

**REPOSITIONING FOR THE TREATMENT OF PRESSURE ULCERS
– A COCHRANE SYSTEMATIC REVIEW**

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Aim: The management of patients with pressure ulcers involves a myriad of different interventions such as nutritional care, pressure reducing/relieving surfaces; and skin and wound care. International best practice advocates the use of repositioning as an integral component of a pressure ulcer management strategy. Although repositioning is advocated, confusion exists regarding the frequency and exact method of repositioning required. Therefore, the aim of this systematic review was to assess the effects of repositioning on the healing rates of pressure ulcers.

Methods: Randomised controlled trials (RCTs) which made the following comparisons were eligible for inclusion: RCTs comparing repositioning with no repositioning, RCTs comparing different repositioning techniques, RCTs comparing different repositioning frequencies. The primary outcome of interest was an objective measure of pressure ulcer healing. We searched: MEDLINE (January 1966 to present), EMBASE (1974 to present), CINAHL (1982 to present), CENTRAL, The Wounds Group Specialised Register and contacted experts in the field. There were no restrictions on articles regarding language or date of publication.

Results: This review did not locate any RCT's that met the inclusion criteria; indeed, no studies at all were identified.

Conclusion/discussion: It is clear that current practice in repositioning, as a component of the treatment of pressure ulcers, is not supported by clinical trial evidence. There remains a need to undertake research in repositioning, in order to guide effective practice and contribute to the development of standards and guidelines in this important area of clinical practice.

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