



# Observation Skill Development

## Sit to Stand

This lesson plan is designed to develop observational skills comparing normal movement to atypical movement.

### Learning Objectives

By the end of this activity, the successful student will:

1. Compare typical sit to stand biomechanics with those of a neurologically impaired individual.
2. Compare typical and atypical alignment, muscle recruitment and postural control during sit to stand.
3. Identify how verbal and tactile cueing influences movement in the impaired individual.
4. Determine how the environmental and task set up influence movement.
5. Discuss ways in which safety and motor control could be improved during the execution of the task from a motor control framework.
6. Discuss the use of gait belts in improving patient safety and possible draw backs of their use.

*This activity supports the requirements for:*

- *The Accreditation Council for Occupational Therapy (ACOTE) standards (2018):*
  - *OT: B.2.1., B.3.6., B.3.7.*
  - *OTA: B.2.1., B.3.6., B.3.7.*
- *The Commission on Education for Physical Therapy Education (CAPTE) standards:*
  - *PT: 7D7*
  - *PTA: 7D7*

# Observation Skill Development: Sit to Stand

## Watch

Assign the following videos for students to watch:

- **Sit to Stand: Observation of Normal Movement**
- **Early Gait Training: Difficulties with Sit to Stand and Stand to Sit**

## Discuss

1. From the video **Sit to Stand: Observation of Normal Movement**, identify the alignment of the foot/ankle, knee, hip and trunk as the typical individual:
  - a. Prepares their body to stand
  - b. Leans their upper body forward
  - c. Lifts their buttocks
  - d. Begins to assume an upright posture
- From the video **Early Gait Training: Difficulties with Sit to Stand and Stand to Sit**, identify any problems with alignment, symmetry, and muscle recruitment as the individual:
  - e. Prepares their body to stand or is assisted
  - f. Leans their upper body forward
  - g. Lifts their buttocks
  - h. Begins to assume an upright posture

\*remember to note which aspects of the movement are appropriate
2. What verbal cues did the therapist provide the patient with prior to the sit to stand transition?
3. What could the therapist have done differently to promote better alignment and symmetry prior to the patient moving?
4. Hypothesize why you think the therapist allowed the patient to pull up to stand using the parallel bar. Defend the use of this strategy. Argue why this should be discouraged.
5. What are the advantages of using a gait belt with this patient? What does it provide for the therapist and for the patient? Are there any disadvantages of using a gait belt?
6. What facilitation strategies does the therapist use to promote the sit to stand transition?
7. Are there any safety concerns in the video that you would address?

## Watch More

Suggested additional videos:

- **Facilitating sit to stand** (Fran)
- **Mobility: Ambulation in acute care** (Ben)