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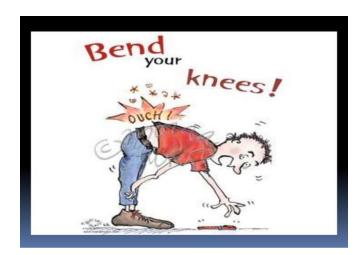
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HOW TO HELP SOMEONE WHO USES A WHOCH AIR

- Plan the activity
- Maintain neutral spine
- Brace abdominals, keep head and shoulders up
- Get as close to patient as possible
- Get help or assistive equipment whenever possible



- Pivot or side step-Do Not Twist
- Make sure path is clear
- Properly position chair/bed/equipment



- Transfer patient to stronger side unless otherwise instructed
- Bend your knees, use your legs when lifting. Do not lift with straight legs

- Have the patient assist you as much as possible. Know their status
- Provide clear directions to patient on what you are about to do, and their role assisting.
- Use a draw sheet for bed mobility if patient can only minimally assist.
- Adjust the bed to make transfers easier



- Whenever possible, use your body weight and momentum to move patient rather than "muscle" a patient up.
- Place feet shoulder width apart or one foot in front of another to make a wide base.
- Do not lean over patient.



BACK INJURY: PREVENTION

Proper lifting techniques and transfer training

• Proper body mechanics can greatly decrease the risk for injury for both health care worker and the patient

B.A.C.K

- Back Straight
- Avoid Twisting
- Close to Body
- Keep Smooth



PROPER PATIENT TRANSFER TECHNIQUES







TYPES OF PATIENT TRANSFERS

- Independent
- One or Two person
- Supine to sit
- Stand Pivot
- Slide board
- Mechanical lift
- Slide Sheet
- Bathroom: commode or tub transfers





TIPS FOR SAFE TRANSFERS

Always use a Gait Belt for added security

Provides comfort for patient and a better handle for health care provider

Know patient before attempting transfer

• Read chart to find limitations, precautions, etc. get the full picture first

Make sure path is clear of clutter and enough space is provided for safe transfer







PATIENT LIFTING

Transfer technique similar to lifting technique just lifting a person vs an object

Keeping center of gravity (COG) low will provide more leverage in performing transfer







TRANSFER: SLIDING PATIENT UP IN BED

- Explain to patient what you are going to do
- Make sure head of bed is lowered fully, move pillow up to where patients head will be
- Have patient cross arms and lift head
- Use draw sheet/incontinence pad to decrease shearing force
- Use proper body mechanics and lift on "3"
- Make sure you position patient comfortably following transfer



TRANSFER: SUPINE TO SIT

To get patient from laying down to sitting at the side of bed

- Explain the procedure of what you will be doing
- Use proper body Mechanics



- Support the patients body and bring them from supine to sitting at the edge of the bed
- Avoid pain as much as possible
- Sit with patient to ensure safety, then when ready position them for comfort or prepare for transfer

SUPINE TO SIT

Dependent patients:

• Move patient by body segments; lower legs, hips, shoulders, head, etc to scoot them closer to edge of bed, use draw pad for moving trunk

• Support shoulders while legs are close to EOB, use proper body mechanics and lift shoulders as legs lower

• Support patient in sitting



SUPINE TO SIT

Patients who need min/mod assist:

- Have patients move toward EOB by scooting their legs, have them do bridges to scoot hips and trunk, and lift their neck and shoulders
- Once close to EOB, support patients shoulders and assist them to sit
- Patients should use legs to dig into side of bed to help pull to sitting



SUPINE TO SIT: LOG ROLL

Patients who need supervision:

- Have patient bend knee and reach arm across body
- As knee falls across body and arm reaches patient will roll onto their side
- Once in side lying, patient will use arm and opposite elbow to push themselves up as their legs come off the side of the bed





SIT TO STAND

- Have patient scoot to edge of chair
- Pull feet back toward them so knees are over the toes
- Patients will use arm rails/chair rails to push up on
- Use gait belt for better grasp/safety
- Can use a count of 1-2-3, have patient lean forward as they push up; "nose over toes"
- Steady patient and ensure no dizziness





TRANSFER DEMONSTRATIONS

Sit to Stand

"nose over toes"

Chair to Wheelchair

Slide board vs stand pivot

Stand Pivot

Weight bearing precautions patient CVA





AMBULATION

Use of gait belt

Use of an assistive device as appropriate:

- Walker
- Cane
- Crutches

Surfaces:

- Even and Uneven
- inclines/declines
- change in surface (tile to carpet to grass)



PROPER USE OF ASSISTIVE DEVICE

- Walkers: Kept close to the body, patient should stay within the frame of the walker
- Cane: To be used on the "weak" side (acts as a supporting leg) OR used on strong side to decrease weight bearing (lean away from bad leg)

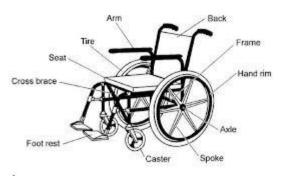
• **Crutches:** Slow paced, not good for the elderly



Prepare WC:

- Place WC near bed/chair
- Remove leg rests, swing them away if needed to remove tripping obstacle
- Remove arm rests if needed
- Lock Wheelchair





Stand-Pivot (supervision assist)

- Stand to side of patient out of the path of the WC
- Using gait belt, assist in standing; once standing, have patient reach toward far arm rest of wheel chair
- Hand is placed securely on arm and bottom is turned toward seat, patient reached back with other arm to secure other arm rest and slowly lowers to seat
- Position patient for comfort

Stand Pivot (min to mod assistance)

- Remove arm rest closest to patient
- Stand in front of patient, use good body mechanics
- Use gait belt to assist patient to perform sit to stand transfer
- Have patient reach toward arm rest and aim bottom to WC, guide hips with gait belt and slowly lower into seat
- Replace arm rest, position patient comfortably

Stand and Pivot Transfer



Slide Board transfer

- Remove arm rest closest to patient
- Have them shift their weight to place board under one side of their bottom with the other end of slide board onto WC
- Pt will slowly scoot along slide board with hand on board to secure until in seat, have them shift weight in order to gently remove board
- Always use gait belt to guide patient and assist with lifting
- Replace arm rest and position patient comfortably
- Wheelchair should be set up at 45-degree angle to the bed for transferring

















Finet service on use formed by countries they also breation.

THE END