate comfort, they may become a 'trap' for lower limb health. Over time, spending prolonged periods sitting in, or sleeping in, a riser-recliner chair can lead to joint stiffness due to sustained fixed postures. This restricts natural movement and may cause stiffness in the hips, knees, and calves, muscle tightness, postural issues, and increased oedema in the legs, all of which heighten the risk of leg ulceration.

Sleeping in a riser-recliner also increases the risk of developing pressure ulcers, as the seated position places greater pressure on the lower back, buttocks, and heels, while making effective repositioning more difficult.

Lack of spinal alignment and the unnatural semi-seated position further restrict movement and can result in less restorative sleep. This leads to poorer sleep quality and increased daytime fatigue.

Interventions: breaking the cycle

My recent webinar explored the impact these issues have on patients, including the physiological link between leg swelling (oedema) and reduced muscle function (deconditioning). It examined how pain and discomfort associated with oedema can negatively affect motivation and sleep quality, and addressed the clinical risks linked to prolonged sitting in a riser-recliner, including the increased risk of pressure damage.

The session also discussed the importance of early intervention, education, and appropriate equipment provision to help reduce these risks, alongside other practical strategies for breaking the cycle and better supporting service users.

Scan the QR code below to watch my webinar:
'Swollen legs, stolen lives: how oedema steals mobility and independence' on demand.

Safe sleep:
The Ascenda story

with Tennyson Drake



Great products don't start with technology; they start with people.

One of the most common problems occupational therapists face is a client who sleeps in their riser recliner. Typically due to 'comfort' or inability to transfer to a bed, this leads to numerous complications in posture, pressure, and in some cases can lead to Lymphedema.

Critically, as a result of this, clients face the most challenging complication of all - the absence of independence and dignity.

Our newest innovation, the Ascenda, aims to restore this to service users.

The problem we couldn't ignore

For years, service users choosing to sleep in their riser-recliners has been the default solution when they struggle to transfer to a bed.

We had a constant stream of concern from healthcare professionals:

- "Sleeping in a riser recliner has significantly increased my patient's risk of pressure ulcers."
- "My patient's skin integrity is already compromised and continues to deteriorate."
- "Due to limited movement throughout the day, my client's mobility is declining rapidly."
- "My patient is gradually losing their independence."
- "My client is not choosing to sleep in a chair; they are doing so because bed transfers have become too difficult."

We knew that there had to be a better way, which is why we created Ascenda.

We asked a simple but powerful question: What if a bed could move like a riser recliner chair?

We set ourselves a brief:

- Help those who struggle to lift their legs into bed, giving them confidence to sleep in a bed and be able to function independently at night without the risk of falling.
- Enable independent transfers from lying to standing.
- Provide an alternative to sleeping in a riser recliner.
- Promote independent movement and change of position to help protect skin integrity and manage potential pressure areas.
- Allow service users to stay independent, reducing the need for carers to aid with bed transfers and manual handling as they are not having to lift and bend down.
- Reduce care costs.

How the Ascenda was developed

In 2023, we created prototypes and took them straight to the people who matter most- clinicians and the end users of our products.

We worked closely with over 30 services and Occupational Therapists across the UK.

These occupational therapists brought people into the process - people who were struggling with bed

transfers, and were losing their independence. We worked closely alongside them to shape the final design of the Ascenda.

Before launching, the Ascenda underwent clinical trials, with people using the product in their daily lives. Outcomes were recorded to give real-world evidence for the effectiveness of the Ascenda. The results were clear: **people were transferring independently again.**

A note from Tennyson, the Ascenda product lead:

'We had one client who suffers from muscular dystrophy and has difficulty controlling her leg movements. She is fiercely independent and lives in a specially adapted bungalow. She uses a powered wheelchair to move around her home and has a friend who visits once a day to help with certain tasks.

Due to her condition, she found bed transfers increasingly difficult, which led her to sleep in a rise-and-recline chair that she found very uncomfortable. As a result, she was only able to achieve periodic sleep of 1–2 hours during the night.

An OT became involved and trialed several options, including leg lifters and a turning bed. However, these were unsuccessful, as the client struggled with the lateral movement and found the options uncomfortable.

An assessment with the Ascenda was then carried out and proved successful. Due to the Ascenda's high lifting range, transfers to and from her wheelchair became much easier, allowing her to transfer independently. She was also able to gradually build up her sleeping tolerance to around eight hours per night.

When we last spoke with her, she mentioned that she had even overslept on a few occasions-something she hadn't done in years. As you can imagine, this had a massive positive impact on her quality of life and independence.'

Why the Ascenda is different

Many clients that can't get their legs into bed struggle with the lateral movement of moving their legs. This is the main reason why sometimes other solutions such as leg lifters don't work. As well as this, foor beds are not always suitable for everyone, and rotational turning beds can come at a very high cost.

With the Ascenda, it completely eradicates the lateral movement from the whole transfer.

The Ascenda bridges the gap- offering meaningful clinical benefit without the prohibitive cost. With this solution, not only can we reduce carer burden and the associated costs, but most importantly we restore the independence many service users so desperately want.

Many people receive carers twice a day solely to help them:

- Get out of bed in the morning
- Get back into bed at night

When someone can transfer independently, these twilight calls are no longer needed. For most of us, these are routine tasks that we take for granted. For a service user, their inability to perform these movements independently can result in an undignified feeling of reliance.

Ascenda: more than just a bed

The Ascenda is not simply a response to real clinical need. It's a solution engineered to restore the independence of those who crave it most. We created this bed because:

- People were sleeping in chairs when they didn't need to
- There are limited cost-effective solutions available on the market
- Independence was being lost too early

With the Ascenda, we've been able to:

- Reduce care costs
- Decrease reliance on carers
- Increase privacy
- Restore dignity
- Reinstate daily routines

Sleeping in a riser-recliner will continue to be a prevalent concern for many healthcare professionals. With the Ascenda, not only can we mitigate the healthcare concerns associated with this, but we can offer a solution that is focused on the service user. The Ascenda allows people to stay in their own bed, in their own home, on their own terms.

Interventions to encourage sleeping in a bed

with Nicky Phillips



Bed discomfort can be a significant barrier to sleep, particularly for patients who have become reliant on riser recliner chairs. Prolonged chair sleeping is associated with increased risks of pressure injury, respiratory compromise, reduced mobility, and poorer sleep quality (National Wound Care Strategy Programme [NWCSP], 2020; AASM, 2014).

The strategies below aim to encourage bed sleeping and reduce reliance on a riser recliner.

Make the bed comfortable and inviting

Empathy and respect

Engage the patient in shared decision-making and explore their individual requirements for sleep. Building rapport and demonstrating empathy are essential to understanding the underlying barriers to bed use, such as pain, breathlessness, fear of falls, or difficulty accessing the bathroom (NICE, 2023; Morin & Benca, 2012). Identifying these issues enables more targeted and effective interventions.

Analyse their current set-up

Assess the patient's current sleeping position and chair configuration. Consider whether this posture or level of support can be replicated in bed using pillows, profiling beds, or specialist mattresses. Referral to appropriate services (e.g. respiratory team, physiotherapy, tissue viability) may be required to address clinical contributors such as breathlessness, reduced mobility, or pressure risk (AASM, 2014; NWCSP, 2020).

Comfortable and appropriate set-up to maximise function

Ensure the bed environment supports comfort and independence, including appropriate mattress selection, supportive pillows, leg elevation if required, and correct bed height. Individualised equipment provision can improve comfort, reduce pain, and support safe transfers (NICE, 2017; McInnes et al., 2015).

Sensory comfort

Encourage calming sensory input such as soft music, reading, or guided sleep meditation to promote relaxation. Advise avoidance of stimulating activities and electronic devices before bedtime, as these can delay sleep onset and disrupt circadian rhythms (Irish et al., 2015; Chang et al., 2015).

Cozy environment

A tidy, quiet, and inviting sleep environment supports relaxation and positive sleep associations, contributing to improved sleep quality (Buysse, 2014).

Behavioural and cognitive techniques

Stimulus control

If the patient is unable to sleep in bed, encourage them to leave the bed and engage in a quiet, relaxing activity until they feel sleepy, then return to bed. This technique helps re-establish the bed as a cue for sleep rather than wakefulness or discomfort (Morin et al., 2006; NICE, 2023).

Create a consistent schedule

Support the patient to establish consistent bedtimes and wake times, alongside a predictable and calming bedtime routine. Consistency strengthens circadian regulation and improves sleep efficiency (Watson et al., 2015; Irish et al., 2015).

Practical steps

Consult multidisciplinary teams (MDTs)

Physiotherapists, occupational therapists, nurses, and specialist teams can assess functional needs, mobility, pressure risk, and equipment requirements. MDT involvement is key to reducing barriers to bed use and supporting safe transitions (NICE, 2017; NWCSP, 2020).

Experiment with positioning

Trial different pillow configurations, wedges, or specialist supports to replicate the comfort and security of a recliner chair. Gradual adjustment can improve tolerance and confidence with bed sleeping (McInnes et al., 2015).

Education around red flags

Educate patients on the risks associated with prolonged chair sleeping, including pressure damage, oedema, reduced lung expansion, and increased falls risk when mobilising at night (NWCSP, 2020; AASM, 2014).

Start small

Encourage graded exposure by asking patients to spend short periods in bed during the day, gradually increasing duration. This approach supports behavioural change, reduces anxiety, and builds positive associations with the bed (Morin et al., 2006).

Conclusion

By making the bed a functional, comfortable, and supportive environment that meets the same needs as a riser recliner, patients can be gradually and safely supported to transition back to bed sleeping. This approach promotes better sleep quality, reduces clinical risks, and supports long-term health and wellbeing (Buysse, 2014; NICE, 2023).

Top tips for good sleep hygiene

with Jenny Rolfe & Nicky Phillips





Sleep is essential for overall health, recovery, and wellbeing. Many patients struggle with poor sleep, which can impact physical health, mental health, and daily functioning (Medic et al., 2017; Buysse, 2014).

Healthcare professionals can provide practical guidance on good sleep hygiene to support better rest (Irish et al., 2015).

Here are some general tips:

1. Maintain a consistent sleep schedule.

Encourage patients to go to bed and wake up at the same time every day, including weekends. Consistency helps regulate the body's internal clock, making it easier to fall asleep and wake up feeling refreshed (Watson et al., 2015; Irish et al., 2015).

2. Establish a calming bedtime routine

A relaxing pre-sleep routine signals the body that it's time to wind down (Morin & Benca, 2012). Suggest activities such as:

- Reading a book
- Gentle stretching or breathing exercises
- Taking a warm bath or shower
- Listening to soothing music

Advise avoiding stimulating activities like work, screen time, or vigorous exercise close to bedtime, as these can delay sleep onset and disrupt circadian rhythms (Irish et al., 2015).

3. Optimise the sleep environment

Encourage patients to:

- Keep the bedroom dark, quiet, and cool
- Ensure a comfortable mattress and supportive pillows
- Reduce noise with earplugs or white noise if needed
- Limit exposure to bright lights and electronic devices before bed

A sleep-conducive environment is strongly associated with improved sleep quality and duration (Buysse, 2014; American Academy of Sleep Medicine, 2014).\

4. Monitor diet and drink intake

Advise patients to:

- Avoid caffeine and nicotine in the hours before bedtime
- Limit alcohol, which can fragment sleep and reduce REM sleep
- Avoid heavy meals late at night; light snacks are acceptable

Dietary stimulants and alcohol are well-established contributors to poor sleep quality (Irish et al., 2015; Morin & Benca, 2012).

5. Encourage regular physical activity

Moderate exercise during the day can improve sleep quality and duration (Kredlow et al., 2015). Advise patients to avoid vigorous exercise within 2–3 hours of bedtime, as it may increase alertness and delay sleep onset (Irish et al., 2015).

6. Limit daytime naps

Short naps can be beneficial, but long or late-afternoon naps may disrupt nighttime sleep. Recommend naps under 30 minutes, preferably before mid-afternoon (Watson et al., 2015).

7. Manage stress and anxiety

High stress can interfere with sleep onset and maintenance. Encourage patients to try:

High stress can interfere with sleep onset and maintenance. Encourage patients to try:

- Mindfulness or meditation
- Deep breathing exercises
- Journaling to clear the mind before bed

Stress-reduction techniques are commonly recommended as part of first-line management for insomnia (NICE, 2023; Morin & Benca, 2012).

8. Seek professional help when needed

If patients consistently struggle with sleep despite good sleep habits, advise consulting a healthcare professional. Conditions such as insomnia, sleep apnea, or restless legs syndrome may require medical evaluation and targeted treatment (American Academy of Sleep Medicine, 2014; NICE, 2023).

Conclusion

Good sleep hygiene can significantly improve a patient's sleep quality, recovery, and overall health (Medic et al., 2017). Simple, consistent changes- such as a regular bedtime routine, a sleep-friendly environment, and stress management- can make a meaningful difference (Irish et al., 2015). Healthcare professionals play a key role in guiding and supporting patients to establish these habits.

A CASE STUDY

Ascenda®

Transfer from lying to standing. Effortlessly.



Overview

Mary is a 76-year-old lady who lives with her husband Martin, who is her main carer.

Mary was diagnosed with Parkinson's Disease (PD) in July 2022, but noticed symptoms of PD, including a deterioration in her mobility a couple of years prior to her diagnosis.

This case study highlights the difficulties Mary has experienced with bed transfers, outlines the different options her OT tried before introducing the Ascenda and demonstrates the positive impact this had on the lives of Mary and her husband.

Mary has been diagnosed with the following conditions: kyphoscoliosis and scoliosis (1963), undifferentiated inflammatory polyarthritis (1986), autoimmune thyroiditis (2006), ischaemic heart disease (2021), dementia in PD (February 2024) and has had ME (myalgic encephalomyelitis) for a number of years. The chronic fatigue symptoms of ME mean that Mary had several part time jobs during her working life, latterly helping individuals with fertility problems in theatre and on the wards.

Between them, Mary and Martin have 3 daughters, 6 grandchildren and 3 great grandchildren. They live in a house with a downstairs toilet, a stairlift, then a bathroom and level-access shower upstairs.

Mary is mobile around the house with a 4-wheeled walker, which she finds cumbersome and needs a wheelchair for outdoors. Her mobility is slow and she requires assistance with all transfers due to issues with her balance and turning, she has a raised toilet seat, toilet frame and a wheeled shower chair and is in the process of purchasing a riser recliner chair.

Martin helps Mary with her personal care needs and carries out all the meal preparation and domestic activities. Angela has been Mary's OT for approximately six months and has helped with access (grab rails and a half step), profiling bed (prior to the Ascenda) and a referral to a physiotherapist, who specialises in PD, regarding neck pain and mobility.

Bed transfers can be difficult for Mary. She requires assistance to get her legs onto the bed. Due to her Parkinson's disease, she has difficulty positioning her upper body to enable her to get to a lying position from sitting on the edge of the bed. Martin has been assisting with this by physically moving Mary, lifting her legs and at the same time, positioning her top half. This is physically demanding for Martin who has to complete this manoeuvre 3 to 5 times every day as Mary has toileting needs during the night.
At times, this is also painful for Mary as Martin assists her the best he can to achieve a lying position on the bed.

Prior to Angela's involvement they trialled the bed management systems but Mary was allergic to the material. Angela has tried to make this easier for Mary and Martin, by providing a profiling bed, and advice to use a towel under Mary's legs to reduce Martin bending/lifting with weight. An electric leg lifter was also considered but it was clinically reasoned that this would not be of any benefit as Mary does not have any lateral movement of her legs so would still need assistance with her legs once lifted to move them across onto the bed and to reposition the top half of her body which would

still result in manual handling for Martin. Angela and her senior OT colleague also assessed Mary using the Seba but did not feel this improved the transfer for Mary or Martin either.

Angela was then put in touch with Accora who are developing a new product called the Ascenda, a riser bed which effortly assists the transfer from lying to sitting and sitting to lying. This has made a big difference for both Mary and Martin. Mary no longer has to be manhandled into bed.

There is no pulling and pushing to get her into position, which she found painful. There is a reduction in manual handling tasks for Martin which has reduced the physical demands on him as well as the risk of injury. Martin reported that he feels much better physically since the introduction of Ascenda. He still has to get up in the night to assist with the sit-to-stand element of Mary's transfer and to ensure she gets to the toilet safely but for a gentleman with this own health problems this has a massive impact for him as well as less effort for Mary who suffers with ME.

Mary requires assistance and encouragement to ensure that she gets her bottom as far back as possible when sitting on the Ascenda in the raised position and then Martin is able to push a button which puts the Ascenda into a tilt-in-space position, simultaneously raising the legs. The independent backrest function means that Mary can get it into







a position that is comfortable for her needs. The pressure-relieving mattress will reduce the risk of any pressure areas developing as Mary has difficulty altering her own position. The rise function in seated position, along with the handles, facilitates Mary completing sit-to-stand and stand-to-sit transfers.

Looking at the bigger picture, we need to question whether Martin would have been able to sustain the level of physical assistance that he was providing to Mary to enable her to transfer in and out of bed, and as well as all the other tasks he was assisting with. It is important that we look after our informal carers because if Martin had sustained an injury, this would have resulted in an increase in care costs. Potentially it would cost £322 per week (£23 per hour x2 am and x7 pm) based on one carer and that's assuming that the manoeuvre is able to be carried out safely with one carer. This would have an impact on Mary's quality of life as she would have to retire to bed at a time that carers could attend and her nighttime needs would not be met as there are very few night carers. There could be additional costs if Martin were unable to carry out all the other tasks he does for Mary.

The Ascenda has made a positive difference to both Mary and Martin for different reasons, not only with regards to reducing manual handling risks and reducing the physical demands on their relationship but for the dignity it has provided to both of them, especially Mary.

Summary

- Difficulty getting legs onto bed due to inability lifting legs and lateral movement
- Unable to turn upper half of the body due to Parkinson's
- Physical assistance required from husband, risk of injury to both client and carer
- Ascenda has reduced physical assistance of carer and increased dignity for the client.

A CASE STUDY

Configura® Comfort

Tilt-in-space riser recliner



Overview

Kerry is an older adult living in a private flat in Battersea with 24-hour live-in care. She uses a level-access shower with a wheeled shower chair and requires full assistance with all activities of daily living. Transfers are completed using a standing hoist. Kerry presents with lower-limb oedema and age-related functional decline, including reduced cognitive ability. She has experienced recurrent hospital admissions related to challenges in balancing hydration and oedema management.

Kerry's existing riser-recliner chair no longer met her needs. It was undersized, did not provide adequate pressure relief, and did not allow the standing hoist to position closely enough to facilitate safe and effective transfers, which negatively impacted her posture. Consequently, Kerry was frequently uncomfortable, unable to maintain optimal seated alignment, and spending increasing amounts of time in bed. She resides in a setting with an on-site rehabilitation unit, where she was reviewed promptly by the GP and nurse, and her oedema was regularly monitored.

The Occupational Therapist identified Kerry's functional decline and recognised the importance of increasing her time spent sitting out of bed. A joint assessment was completed with an Accora product specialist to trial a Comfort Chair.

The Accora Comfort Chair featured a horseshoe-shaped frame cut-out, enabling the standing hoist to approach safely and closely, thereby improving transfer quality and seated posture. The elevating leg rest supported improved management of lower-limb oedema, and the integrated pressure-relieving cushion addressed her pressure care needs.

Provision of the Comfort Chair enabled Kerry to sit out of bed more frequently, supporting improvements in her overall function and quality of life. Specifically, it:

- Enhanced the safety and efficiency of transfers
- Improved seated posture and comfort
- Supported management of lower-limb oedema
- Reduced the risk of pressure injury
- Encouraged greater engagement in daily activities

A CASE STUDY

FloorBed® Plus

Beyond the riser recliner: safer sleep solutions like the **FloorBed**.



Overview

For many individuals who use riser recliners, night-time safety and confidence in getting in and out of bed is a main concern. The FloorBed offers a groundbreaking solution, bringing sleep to floor level without compromising comfort or functionality.
At just 71 mm (7.1 cm) from the floor, it significantly reduces the risk of falls and related injuries, while providing full profiling capabilities and enhanced safety features. By supporting safer mobility and boosting confidence, the FloorBed compliments day-time riser recliner use and promotes independence around the clock.

Read our case study below to see how this innovative bed is transforming sleep safety in real-world care settings.

52-year-old Jenny has been diagnosed with multiple sclerosis, which has progressed to the point where Jenny is no longer able to weight bear and is transferred using a ceiling track hoist and access slings.

Jenny is unable to maintain a functional position and move in her divan bed- there are no mechanisms to assist with this and she has difficulty positioning pillows to provide appropriate support. This means that whichever position the carers leave Jenny in, is the position she has to remain in, which is uncomfortable and limiting for Jenny.

Main issues:
A profiling bed was recommended to provide Jenny with more independence with bed mobility. This would have been particularly beneficial as Jenny is hoisted into bed in the early evening and remains in bed until the morning. However Jenny declined this recommendation, as it was a single profiling bed. As a result, Jenny began sleeping in her armchair, where she was functionally independent in a seated position.

Unfortunately, Jenny experienced several falls from her chair and required frequent paramedic intervention. In addition, being unable to lie in bed was having a detrimental effect on her tissue viability and caused swelling in her lower limbs.

Intervention:
A trial for the FloorBed 1 Plus, an ultra-low nursing bed was requested; at 1050 mm wide it provided the additional space Jenny required to feel safe, without compromising the carers when carrying out care. Had a standard wide bed of 1200 mm been put in place, the carers are likely to have had problems carrying out care, due to the need to reach and stretch across the wider bed.

Outcomes:
Jenny is now able to rest in a bed rather than sleeping in her armchair, which has been of great benefit in reducing the risk of pressure sores and fluid build-up in the legs, as well as facilitating more independent movement.

The additional width was required to enable Jenny to feel safe using a profiling bed, but without causing difficulties for the carers when carrying out care. Since provision of the FloorBed 1 Plus six months ago, there have only been two call outs to the Telecare alarm service; prior to this there would have been multiple call outs each week where Jenny had fallen out of her chair.

References (Harvard style)

Finan, P.H., Goodin, B.R. and Smith, M.T. (2013) 'The association of sleep and pain: An update and a path forward', Journal of Pain, 14(12), pp. 1539–1552.

International Association for the Study of Pain (IASP) (2020) IASP terminology and pain definition. Available at: https://www.iasp-pain.org (Accessed: 14 January 2026).

Royal College of Occupational Therapists (RCOT) (2019) Improving lives, saving money: The value of occupational therapy. London: RCOT.

Royal College of Occupational Therapists (RCOT) (2021) Sleep and occupational therapy practice. London: RCOT.

Sleep Foundation (2024). ASMR for Sleep: How It Works and Triggers to Try.

Tang, N.K.Y. (2018) 'Cognitive behavioural therapy in pain and sleep', Sleep Medicine Reviews, 37, pp. 16–24.

References

American Academy of Sleep Medicine (AASM). (2014). International Classification of Sleep Disorders (3rd ed.). Darien, IL: AASM.

Buysse, D. J. (2014). Sleep health: Can we define it? Does it matter? Sleep, 37(1), 9–17. https://doi.org/10.5665/sleep.3298

Chang, A. M., Aeaschbach, D., Duffy, J. F., & Czeisler, C. A. (2015). Evening use of light-emitting eReaders negatively affects sleep. Proceedings of the National Academy of Sciences, 112(4), 1232–1237.

Irish, L. A., Kline, C. E., Gunn, H. E., Buysse, D. J., & Hall, M. H. (2015). The role of sleep hygiene in promoting public health. Sleep Medicine Reviews, 22, 23–36.

McInnes, E., Jammali-Blasi, A., Bell-Syer, S. E. M., Dumville, J. C., & Cullum, N. (2015). Support surfaces for pressure ulcer prevention. Cochrane Database of Systematic Reviews, (9).

Morin, C. M., & Benca, R. (2012). Chronic insomnia. The Lancet, 379(9821), 1129–1141.

Morin, C. M., Bootzin, R. R., Buysse, D. J., Edinger, J. D., Espie, C. A., & Lichstein, K. L. (2006). Psychological and behavioral treatment of insomnia. Sleep, 29(11), 1398–1414.

National Institute for Health and Care Excellence (NICE). (2017). Falls in older people: assessing risk and prevention (CG161).

National Institute for Health and Care Excellence (NICE). (2023). Insomnia: assessment and management (NG215).

National Wound Care Strategy Programme (NWCSP). (2020). Pressure ulcer prevention and management. NHS England.

Watson, N. F., et al. (2015). Recommended amount of sleep for a healthy adult. Sleep, 38(6), 843–844.

Accora Academy

Accora's Clinical Corner

Discover our webinars, in-person training, blogs, and more at:

accora.care/academy

T: +44 (0)1223 206 100
E: info@accora.care
W: www.accora.care
UK: Accora Ltd, Charter House, Barrington Road, Orwell, Cambridge SG8 5QP

Accora