Bed Mobility and Transfer

Transfers and bed mobility are a normal part of our daily activities. Going from lying down to sitting edge of bed, rolling, getting in/out of bed, sitting and standing from bed/chairs and toilet are all examples of transfers and bed mobility. Allowing and encouraging a resident to take an active role with transfers will help maintain the highest level of functional independence possible. In this section, we will review the proper techniques for assisting residents to perform transfers and bed mobility safely.

Bed Mobility

Activities used to improve or maintain the resident's self-performance in moving to and from a lying position, turning side to side, and positioning him or herself in bed.

General Guidelines

- Tell the resident what you are going to do, as simply and clearly as possible
- Tell the resident what he/she must do
- Utilize assistive devices as needed (bedrails, overhead trapeze, transfer pad)
- Allow the resident to perform as much of the activity as they are able
- Review with resident any precautions

Prone Position (Lying on Stomach)

- Align the resident's head, trunk and feet
- Place a small pillow under the resident's head and neck for comfort
- Assure that the resident's head is flexed slightly; avoid hyperextension of their neck
- Place a pillow under anterior ankles, thighs, and chest for comfort and/or protection
- Arms, flexed resting on pillow
- Alternate arm positions when resident is lying prone
- Both arms flexed
- One arm flexed up; one arm flexed down
- Both arms flexed down at sides to prevent contractures

Side Lying Position

- Keep back straight with knees and hips slightly flexed
- Place a pillow under head, neck, and upper shoulder
- Pull the resident's shoulder slightly forward
- Pull the resident's bottom arm up toward the head of the bed
- Place pillows under upper arm to keep at shoulder level
- Position upper leg bent (flexed) in front of or behind bottom leg to separate skin surfaces
- Place several pillows underneath the groin area to bottom of the foot
- Place pillows behind the back

Dependent Roll

Set-up

- Make sure that the resident has plenty of room on the side direction he/she wishes to roll.

Pre-roll Positioning

- The person assisting positions him/herself on the side of the bed toward which the resident is to roll
- Cross the lower leg farthest away from you over the extremity closest to you
- Cross the arm farthest away from you over the chest, supporting the arm as necessary
- Place one hand on the back of the pelvis and one hand on the shoulder blade.

Roll

- Gently roll the resident toward you onto his/her side
- Encourage the resident to turn his/her head in the direction of the roll
- Position arms and legs with pillows as needed
- Encourage the resident to assist in the following ways:
    - Flexing the opposite hip and knee, placing the foot flat and aiding the roll by reaching forward with the pelvis
    - Turn the resident's head in the direction of the roll
    - If the roll is toward the affected side, have the resident place his/her unaffected arm in the direction of the roll
    - If the roll is toward the unaffected side, have the resident clasp his/her hands together (as in praying), and reach with both arms in the direction of the roll.

Moving Supine To/From Sitting

Set-up

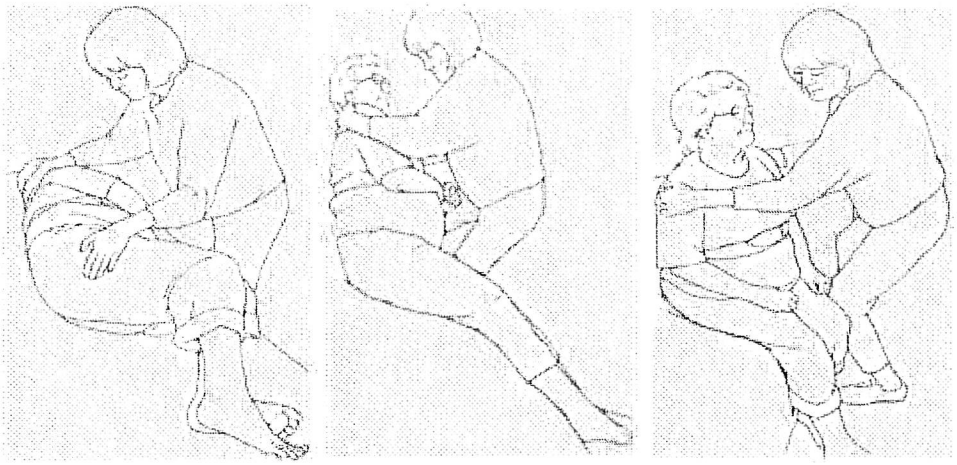
- Make sure that the resident has plenty of room on the side to which he/she wishes to roll

Pre-roll Positioning

- The person assisting positions him/herself on the side of the bed toward which the resident is to roll
- Using good body mechanics, assist resident to flex knees so feet are flat on bed
- Cross the resident's arm farthest away from you over the chest, supporting the arm as necessary
- Place one hand on the resident's tailbone and one hand on the shoulder blade

Sitting

- Gently roll the resident toward you onto his/her side. Assist with one hand guiding legs (ensuring hip precautions if applicable), and the other hand at the resident's shoulder farthest from you to guide trunk. The entire body should roll together (log roll).
- Encourage the resident to turn his/her head in the direction of the roll
- Place the resident's feet over the side of the bed
- Place your arm between the resident's arm and the bed, and place your hand around the resident's shoulder blade
- Have resident push up on elbow and then to hand while swinging his/her legs off the side of the bed
- With one hand, support and guide legs off bed while lifting trunk with the other hand, keeping resident's trunk in alignment with lower body to ensure proper hip precautions
- Gently lift the resident from the side lying position to the sitting position
- Balance the resident in the sitting position
- Encourage the resident to assist in the following ways:
    - Flexing the opposite hip and knee, placing the foot flat and aiding the roll by
    - reaching forward with the pelvis
    - Turn the resident's head in the direction of the roll
    - If the roll is toward the affected side, have the resident place his/her unaffected arm in the direction of the roll
    - If the roll is toward the unaffected side, have the resident clasp his/her hands together (as in praying), and reach with both arms in the direction of the roll.



Scooting Up/Down in Bed

- If the resident cannot help, ask for help from another CAN or nurse
- If the resident is on tube feeding, **do not** put the head of the bed down
- Cross the resident's arms on his/her chest
- Each person assisting takes hold of the sheet or draw sheet as close to the resident's body as possible at the levels of the shoulders and hips
- Ask the resident to hold up his/her head or ask for help from another person to support the resident's head
- Gently lift/scoot the resident up or down in bed
- **DO NOT** pull the resident up by the shoulder

Transfers

Transfer Process

- Before the initiation of a transfer, you must know resident's:
  - Diagnosis
  - Involved or weak side
  - Weight bearing status (if appropriate)
  - Ability to follow instructions
  - Medical precautions or contraindications

Definition:

Activities used to improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices.

General Guidelines

- Tell the resident what you are going to do, as simply and clearly as possible
- Tell the resident what he/she must do
- Utilize assistive devices as needed (grab bars, walker, cane)
- Allow the resident to perform as much of the activity as they are able
- Be sure the resident is wearing proper shoes
- Be knowledgeable of the amount/type of assistance required and any weight bearing precautions
- Use proper body mechanics
- Transfer to the resident's stronger side (if applicable and able)
- Stabilize or lock all surfaces including wheelchairs and beds
- Equalize heights of surfaces as much as possible
- Remove wheelchair footrests, leg rests, and arm rests if appropriate
- Watch for potential trauma to resident's skin to prevent skin tears
- Assist the resident in the same manner every time
- When two caregivers assist a resident, use a signal to move simultaneously

Sit to Stand Transfer Procedure

- If in bed, have resident sit up with feet over the side of the bed as stated above. When the resident is coming to sitting from supine, have him/her help by pushing his/her body up with the arms. DO NOT allow the resident to hold onto your back or neck for assistance. MONITOR body mechanics.
- Have the resident scoot forward until the feet are flat on the floor
- Position yourself so to assist the resident using good body mechanics (wide base of support, back straight, knee bent). It may be necessary to cross your shin with the resident's afflicted leg (to stabilize leg and lock knee).
- Count aloud with resident to increase participation
- With hands securely on the safety/gait belt, instruct the resident to stand up on the non-involved extremity pushing up from the bed/wheelchair arm rests with both upper extremities if able.
- Have the resident lean forward and push up from the wheelchair armrests with both extremities if able
- Instruct the resident to stand up as straight as possible to assist with maintaining balance. If resident uses an assistive device, have him/her reach for the assistive device once standing erect. DO NOT allow the resident to pull up from the assistive device to achieve standing.

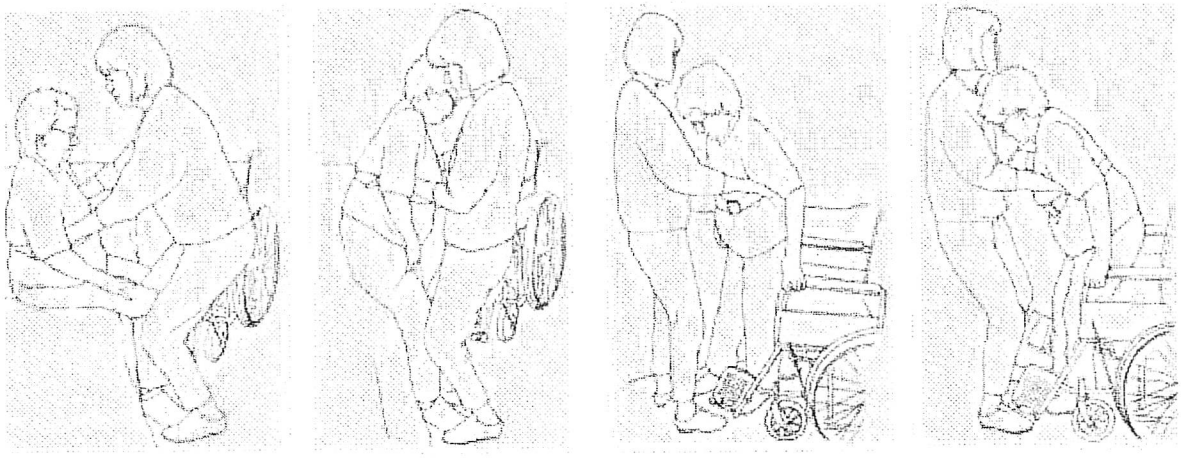
Stand to Sit Transfer Procedure

- Reverse of sit to stand procedure as described above
- If sitting in a wheelchair, make sure breaks are locked prior to transfer
- Remind resident to reach back for surface with both hands before sitting down

Bed to/From Wheelchair

- Bring the wheelchair next to the bed. Position the wheelchair so it is facing the resident's non-involved or stronger extremity. The wheelchair should be as close to the bed as possible, and at a slight angle toward the resident.
- Lock the brakes
- Have resident sit up in bed with feet over the side of the bed as stated above. When the resident is coming to sitting from supine, have him/her help by pushing his/her body up with the arms. DO NOT allow the resident to hold onto your back or neck for assistance. MONITOR body mechanics.
- Lock the bed and position at a height where the resident's feet touch the ground
- Put shoes on the resident's feet
- Secure a gait belt around the resident's waist
- Have the resident scoot forward until the feet are flat on the floor
- Position yourself so you can assist the resident using good body mechanics (wide base of support, back straight, knee bent)
- Instruct the resident to stand up by pushing off of the surface he/she is sitting on and to weight bear primarily on the non-involved extremity once standing. The resident should reach for the far armrest. Make sure your hands are securely on the safety/gait belt.
- Emphasis should be placed on standing up as straight as possible before beginning to pivot toward the wheelchair. It is less energy demanding to stand on a straight knee than it is to stand on a bent knee.
- Pivot the resident toward the wheelchair. This is accomplished by allowing the resident to take small steps. If weight bearing is not permitted on the involved side, then the resident can turn by pivoting or moving the heel in small increments until his/her body is aligned with the wheelchair.
- Have the resident reach for the wheelchair armrests to slowly lower him/herself into the wheelchair.
- To return the resident to the bed from the wheelchair, place the wheelchair so the non-involved leg is next to the bed. Repeat the steps noted above.

Sometimes, due to the set-up of the resident's room or bathroom, it is not possible to place the resident so that the uninvolved side is facing the surface he/she is transferring to. If this is the case, ensure you use a safety/gait belt and make sure the resident stands as upright as possible to allow for the safest transfer possible.



Stand-Pivot Transfers

- Used with residents having the following diagnoses:
  - Amputee
  - Total Hip Surgery
  - Total Knee Surgery
  - Head Trauma
  - Stroke

Transferring with a Sliding Board

- Remove the armrest of the wheelchair at the side facing the resident
- Place one end of the transfer board under the resident's bottom
- Place the other end of the transfer board on the wheelchair
- Help the resident scoot across the transfer board to the wheelchair
- Gently slide the transfer board away from the resident

Transferring with a Walker/Cane

- Secure a gait belt around the resident
- If the resident is in bed lock the bed brakes and lower the bed so that the resident's feet touch the floor
- Put non-skid shoes on the resident's feet
- Tell the resident to place one hand on the walker/cane and push with their other hand from the bed
- Assist with the gait belt as needed
- Tell the resident to stand up
- Once the resident is in the standing position, have him/her place his/her other hand on the walker/cane
- Help the resident turn with the walker/cane so his/her back is facing the chair
- Have the resident reach back for the chair with one hand at a time, lean slightly forward and begin sitting in the wheelchair

Why Use Good Body Mechanics?

- Using body mechanics principles will help you and the resident to:
  - Conserve energy
  - Maintain muscle tone and joint mobility
  - Prevent injury

Basic Principles

- When moving or lifting heavy objects remember to:
  - Keep a straight back with pelvis level, and head up
  - Reason: Increased lordosis or kyphosis (rounding of the back) will increase the chance of back injury. A straight back will keep the center of gravity over the base of support and align the spine in the most appropriate way to prevent vertebral disc injury. Keeping the head up helps to maintain a straight back.

- Keep feet apart for wide base of support
  - Reason: Broadens the base of support making it easier to maintain balance while lifting

- Bend the knees and lifting with the legs, not the back
  - Reason: Bending the knees before lifting lowers center of gravity which provides increased stability and helps use quadriceps (thigh muscles) to do the lifting instead of relying on back muscles

- Hold the load/resident close to the body
  - Reason: The load becomes part of body mass, decreasing effects of gravity and decreasing the lever length of the arms. The load (resident) will be "lighter" if held away from the body, increasing control of the load. For example, hold a two-pound weight out to the side of your body. Notice how heavy it becomes. Now hold it close to the body. Notice how light it becomes.

- Utilize safety equipment such as gait belts/lift sheets whenever possible
  - Reason: By using safety equipment appropriately, the assistant and the resident will be safer and less likely to be injured. Such equipment often decreases the amount of stress on the body (as well as the resident's body) and provides an effective way to maintain control of a resident while lifting or transferring.

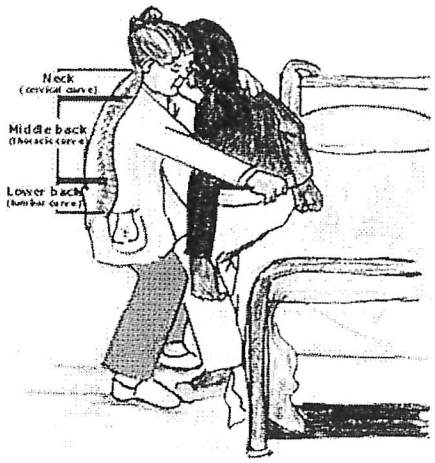
- Turn by shifting foot position instead of rotating your spine
  - Reason: By moving your feet, you prevent twisting of the spine while lifting. Twisting with a heavy load may cause a back injury.

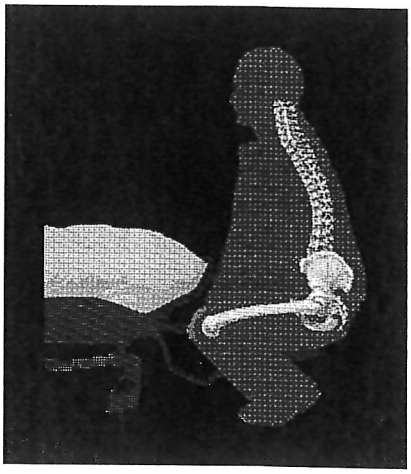
- Lift alone only if you have no doubt about your ability to do so – if you have any doubts, get help!

- Work the whole body together as a unit for maximum efficiency.
  - Reason: This will set the trunk muscles to immobilize the spine to enable arms and legs to do the lifting.

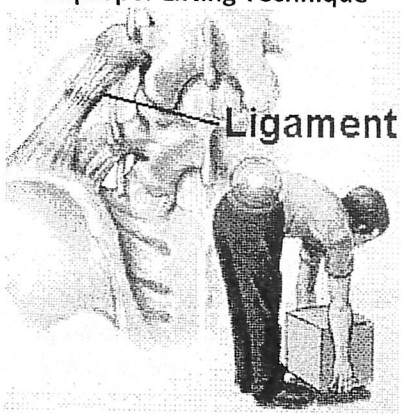
- Remember to use a safety/gait belt or lift sheet whenever possible to assist with lifting.

Proper Lifting Technique





Improper Lifting Technique



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Why Use a Gait Belt?

Safety/gait belts should be used whenever a resident is assisted with transferring or walking. A safety/gait belt can help prevent injury to the resident caused by pulling on arms or underarms, as well as by falls. They also prevent the caregiver or assistant from being injured.

Remember: Safety/gait belts can be a benefit only if the assistant's hands are ON the belt! Do not assume there is adequate time to "grab" onto the belt if the resident should need assistance – it will be too late!

Placement

- Greet resident by name and identify self
- Explain the procedure to the resident to reduce anxiety and increase cooperation.
- Apply the safety/gait belt while the resident is in a sitting position. If the resident is unable to sit, apply the safety/gait belt while the resident is lying down. Be sure the belt is not twisted.
- Safety/gait belts should be applied around the resident's waist, just above the resident's hips and well below the ribs. Occasionally, this may be prohibited due to a feeding tube or incision. In these cases, place the safety/gait belt around the chest under the arms, above the breasts.
- Place the belt around the resident's waist with the buckle on the weaker side.
- Safety/gait belt should be snug. A good guide is to be able to insert no more than 2 fingers underneath the gait belt.
- Safety/gait belt will become looser when the resident stands up or does transfer. It will need to be re-adjusted once the resident stands.

Use in Transfers

- Bend your arms, keeping your elbows at your side with palms up.
- Place both hands under the belt, one on each side of the patient's waist.
- Protect the resident's skin from the buckle with your hand.
- Lift with your knees when moving the resident from sitting to standing.
- DO NOT HAVE THE RESIDENT PLACE HIS/HER ARMS OR HANDS AROUND YOUR NECK DURING THE TRANSFER.
- If the resident is sliding out of the chair, simply grasp the belt (if 2 people are assisting, one person assists on each side of resident) at the back of the resident, place arm under thigh and, on the count of three, lift and swing the resident back into chair.

Use in Ambulation

- Stand slightly behind and to the weaker side of the resident
- Use one hand to assist the resident's balance and confidence by placing it on the resident's shoulder. Do not hold on to the arm – if a fall occurs, this could cause serious injury.
- Your other hand should be grasping the gait belt from behind and underneath to provide safe ambulation. When held in this position, the assistant's arm is in a better mechanical advantage and is stronger.
- If the resident totally loses his/her balance, and a fall is eminent, the safety/gait belt can be used to "break" the fall and prevent injury to the resident. Simply grasp the safety/gait belt while maintaining good body alignment: knees bent with feet 12" apart. Pull the resident toward you to prevent the fall or to gently control the resident's descent.
- When necessary, two people may use the safety/gait belt. Each person stands on opposite sides of the resident and grasps the belt as previously described.