Help Guide:

Sleeping Posture & Positions
We spend 40% of our lives in bed - so the right bed and sleeping position are important to help when you have neck, back, shoulder and hip problems. The right sleeping posture can also prevent problems from developing, and stop reoccurrence.

Many people believe they don’t move around much in bed and stay pretty much in the same position or two all night, but this is largely untrue. Most of us move many, many times during the night and will sleep in multiple positions.

There are three main positions when in bed:
- On the back
- On either side
- On the stomach

Each position has advantages and disadvantages and, dependent on your problem, you may choose one over another. A good example of this is people with sleep apnoea being advised to sleep on their side rather than their back, as this can reduce the problem. Another good example is pregnant women often being advised to sleep on their left side to aid circulation.
Choosing the Right Mattress and Pillows

Size: Bigger beds are generally better. They offer more room to adjust posture and stretch out, and more options for the support of limbs. A bigger bed is definitely better if you have a partner as they will be less disturbed when you change position.

Height: Think about the height of the bed and how easily you can get in and out. Generally, if you sit on the edge of the bed and your feet are comfortably on the floor, you will be OK. Higher beds are easier to get off - you slide off to stand, making you more upright to begin with - but are harder to get onto. Lower beds are easier to get into but can be difficult to get up from. Low beds are particularly bad for hip and back problems.

Don’t believe the urban myth that people with back problems should put their mattress on the floor or even sleep on the floor. Most people with moderate back problems find getting to the floor easy but then can’t stand back up!

**Mattress:**

Choosing a mattress can be difficult but one simple tip is that if you wake up with a back ache that takes longer than five minutes to go away (with normal movements) your mattress should be assessed.

The common perception that an orthopaedic mattress will be better is misleading as it is a marketing term, not a medical one, and does not represent any sort of industry standard. Generally, orthopaedic means ‘firm’ and every manufacturer has their own level of ‘firmness’. If your mattress is too firm it will push onto the main pressure points.

On your back, these are your heels, pelvis, shoulders and head.

On your side, the pressure points are ankle, knee, hip, shoulder and ear.

On your front they are toes, knee, hip, chest, forehead (or ear if you put your head to one side).
A study in Spain assessed the ideal mattress ‘firmness’ and concluded a rating of 5.9 out of ten was the best. But how can you judge if your mattress is the right firmness? There are a couple of simple measures:

Lay on your back and slide your hand (palm down) between your lower back curve and the mattress. If the hand slides through fairly easily with no gap, it is ok. If there is a clear gap, the mattress is probably too hard. If you have to force your hand in then the mattress is too soft.

When laying on your side, if you can feel the mattress touching the side of your body all the way from your ribs to your pelvis, the mattress is ok. If you can’t, it is too hard and if you can feel the base of the bed on your hip, it is definitely too soft and could lead to hip problems.

There are two more inherent problems with mattresses. Many need to be turned regularly and good mattresses are heavy – so if turning it may cause you problems, or increase your problems, look for one which does not have to be turned.

And the biggest potential problem is the fact that many people share a bed. If the two people sharing the bed are not of a similar weight and build then the mattress will either have to be a compromise (not perfect for either), or right for one but not the other. Some manufacturers cater for this by making mattresses with different firmness ratings per side. These are ideal if the two people are very different sizes and shapes. They also don’t generally need to be turned (as you would end up on the wrong side).

The materials/construction of the mattress is secondary to the support it gives. Remember the key is to support the body.

Memory foam mattresses. A full memory foam mattress (not a topper) will mould to your body perfectly as it reacts to both pressure and heat. This means two people can share the same mattress regardless of size or shape. It will mould to you regardless of position so it will be correct for any sleeping posture. The lack of springs also means one person’s movement does not disturb the other person. The mattress returns to its original shape after use meaning it will not need turning and you can use either side. However, the foam does retain heat so it can be hot to sleep on and the retained shape can make it hard to turn over on or get out of.
Pillows:

More than half of reported neck problems are created by, or are worse during or after, being in bed. Therefore the bed, and especially the pillows, are important to prevent neck problems developing or reoccurring.

Make an assessment of your pillow or pillows depending on your sleeping posture.

If you lay mainly on your back, your pillow should be just high enough to support your head whilst keeping your chin in the neutral position (see below). A thin single pillow is often enough to achieve this. Your chin should not be tucked and your head should not be tilted back.

If you lay mainly on your side, your pillow/s should be high enough to make up the gap between the point of your shoulder and head (as seen below). This will often require a full size pillow or maybe even two pillows.

Stomach: Laying on your tummy (prone) is the worst position for your neck and will normally be best achieved with no pillows at all.

Shaped neck pillows:

Often called contoured or orthopaedic pillows, there are many shaped pillows which purport to support the neck better than an ordinary pillow. Most often this is achieved by supporting the head whilst at the same time taking up the gap between the neck and the bed as seen below.

Some people report great improvements in neck symptoms using this type of pillow whilst others find them no different or even worse. The best advice is to try a pillow for a week and then decide for yourself.
Sleeping Postures

Some sleeping postures are better than others for particular problems and preventing postural injuries.

Be sensible! If you have a bad shoulder and sleeping on that side hurts, avoid that side until the problem is resolved. The same is true of pain on the outside of the hip, knee and ankle. There are two tricks to stop yourself from rolling to one side (or both sides if you double up). Simply put a pillow on that side of your body or put a small ball in the pocket of your pyjamas on the side you don’t want to go to. Our bodies don’t like rolling onto something!

Common sleeping postures:

- Foetus: 41%
- Log: 15%
- Yearner: 13%
- Soldier: 8%
- Freefaller: 7%
- Starfish: 5%

The most common sleeping posture - the foetal - is said to be the worst one for back problems. This is because most back problems occur in the structures at the back of your back (they are in the posterior structures of the spine). Lying in this position opens up these structures allowing more space for the nerves - which account for a lot of the pain in back problems. Although lying in this position feels good as the pain is reduced (the position reduces the symptoms), the actual structures can be made worse by maintaining this position. If this is true for your back problem, you will instantly notice more pain when you try to move from the foetal position. Sleeping on your side is not wrong with a back problem - just try to not curl your knees up so high!

As can be seen, all sleeping postures share the same base positions:
- Back
- Side
- Front
Knee and hip pain can both be helped by using a pillow at the knees.

When lying on your back, a small pillow under the knees can reduce either knee or hip pain by decreasing the stress on the joint. Be careful doing this if you have any circulatory problems, as compressing the back of the knee whilst sleeping can slow the circulation, potentially leading to deep vein thrombosis. If in doubt, ask your doctor or physiotherapist.

When lying on the side, put the pillow between the knees. This decreases direct pressure on the knee and works really well against medial knee pain (which is the most common complaint), whilst aligning the hips and preventing over adduction (this is often recommended after hip replacement).

If your mattress is not supporting you correctly (see above) but you can’t change it (for instance, if you are in a hotel) there are some simple things that can help.

When lying on your back, keep it supported by putting a small towel in the arch of your back.

If lying on your side, put it around your waist.

If lying on your stomach, a pillow under the hips can help.
Shoulder Sleeping Posture

Most people with shoulder problems report problems sleeping. Do not sleep with your arm under your head! This creates direct pressure and, therefore, pain. Normally, if you find yourself sleeping like this, it is because your pillows are too low.

Pillows and correct positions can reduce the pain from shoulder problems when sleeping. If you lay mainly on your back, you can use a pillow to support your arm either by your side (pillow under arm) or out to the side (if your movement allows). Use a small pillow to support the weight of the arm. Many people need two pillows, one under the shoulder blade and one under the arm. Do not have your arm higher than at a right angle to your body - below 75 degrees is preferable if possible.
If you lay mainly on your side, and if the bad arm is the lower arm, a pillow can help to take weight from it. Most people find this the worst position for sleeping. Try not to tuck your hand under your pillow or your head, this is usually a bad posture. Try to keep the arm lower than at a right angle to your body (the lower the better normally but don’t put your arm flat under your body as you will squash the shoulder). With the bad arm uppermost, use a pillow to rest the arm on. Don’t just let it hang onto the bed as that can cause pain. You may need to roll up a pillow to achieve this.
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