

Tab. 1. Demographic and Training Characteristics of Participants

Characteristic	Number of Participants (n)	Percentage (%)
Total Participants	500	100
Age Range (years)		
Under 18	179	35.8
18–19	95	19.0
20–22	174	34.8
>23	52	10.4
First Aid Training		
Formal training	134	26.8
No formal training	366	73.2
Recovery Position Knowledge		
No prior knowledge	307	61.4
Familiar with technique	193	38.6
Previous practical experience	174	34.8
Self-assessed proficiency	25	5
When the recovery position was trained		
At school	120	24.0
In real life	10	2.0
In driving license course	28	5.6
First aid course	16	3.2
Never before performed	326	65.2
No answer	26	5.2

Behavioral Observations

A behavioral trend was noted among younger participants with no first aid experience who demonstrated reticence in physical engagement with the standardized patient, possibly related to discomfort with unfamiliar patient contact.

Discussion

This performance-variability study established study-specific exploratory reference ranges of 20°–40° and 90°–110° based on subjective

assessment of one standardized patient. These ranges were achieved by 69.4% and 61.8% of participants, respectively. The findings are difficult to contextualize because of the limited number of studies evaluating biomechanical aspects of the recovery position. Research has shown that the recovery position does not result in congestion or circulatory arrest in the limbs, supporting its use for maintaining circulation [9, 10, 11].

The 2021 and 2025 ERC Resuscitation guidelines recommend placing adults and children with decreased responsiveness into a lateral recovery position rather than leaving them supine, provided they do not require rescue breathing or CPR [3, 5, 7]. The recommendation further emphasizes that patients in the recovery position should be continuously monitored to ensure airway patency and adequate breathing; if either deteriorates, repositioning to supine and starting CPR may be necessary. A systematic review on this practice has been recommended by the ILCOR First Aid Task Force, particularly for cases where delayed circulatory arrest is possible. Recommendations for further research arise from insufficient evidence at this time to make a clear recommendation [5, 6, 7, 10]. Notably, some studies indicate that starting CPR may be delayed if the individual is in the recovery position [12]. Additionally, emerging studies focus on the challenges of handling unconscious patients in trauma scenarios, particularly during transport or extrication to a supine position [13]. However, there remains a lack of significant focus on the risks of regurgitation, vomiting, or excessive salivation in unconscious patients, which underscores the importance of positioning to prevent aspiration.

Our findings are consistent with the view that the recovery position is a crucial intervention in layperson first aid. The results underscore a major gap in the understanding of the recovery position within our sample, with 61.4 % of the participants (n = 307) unfamiliar with the position, and 38.6 % (n = 193) who were familiar, but only 34.8 % (n = 174)

Fig. 2. Dependence of the angle of spinal rotation on the angle of head tilt

