

VÖLKER



Völker Vis-a-Vis: lying, sitting, standing, walking.

A new feature of the Völker Care Concept.

The Völker Vis-a-Vis for more mobility, for more participation in activities.

The Völker Care Concept is the realization of the Völker Vision, which is to enable all people in need of care to live their life as independently as possible. Völker promotes this philosophy with our bed's functions, which meet care giving requirements by allowing patients to care for themselves¹⁾ through the use of technology.

In addition to the Völker hospital bed S 960 and the Völker 5380 K low height bed, the Völker Vis-a-Vis continues the tradition of innovation in self actualization. It's a nursing tool that allows for more than just an increase in the mobility of patients – it allows for active independence.

Patients who are unable or choose not to leave their beds are not always entirely immobile. In many cases it is medical interventions or discomfort that prevents them from getting out of bed. Often, more mobility is possible if the bed can be adjusted in such a manner that it forms a seat in which a patients' feet can be placed firmly on the floor. In most cases, depending upon these patients' ability to care for themselves, this allows more mobility and the promotion of a patients living a more active life²⁾.

1) cf. Dorothea Orems "Selbstpflegemodell", see also Nursing Concept of Practice, Orem 1991 2) see also § 28 Para 4 SGB XI (Social Code Book XI)



At first glance, the Völker Vis-a-Vis looks like any other Völker hospital bed with all its features, design and appearance.

However, there is one big difference. With just a touch to the nurse console and few easy movements it is turned into a bed that allows for active independence and vis-à-vis self actualization.

A bed that promotes lying, sitting, standing and walking.



Laying down correctly.

It's better to move when you lay down.

Comfortable lying, resting and sleeping is important to build the energy and motivation needed to become more mobile. Völker hospital beds see to it that there is sufficient movement, too. After all, you will only get better if you move. The Völker Vis-a-Vis also features the adjustable four-part electrically operated lying surface that can be individually positioned just as the patients' individual comfort and their indication requires. Moreover, all re-positioning¹⁾ can be done safely. The four adjustable sections of the Völker assist rail system protect the patients to exactly the degree they need to be protected.

To lay down means to assume a very relaxed position. Nonetheless, there is a tonus, i.e. a healthy person will continually move even when asleep. If they can no longer determine their own position when lying, people are in danger of developing, for example, pneumonia, thrombosis, contractions or pressure sores²⁾. To reduce these risks as much as possible, all Völker beds feature the Völker MiS[®] pressure reduction system. And for immobile individuals at high risk or patients suffering from pressure sores, this can be easily upgraded to the active Micro-stimulation-System. The Völker MiS[®] Activ has been proven to increase vigilance, mobility and orientation, which are all required if patients are to be individually active.

1) cf. "Menschen pflegen", Springer 2006 2) cf. "Thiemes Pflege", Thieme 2000, page 292 f.



Like all Völker beds, the Völker Vis-a-Vis has all that is needed to lay down comfortably, the Völker MiS[®] pressure redistribution system in particular.

This system's feedback to the patients triggers a somatic and vestibular stimulation; it promotes self awareness. Miniscule movements stimulate a self image.

Don't lay down if you can sit.



Go from lying down to sitting.

Based upon an idea developed by the French engineer Pascal Poyet¹⁾.

If someone cannot easily be laterally transferred while lying down because they are not physically able, are uncomfortable, or have had surgery, they can still be raised to a comfortable sitting position in most cases. Poyet's considerations were quite simple, really, and yet very surprising: He conceived of a hospital bed in which the lower leg section could be laterally shifted until patients can assume a sitting position – on solid ground, literally.

Völker has developed such a bed patterned after the time tested Völker hospital bed. The development required the bed to be separated just below the upper leg section of the four-part lying surface. The entire bed frame on the undercarriage is extended forward to slide the lower leg section to either side in order to form a comfortable sitting position (*see the image depiction*).



1) Pascal Poyet, *1970, french engineer and developer; was inspired to develop the seat-bed by his mother's need of care.



The Völker Vis-a-Vis' sitting position effortlessly achieved. All you have to do is push a button on the nurse control after having raised the back section. You then unlock the lower-leg section and smoothly shift it to the desired side, while the patient will put their legs on the ground, perhaps supported by a nurse, depending upon their physical condition.



Sit the way you are used to.

The start of independence.

In contrast to sitting in bed, sitting in the Vis-a-Vis with your feet firmly on the ground is something quite special for patients. They get the feeling of actually getting better.

While it is possible for patients to sit up in normal hospital beds, a more painful transfer right after surgery is still often necessary in order to stand up. However, it is exactly at this time that²⁾ mobility is most necessary. After all, simply lying in bed leads to longer stays, increased costs and possibly longer periods of hospitalization.

To achieve a physiologically correct sitting position with the Vis-a-Vis bed, it is important that the hips are positioned where the bed bends. In some cases this requires sufficient muscle tone and if the patient is too weak, they will slide forward. To prevent this from happening the thigh section of the bed can be raised (*see the bottom-left figure*).

1) cf. "Pflege heute", Urban & Fischer 2001, page 227 2) e.g. after heart surgery, strokes or often in the event of neurological/geriatric diseases



Sitting comfortably doesn't come easy: The ideal hip angle is about 90°, with both feet on the ground and the legs apart about the width of the pelvis in order to be correctly supported. The feet should be below the knees and the thighs slightly extended, in order to avoid knee-joint valgus stress. The thoracic spine should be raised to make for better breathing.

This position can also enable the momentum required for getting up (*see page 12*).



Sitting in the Vis-a-Vis.

More independence for daily activity.

People who sit up perceive their environment differently than people lying in bed. Patients sitting in the Vis-a-Vis can better be re-familiarised with the important activities¹⁾ that are part of daily routines: They can move about more independently, can better maintain their vital functions. They can care for themselves and for the most part can eat and drink normally. They can more easily become involved in social activities as well. They can re-learn day-to-day activities, which reduces their limitations and therefore the need for extending care any longer than necessary.

In the Völker Vis-a-Vis, patients can again indulge in communication²⁾ – face to face with the people they are talking to, e.g. their doctors or visitors. To sit, to sit vis-à-vis in particular, allows you to feel the time expended is time well spent. This important time spent on emotional well being promotes self care and reduces the need for more professional care.

1) cf. AEDL (Aktivitäten und existenzielle Erfahrungen des Lebens), das konzeptionelle Modell der Krankenpflege by Monika Krohwinkel, presented 1984; cf. ATL (Aktivitäten des täglichen Lebens), introduced by Virginia Henderson (Modell der 14 Bedürfnisse, 1966), new defined by Liliane Juchli (12 Aktivitäten des täglichen Lebens, 1997);

2) cf. Vier-Seiten-Modell by Schulz von Thun



The Völker Vis-a-Vis features the patented Völker assist rail system. Two-part on both sides, that can be raised incrementally as needed.

Additional drop in assist handles can be used as needed. In order to facilitate the patients' comfort and to support them when sitting up, ergonomic assist handles can be placed on either side of the bed (see picture on the left).

Don't sit if you can stand.



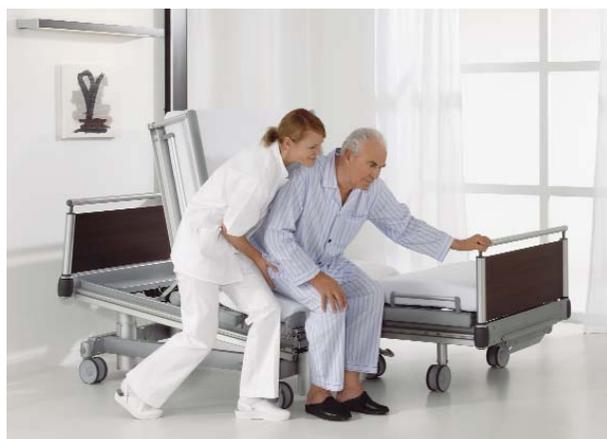
Don't sit if you can stand.

Getting out of bed with the Völker Vis-a-Vis.

In a conventional hospital bed, getting up or sitting up is only the first stage of a transfer to a more comfortable sitting position in a chair or a wheelchair. In the Völker Vis-a-Vis however, this is a position that comes quite naturally to a patient. Getting out of bed or sitting up in bed is the first stage of a “transfer” to walking. As a part of the process after an operation, the patient that requires physical assistance will be helped by the nursing staff to sit up, stand and walk. Such patients should always get the right assistance – assistance that allows them to utilize their capacity and skills as fully as possible. For kinaesthetic reasons it is very important that patients are allowed the amount of self-control and are able to continually alter their body weight on the support surface by their own means¹⁾.

Mobile patients are most easily assisted from the front, which if only one nurse is available is much easier done than providing assistance from the side, as with a normal hospital bed which requires propping up and helping people out of bed. The raised back section, which makes the help of a second nurse unnecessary, also increases the patients' safety. The “stand-up stimulus” is initiated by the patient's correct sitting position. In the Völker Vis-a-Vis this is further promoted by a lowering of the thigh section and a raising of the head section of the bed.

1) cf. *“Menschen pflegen” Vol. 2, Springer 2006, page 520*



Standing up requires momentum that is initiated by the correct sitting position. The proper sitting position should include correct sitting height and correct foot and leg placement so that stability is maintained when getting out of bed.

In the example shown here, the post-abdominal-surgery patient is helped from bed by the coordinated effort of the nurse.

Before getting up, patients should take a deep breath to prevent an orthostatic reaction.

Don't stand if you can walk.



Don't stand if you can walk.

Participation in an active life – step by step.

Walking is an automatic process. It is independently controlled by the central nervous system and not triggered by any external stimulus. It is a complex sequence of movements and always means an inherently unsafe state since the body's weight is being moved and one's equilibrium has to be maintained at all times. If the center of gravity is shifted, e.g. through a swollen limb, an operation or other disorders, walking might be difficult. This will then require the assistance of nurses or physiotherapists and/or, perhaps the use of a walker¹⁾.

Patients who have been in bed for quite some time often have to re-learn how to walk. After all, a long term stay in a hospital bed can make a person feel stiff and physically unstable. For these patients', blood circulation has to re-adapt to a now unfamiliar upright position²⁾. Step-by-step walking lessons, the real sitting position in the Völker Vis-a-Vis and regular practice on standing up will promote such a patients' mobility, motivation and self actualization.

1) cf. "Thiemes Pflege" 2000, page 292 2) cf. "Menschen pflegen", Vol. 2, Springer 2006, page 526



Assisting patients should never restrict their freedom of movement. The shoulder and pelvis of the nurse should always be slightly behind the patients' pelvis and shoulder. The nurse will provide support either at the thoracic spine, at the costal arch's level or at their pelvis. The nurse's other hand will grip the wrist. Assistance and direction can be given from this position.



Völker AG

Wullener Feld 79 · 58454 Witten/Germany

Telefon +49 2302 96096-0

Telefax +49 2302 96096-16

www.voelker.de · info@voelker.de