



PRACTICAL TECHNIQUES  
FOR CLIENT HANDLING



Back In Form™



## BLOCK, KNEEL & ROCK

**PURPOSE:** To reposition the client to the front of the chair

**Number of caregivers:** One

**Weight considerations:** No weight restriction

**Level of difficulty:** Introductory



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: **BLOCK, KNEEL & ROCK** INTRODUCTORY

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Back-to-front

### CAREGIVER

Upright and forward to back and down (2, 4)  
Counterbalance movement

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

45° Counterbalance  (2, 4)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do the buttocks need to be moved forward in the chair?

### CAREGIVER

Start foot faces load; end knee faces direction of move; place end knee first to cover span. Place end knee back far enough to ensure hyperextension of the back will not occur and backward movement will fall within your base of support (2, 4).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Knees. This creates a line of force through the centre of gravity, buttocks.

### CAREGIVER

Flex down, slide arm on the same side as the start foot under knees, rise and brace knees tight against body (1).

### CONSIDER

#### Command and Count

Verbal command given by caregiver.

### CLIENT

### CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, 3,  
PUSH (3)

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Placing client's feet slightly in behind flexed knees, one leg at a time.
- Using a slider sheet as this transfer may not be effective on resistive seat materials.

## CAREGIVER

**PUSH** through foot on floor and hand on chair as a unit back and down (3, 4).

## CONSIDER

### Tips

## CLIENT

- Do not lean client's upper body forward as it will increase the load on the caregiver's arm.
- Brakes are not necessary if one arm braces the arm of the chair and the opposite foot braces the wheel of the chair. This will prevent the chair from coming forward.

## CAREGIVER

- **PUSH** back and down, do not sit down first and do not pull with arm; keep arm snuggled in tight against body.
- Start foot can be used to block one wheel of the chair.

## CONSIDER

### Contraindications

## CLIENT

- Aggression.
- Knee or hip problems.

## CAREGIVER

- Knee, hip problems or pregnancy.

## CONSIDER

### Options

## CLIENT

- **Knee or hip problems:**
- Both hands may grasp a slider at the level of the client's buttocks.
- Arms must be extended and braced with elbows slightly flexed.
- Caregiver uses same counterbalance movement to bring buttocks forward.

## CAREGIVER

- Kneepads are recommended.





## PROPOSAL PUSH

**PURPOSE:** To reposition the client to the back of the chair

**Number of caregivers:** One

**Weight considerations:** No weight restriction

**Level of difficulty:** Introductory



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: PROPOSAL PUSH INTRODUCTORY

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Front-to-back

### CAREGIVER


Back and down to upright and forward (1, 3)

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

Approximately 30°  (1, 3)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do the buttocks need to be moved back in the chair?

### CAREGIVER

Start knee faces load; end foot faces direction of move; place end foot first to cover span. Place start foot far enough forward to ensure upward movement will be completed within your base of support to avoid hyperextension of the back (1, 3).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Knees. This creates a line of force through centre of gravity, buttocks.

### CAREGIVER

Body should be close to and touching client's knees in the start position (1).

### CONSIDER

#### Command and Count

Verbal command given by caregiver.

### CLIENT

### CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, 3,  
PUSH (2)

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## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Placing client's feet slightly in behind flexed knees, one leg at a time.

- Leaning upper body forward to raise buttocks off chair.

May not be effective on resistive seat material. Using a slider sheet will defeat purpose.

## CAREGIVER

**PUSH** through knee on floor (2).

Brace chair with hands/arms allowing elbows to flex as you rise upright and forward as a unit (3).

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## CONSIDER

### Tips

## CLIENT

- Brakes are not necessary as arms will brace the chair and prevent it from moving away from you.

## CAREGIVER

- Do not push with pelvis.
- Keep hip flexed and upper body slightly forward throughout the move.

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## CONSIDER

### Contraindications

## CLIENT

- Knee, hip problems.
- Watch neck if trunk is reclined.

## CAREGIVER

- Knee problems
- Pregnancy

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## CONSIDER

### Options

## CLIENT

- Obesity – Sit Back Combo.
- Aggression – Sit Back or Sit Back Combo where front person restrains client's arms.

## CAREGIVER

- Knee pads are recommended.
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## SIT BACK

**PURPOSE:** To reposition the client to the back of the chair

**Number of caregivers:** One

**Weight considerations:** No weight restriction

**Level of difficulty:** Introductory



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: **SIT BACK** INTRODUCTORY

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Front-to-back

### CAREGIVER

Upright and forward to back and down (1, 3)  
Counterbalance movement

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

45° Counterbalance  (1, 3)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do the buttocks need to be moved back in the chair?

### CAREGIVER

Side-to-side stance, feet pointed slightly out, knees resting against back of chair (1, 3).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Pelvis. This creates a line of force through centre of gravity.

### CAREGIVER

Open hand/through arm grasp (3).

### CONSIDER

#### Command and Count

Verbal command given by caregiver.

### CLIENT

### CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, 3,**  
**PUSH (2)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Placing feet slightly in behind flexed knees, one leg at a time.
- Leaning upper body forward to raise buttocks off chair.
- Using a slider sheet.

## CAREGIVER

**PUSH** through knees against chair as a unit back and down (2, 3).

**PUSH** to apply downward pressure through pelvis using open hand/through arm grasp (2, 3).

## CONSIDER

### Tips

## CLIENT

- Elbows tucked in and protected.
- Exercise control if lightweight.
- Excellent for aggressive clients.

## CAREGIVER

- To start in upright and forward position, short caregivers may have to stand on tiptoes.
- Apply downward pressure (**PUSH**) through pelvis. This prevents pulling with arms.
- Do not sit down, **PUSH** with knees through chair and fall back and down.
- Remember to use open hand grasp, do not clutch the client's arms.

## CONSIDER

### Contraindications

## CLIENT

- Hyperextension of upper body.
- Abdominal irregularities.

## CAREGIVER

- High back chairs.

## CONSIDER

### Options

## CLIENT

**Abdominal irregularities:** padded transfer belt and two people – front person supports client's trunk and performs proposal push while back person grasps the edges of the padded transfer belt that has been turned around backwards and placed over the client's legs near the pelvic area. Do not pull up on transfer belt. Keep arms braced low.

## CAREGIVER





## SIT BACK COMBO

**PURPOSE:** To reposition the client to the back of the chair

**Number of caregivers:** Two

**Weight considerations:** No weight restriction

**Level of difficulty:** Introductory



This technique combines the **Proposal Push** and the **Sit Back**. Refer to each technique for front person's (Proposal Push) and back person's (Sit Back) positioning instructions.

### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.





## TURNING CLIENT TO SIDE

**PURPOSE:** To turn the client on their side

**Preparatory repositioning transfer:** Side-to-side

**Number of caregivers:** One or two

**Weight considerations:** No weight restriction

**Level of difficulty:** Introductory



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.





# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: TURNING CLIENT TO SIDE INTRODUCTORY

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

**Rolling toward:** Side-to-side

**Rolling away:** Side-to-side

\*Point of reference for client on bed – Bed has four sides, no front or back.

### CAREGIVER

**Rolling toward:** Front-to-back (2,5)

Upright and forward to down

**Rolling away:** Back-to-front

Down to upright and forward

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

Approximately 30°  (2, 5)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do they need to be turned?

### CAREGIVER

Start foot faces the load, end foot faces direction of move; place end foot first to cover span and ensure backward movement will be completed within your base of support (2, 5).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Scapula and outer knee/thigh. Reposition leg by flexing outside knee.

### CAREGIVER

Place one hand on client's outer knee/thigh. The other hand should be placed behind the far shoulder at the scapula. Flex at the hips/knees/ankles and lower when reaching across bed to place hand on scapula (1).

### CONSIDER

#### Command and Count

Verbal command given by caregiver.

### CLIENT

### CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2,  
LOAD, PUSH (2, 3)

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Placing outside arm across the chest.
- Repositioning leg by flexing outside knee.

## CAREGIVER

**Rolling toward:** Leverage starts and assists the move. On the **LOAD**, press down gently on client's outside knee/ thigh and extend your body as a unit at the hips/knees and ankles. This will shift you to an upright and forward position over the client (**2**). Now **PUSH** through the start foot and shift your body as a unit to your end foot (**3, 4**). Flex the end knee at the completion of the move (**5**).

**Rolling away:** As above, only perform the move in the opposite direction. Leverage is used in conjunction with a body shift and initiated during the **LOAD** phase.

Remember, this is a front-to-back or back-to-front body shift, not a counterbalance movement. Always flex down when reaching across bed.

## CONSIDER

### Tips

## CLIENT

- Bed brakes must lock.
- Opposite side rail raised or additional caregiver positioned to receive client if rolling away.

## CAREGIVER

## CONSIDER

### Contraindications

## CLIENT

- Slow movement if vertigo is present.
- For decreased joint mobility or limited range of motion in shoulder, bring arm closest to you out and away from the body to allow the client to roll to the side.
- If leg is flaccid and lightweight, hook a finger behind knee to support and apply leverage. If leg is flaccid and heavy, cross extended legs before rolling over.
- If touching client causes significant discomfort, grasp repositioning draw sheet on the opposite side and roll client towards you.

## CAREGIVER

## CONSIDER

### Options

## CLIENT

- A pillow may be placed under knees to allow slight flexion and support. Slide hand down and under the pillow using a flat palm on the pillow to bring the knees over.

## CAREGIVER

- Bed can be at working level or in a low position. If bed is in low position, the start knee should be placed on the bed, end foot placed on the floor and body positioned in the same manner as when both feet are on the floor.

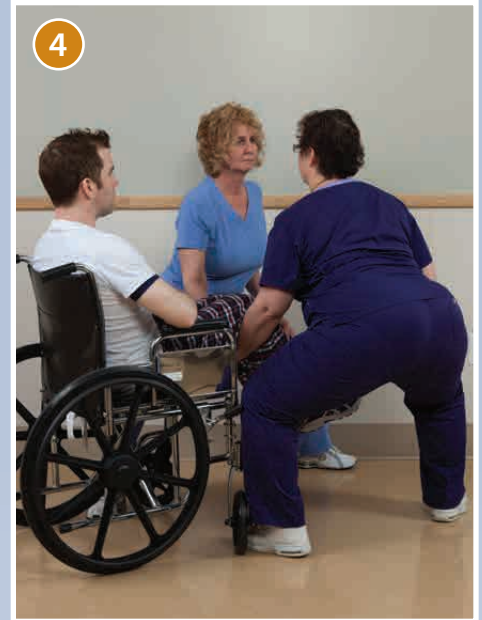




## TWO PERSON FACEOFF

**PURPOSE:** To reposition the client to the front of the chair

**Number of caregivers:** Two  
**Weight considerations:** Weight ratio  
**Level of difficulty:** Transitional



### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: TWO PERSON FACEOFF TRANSITIONAL

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Back-to-front

### CAREGIVER

Side-to-side (3, 4)

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal ———

### CAREGIVER

Horizontal ——— (3, 7)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do the buttocks need to be moved forward in the chair?

### CAREGIVER

Start foot faces the load; end foot faces the direction of the move; place end foot first to cover span and ensure movement will be completed within your base of support (3, 7).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Knees. This creates a line of force through the centre of gravity, buttocks.

### CAREGIVER

Flex down, slide arm on same side as start foot under knees and grasp second caregiver's hand in a hook grasp (2) or a double wrist grasp (1). Now, brace that arm and rise to your necessary level (4) in preparation for your command and count. Be careful about rising too high as this will shift the client's centre of gravity back making it more difficult to bring the client forward.

### CONSIDER

#### Command and Count

Verbal command given by caregiver.

### CLIENT

### CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD, PUSH (4)

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

### CLIENT

Reduce friction and weight by:

- Using a slider sheet as this transfer may not be effective on resistive seat material.
- Decreasing horizontal distance (load in towards client's knees).
- Packaging the client (brace elbow to body to minimize weight carried by caregiver's arm).

### CAREGIVER

Initiate a **LOAD** by **PUSHING** from the end foot to the start foot. To decrease the horizontal distance between you and the client, ensure you **LOAD** in towards the client's knees. As you move closer to the client's knees, brace elbow tight to your body to package the client (**5**). Now, **PUSH** across a horizontal line from the start foot to the end foot (**5, 6, 7**).

## CONSIDER

### Tips

### CLIENT

- Brakes are not necessary if wheel of chair is blocked with start foot.
- Do not lean client's upper body forward as it will increase the load on the caregiver's arm.
- Excellent for pear-shaped trunks.

### CAREGIVER

- Practise **LOADING** without the client's lower legs to get used to the concept of **LOADING** in and tightening your elbow close to your body.

## CONSIDER

### Contraindications

### CLIENT

- Knee or hip problems.
- Amputee.
- Casts.
- Injured or compromised limb.
- Aggressive.

In all cases, a slider may be used under the client. Each caregiver should grasp the slider at the client's pelvis with the arm closest to the chair. This arm must remain slightly flexed and braced throughout the move.

### CAREGIVER

- Short arms
- Tall

For short arms, a pillow case could be placed under the knees and grasped at the ends by each caregiver.

In both cases, a slider may be used under the client. Each caregiver should grasp the slider at the client's pelvis with the arm closest to the chair. This arm must remain slightly flexed and braced throughout the move.

## CONSIDER

### Options

### CLIENT

- **Sling:** If the client has an injured or compromised limb, caregivers can use a sheet as a sling. They can grasp the sheet at the level of the pelvis and calf.
- **Free arm as restraint:** If the client is aggressive and tends to kick, the caregiver can use their free arm to restrain the client's lower legs.

### CAREGIVER





## HAMMOCK (1) BED

**PURPOSE:** To reposition the client to the head of the bed

**Number of caregivers:** Two

**Weight considerations:** No weight restriction

**Level of difficulty:** Transitional



### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.





# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: HAMMOCK (1) BED TRANSITIONAL

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Side-to-side (up the bed)

\*Point of reference for client on bed – Bed has four sides, no front or back.

### CAREGIVER

Side-to-side (on the diagonal) (1, 2, 7)

Positioned at the head of the bed

Upright and forward to back and down (4, 6, 7)

Counterbalance movement

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

45° Counterbalance  (4, 6, 7)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do they need to be moved up in the bed?

### CAREGIVER

Position both feet (with thighs touching the bed) in a side-to-side stance at the head of the bed; end foot should be positioned where client's head will rest upon completion of the move (1). Next, rotate start foot out to a 45° angle from the head of the bed so that the pelvis, knees and feet are aligned and facing the opposite corner of the bed (2). To achieve optimal alignment, allow the toe of the end foot to rotate inward.

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Scapula

### CAREGIVER

At the client's shoulder level, in a wide grasp with client's shoulders positioned between caregiver's hands, roll repositioning draw sheet to produce tension and slightly raise client's shoulders off bed (grip should see the wrists neutral and palms either down or rotated slightly upward with elbows flexed) (3).

## CONSIDER

### Command and Count

Verbal command given by caregiver.

## CLIENT

## CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... BRACE OFF (5)... 1, 2, 3, PUSH (6)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Bracing off (raises client slightly off bed).
- Using a slippery repositioning draw sheet, permanently placed on bed.
- Repositioning legs by flexing knees (if possible).
- When possible, have client push with feet.

## CAREGIVER

Brace off. Set body weight as a unit in a backward direction to raise the client off the bed (4, 5). Next, **PUSH** equally through both feet as a unit back and down (counterbalance movement) (6, 7). The simultaneous 45° angle counterbalance movements will cause the client to move up the bed.

## CONSIDER

### Tips

## CLIENT

- Bed brakes must lock or head of bed must be positioned against wall.
- Exercise control if lightweight.

## CAREGIVER

- In the start position, ensure eyes, head, shoulders, hips, knees and feet are aligned at a 45° angle to the bed and body is upright and forward over the client (4).
- **PUSH** equally through both feet setting body weight back and down.
- Do not sit down, pull with arms or shift body up the bed by pushing through only the start foot.
- Your arms will move up the bed with the client, however, your body should be moving at a 45° angle away from the bed.

## CONSIDER

### Contraindications

## CLIENT

## CAREGIVER

- Do not use soaker pad as a repositioning aid.

## CONSIDER

### Options

## CLIENT

- **Heavy clients:** Movements may be small and repeated several times to achieve entire move.

## CAREGIVER

- Bed can be at working level or in a low position.
- If bed is in a low position, the end knee should be placed on the bed, start foot placed on the floor and body positioned in exactly the same manner as when both feet are on the floor.





## HAMMOCK (2) BED

**PURPOSE:** To reposition the client to the head of the bed

**Number of caregivers:** Two

**Weight considerations:** Weight restriction (not > 145 lbs)

**Level of difficulty:** Transitional



### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: HAMMOCK (2) BED TRANSITIONAL

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Side-to-side (up the bed)

\*Point of reference for client on bed – Bed has four sides, no front or back.

### CAREGIVER

Side-to-side (on the diagonal) (1, 2, 6)

Positioned at the side of the bed

Upright and forward to back and down (4, 5)

Counterbalance movement

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

Horizontal at an angle slightly away from bed (2, 6)

45° Counterbalance  (5)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do they need to be moved up in the bed?

### CAREGIVER

Start foot faces load, end foot faces direction of move; place end foot first where the client's head will rest upon completion of the move. To maintain the counterbalance movement throughout entire transfer, move end foot away from the bed to achieve a start position of side-to-side (on the diagonal) (2). If large span of movement is required, this transfer can be done in two moves.

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Scapula and hips

### CAREGIVER

Roll repositioning draw sheet to produce tension. Grip should see the wrists neutral and palms either down or rotated slightly upward with elbows flexed (3).

## CONSIDER

### Command and Count

Verbal command given by caregiver.

## CLIENT

## CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... BRACE OFF (5)... 1, 2 LOAD, PUSH (6)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Bracing off (raises client slightly off bed).
- Using a slippery repositioning draw sheet, permanently placed on bed.
- Repositioning legs by flexing knees.
- Having client push with feet, when possible.

## CAREGIVER

Brace off. Set body weight as a unit in a backward direction to raise the client off the bed (5).

Next, while maintaining this brace off, initiate a **LOAD** by **PUSHING** from the end foot to the start foot.

Now, **PUSH** simultaneously through the start foot back and down to achieve a counterbalance movement and side-to-side to shift your body weight as a unit up the bed to the end foot. Make sure you maintain the counterbalance movement throughout the entire shift as this will reduce friction, causing the client to remain slightly raised off the bed throughout the move (6).

## CONSIDER

### Tips

## CLIENT

- Bed brakes must lock or head of bed must be positioned against wall.
- Excellent for pediatrics or acute care situations (traction, monitors, ventilators, etc.).

## CAREGIVER

- Be sure to maintain counterbalance throughout entire move. The end foot positioned slightly away from the bed will allow this to happen (2).
- Do not pull with arms.

## CONSIDER

### Contraindications

## CLIENT

## CAREGIVER

- Bed must be at working level, cannot be in a low position.

## CONSIDER

### Options

## CLIENT

## CAREGIVER

- Four people can execute this move by positioning two people on either side of the bed.





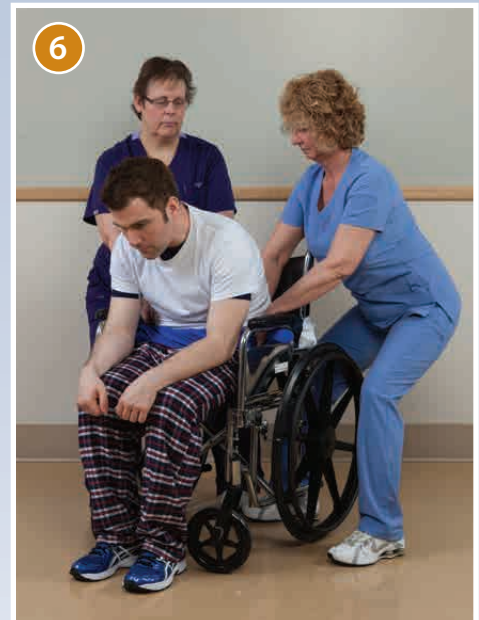
## HAMMOCK (1) CHAIR

**PURPOSE:** To reposition the client to the back of the chair

**Number of caregivers:** Two

**Weight considerations:** No weight restriction

**Level of difficulty:** Transitional



### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.





# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: HAMMOCK (1) CHAIR TRANSITIONAL

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Front-to-back

### CAREGIVER

Side-to-side (on the diagonal) (2)  
Positioned at the back of the chair  
Upright and forward to back and down (4, 5, 6)  
Counterbalance movement

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

45° Counterbalance  (4, 5, 6)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do they need to be moved back in the chair?

### CAREGIVER

Position both feet (with thighs touching the chair) in a side-to-side stance at the back of the chair. End foot should be positioned where client's buttocks will rest upon completion of the move (1). Next, rotate start foot out to a 45° angle from the back of the chair so that the pelvis, knees and feet are aligned and facing the opposite corner of the chair (2). To achieve optimal alignment, allow the toe of the end foot to rotate inward. Now, with body positioned in this 45° angle, move feet sideways to straddle the chair's wheel (4).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Buttocks.

### CAREGIVER

At the buttocks level, in a wide grasp, roll repositioning draw sheet to produce tension and slightly raise client's buttocks off chair. Grip should see the wrists neutral and palms either down or rotated slightly upward with elbows flexed (4).

## CONSIDER

### Command and Count

Verbal command given by caregiver.

## CLIENT

## CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... BRACE OFF (5)... 1, 2, 3, PUSH (6)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Bracing off (raises client slightly off chair).
- Using a slippery repositioning draw sheet.
- When possible, have client assist by pushing with arms.

## CAREGIVER

Brace off. Set body weight as a unit in a backward direction to raise the client off the chair **(5)**. Next, **PUSH** equally through both feet as a unit back and down (counterbalance movement) **(6)**. The simultaneous 45° angle counterbalance movements will cause the client to move to the back of the chair.

## CONSIDER

### Tips

## CLIENT

- Chair brakes must lock.
- Exercise control if chair is light.

## CAREGIVER

- In the start position, ensure eyes, head, shoulders, hips, knees and feet are aligned at a 45° angle to the chair and body is upright and forward over the client **(3, 4)**.
- **PUSH** equally through both feet setting body weight back and down.
- Do not sit down, pull with arms or shift body to the back of the chair by pushing through only the start foot.
- Your arms will move to the back of the chair with the client, however, your body should move at a 45° angle away from the chair.

## CONSIDER

### Contraindications

## CLIENT

- Lack of trunk control. The trunk may be positioned over an over-bed table to provide support.

## CAREGIVER

## CONSIDER

### Options

## CLIENT

## CAREGIVER

- A third caregiver may place themselves in front of the chair in a proposal push position. This caregiver can provide trunk support, block the knees to counteract any forward movement or actively participate in the transfer.





## HAMMOCK (2) CHAIR

**PURPOSE:** To reposition the client to the back of the chair

**Number of caregivers:** Two

**Weight considerations:** No weight restriction

**Level of difficulty:** Transitional



### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: HAMMOCK (2) CHAIR TRANSITIONAL

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Front-to-back

### CAREGIVER

Side-to-side (on the diagonal) (1)  
Positioned at the back of the chair  
Upright and forward to back and down (1, 2)  
Counterbalance movement

### CONSIDER


#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

Horizontal at an angle slightly away from chair (2, 3)  
45° Counterbalance  (2, 3)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do they need to be moved back in the chair?

### CAREGIVER

Start foot faces load, end foot faces direction of move; place end foot first where the client's buttocks will rest upon completion of the move. To maintain the counterbalance movement throughout entire transfer, move end foot away from the chair to achieve a start position of side-to-side (on the diagonal) (1, 2).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Buttocks and thighs. Place repositioning slider sheet under client or transfer belt around the hips and thighs (high chair arms may dictate the need to use the transfer belt).

### CAREGIVER

Roll slider or grip transfer belt to produce tension. Grip on slider should see the wrists neutral and palms either down or rotated slightly upward with elbows flexed. Grip on transfer belt should see the thumb over the top of the transfer belt and grasping the client's pants (1).

## CONSIDER

### Command and Count

Verbal command given by caregiver.

## CLIENT

## CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... BRACE OFF... 1, 2, LOAD, PUSH (3)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Bracing off (raises client slightly off chair).
- Using a slippery repositioning draw sheet.
- Using a transfer belt (one may be placed around the hips and the other around the thighs).
- When possible, have client assist by pushing with arms.

## CAREGIVER

Brace off. Set body weight as a unit in a backward direction to raise the client off the chair (2).

Next, while maintaining this brace off, initiate a **LOAD** by **PUSHING** from the end foot to the start foot (3).

Now, **PUSH** simultaneously through the start foot back and down to achieve a counterbalance movement and side-to-side to shift your body weight as a unit to the end foot. Make sure you maintain the counterbalance movement throughout the entire shift as this will reduce friction, causing the client to remain slightly raised off the chair throughout the move (3, 4, 5).

## CONSIDER

### Tips

## CLIENT

- Chair brakes must lock.
- Exercise control if chair is light.
- Excellent for recliners, solid armchairs, geri-chairs and acute care situations.

## CAREGIVER

- Be sure to maintain counterbalance throughout entire move. The end foot positioned slightly away from the chair will allow this to happen (2, 4, 5).
- Do not pull with arms.

## CONSIDER

### Contraindications

## CLIENT

- Lack of trunk control. The trunk may be positioned over the over-bed table to provide support.

## CAREGIVER

## CONSIDER

### Options

## CLIENT

## CAREGIVER

- A third caregiver may place themselves in front of the chair in a proposal push position. This caregiver can provide support to the trunk, block the knees to counteract any forward movement or actively participate in the transfer.





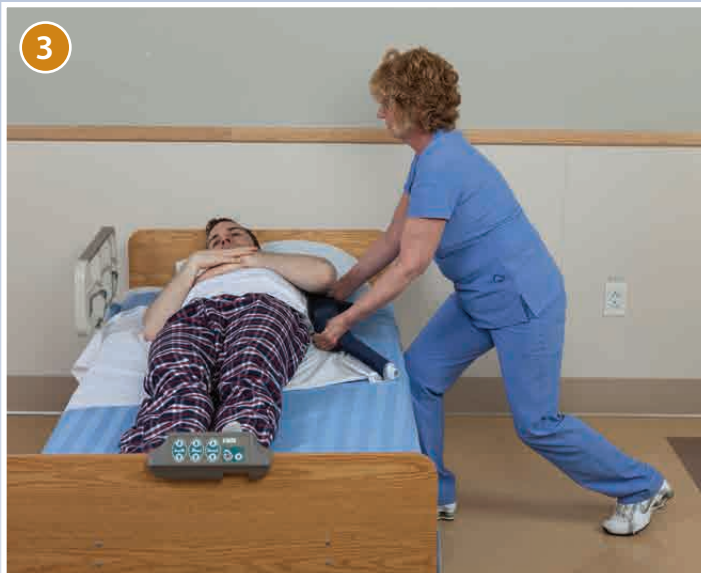
## SIDE-TO-SIDE

**PURPOSE:** To reposition the client to either side of the bed

**Number of caregivers:** One or two caregivers

**Weight considerations:** No weight restriction

**Level of difficulty:** Transitional



### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.





# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: SIDE-TO-SIDE TRANSITIONAL

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Side-to-side (across the bed)

\*Point of reference for client on bed – Bed has four sides, no front or back.

### CAREGIVER

Front-to-back (2)

Upright and forward to back and down (2, 4)


Counterbalance movement

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

45° Counterbalance  (2, 4)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do they need to be moved across the bed?

### CAREGIVER

Start foot faces the load, end foot faces direction of move; place end foot first to cover span and ensure backward movement will be completed within your base of support (2, 4).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Scapula and hips

### CAREGIVER

Roll repositioning draw sheet to produce tension. Grip should see the wrists neutral and palms either down or rotated slightly upward with elbows flexed (1, 2).

### CONSIDER

#### Command and Count

Verbal command given by caregiver.

### CLIENT

### CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... BRACE OFF... 1, 2, 3, PUSH (2, 3)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Using a slippery repositioning draw sheet.
- Rolling draw sheet tight to produce tension, arms flexed and raised.
- Repositioning legs by flexing knees.

## CAREGIVER

Brace off with elbows flexed, arms slightly raised and braced. This will reduce friction by keeping the client's body slightly raised off the bed (2). **PUSH** through start foot and set your body weight as a unit back and down. The force comes from your start foot and is relayed through your braced body and arms to achieve a simultaneous counterbalance movement and front-to-back shift. Flex end knee at completion of move (3, 4).

## CONSIDER

### Tips

## CLIENT

- Bed brakes must lock.

## CAREGIVER

- **PUSH** back and down, do not sit down first and do not pull with arms; keep elbows flexed, arms slightly raised and braced throughout the move.
- Remember to place end foot back far enough to ensure movement falls within base of support.

## CONSIDER

### Contraindications

## CLIENT

- If the client's legs are lightweight, the lower limbs will likely follow in one move.
- If client's legs are heavy, it may be necessary to perform two separate moves to avoid trunk disassociation (see Two Person under options for caregiver).

## CAREGIVER

- Bed should be low enough to allow caregiver, when in the upright and forward position, to produce enough tension on draw sheet to raise client slightly off the bed. This will prevent the mattress from sliding with the client.
- Your start thigh can also be positioned against the mattress to prevent it from sliding off the bed.

## CONSIDER

### Options

## CLIENT

- A pillow can be tucked slightly under the shoulders and rolled up with the repositioning draw sheet to stabilize the head and neck.
- A pillow can be placed under the client's legs for support and/or stabilization.

## CAREGIVER

**Two Person:** First person moves torso and is positioned at the client's chest, second person positioned at the client's thighs.



## NOTES

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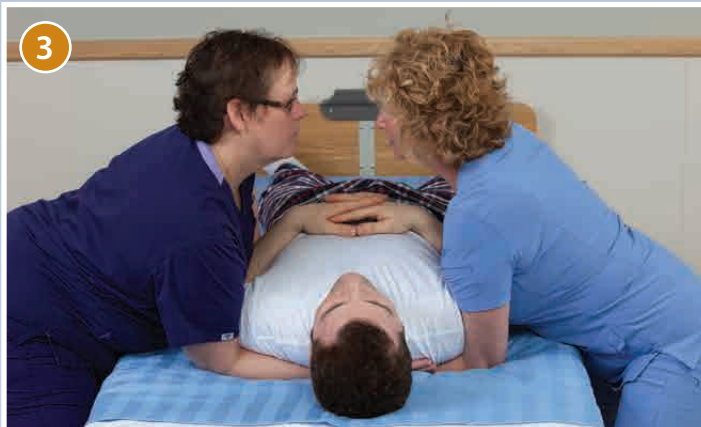
## TWO PERSON SITTING UP IN BED

**PURPOSE:** To sit the client up in emergencies only (raising the head of the bed is the preferred method)

**Number of caregivers:** Two

**Weight considerations:** Weight ratio (upper body)

**Level of difficulty:** Transitional



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: TWO PERSON SITTING UP IN BED TRANSITIONAL

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Side-to-side

### CAREGIVER

Side-to-side (2, 5)

\*Point of reference for client on bed – Bed has four sides, no front or back.

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

45° 

### CAREGIVER

Horizontal  (2, 5)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver’s move equals client’s span of move.

### CLIENT

The distance from the head to the hips.

### CAREGIVER

Start foot faces the load, end foot faces direction of move; place end foot first (at client’s hips) to cover span and ensure movement will be completed within your base of support (2).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client’s body.

### CLIENT

Scapula.

### CAREGIVER

The caregiver with the longer arm should choose the arm position that incorporates head support. When positioned properly, this person’s inside elbow should span the client’s scapula with their wrist bracing the base of the neck and their fingers splayed to cradle the skull (1). This will enable the caregiver to effectively handle the weight of the shoulder, while safely supporting the head (1). Second caregiver’s inside elbow should cradle the client’s shoulder with the remainder of the arm extending horizontally across the back. This will enable the caregiver to effectively handle the bulk of the upper torso weight (1). Both caregivers should place the fist of their free arm on the bed at hip level (2).

## CONSIDER

### Command and Count

Verbal command given by caregiver.

## CLIENT

## CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, **LOAD** (4) **PUSH** (5)

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Using free arm (fist on bed) to apply force.
- Decreasing horizontal distance (load in towards the client).
- Packaging the client (brace elbow to body to minimize weight carried by caregiver's arm).

## CAREGIVER

Initiate a **LOAD** by **PUSHING** from the end foot to the start foot (4). To decrease the horizontal distance between you and the client, ensure you **LOAD** in toward the client (4). As you move closer to the client, brace elbow tight to your body to package the client (4).

Now, **PUSH** through your start foot and shift your body weight as a unit from side-to-side to your end foot (5). At the same time, **PUSH** through your fist on the bed. The force of the **PUSH** through your foot on the floor and fist on the bed is relayed through your braced body and arms to the client's upper body.

## CONSIDER

### Tips

## CLIENT

- Bed brakes must lock.

## CAREGIVER

- Caregiver with longer arm should choose the arm position that incorporates head support.
- Do not shift in an upward direction. Shift across a horizontal line of move.
- At the end of the move, do not move past the client as this will cause you to torso tip and move outside your base of support.

## CONSIDER

### Contraindications

## CLIENT

- Severe contractures.
- Trunk spasticity.
- Slow movement if vertigo is present.

## CAREGIVER

- This transfer is suitable in emergency situations where quick action is required (choking, etc.).
- In non-emergency situations, raising the head of the bed is the preferred method of choice.

## CONSIDER

### Options

## CLIENT

## CAREGIVER

- Bed can be at working level or in a low position.
- If bed is in a low position, the end knee should be placed on the bed, start foot placed on the floor and body positioned in exactly the same manner as when both feet are on the floor.





## SITTING UP

**PURPOSE:** To sit the client up on the side of the bed from a lying position

**Preparatory repositioning transfer:** Side-to-side; Turning Client to Side

**Number of caregivers:** One

**Weight considerations:** Weight ratio (upper torso)

**Level of difficulty:** Transitional



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.





# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: SITTING UP TRANSITIONAL

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Side-to-side

### CAREGIVER

Side-to-side (1)


\*Point of reference for client on bed – Bed has four sides, no front or back.

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Electric beds: bring head of bed to raised position 

### CAREGIVER

Horizontal  (3, 5)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

The distance from the head to the hips.

### CAREGIVER

Start foot faces the load, end foot faces direction of move; place end foot first (at hips) to cover span and ensure movement will be completed within your base of support (3, 5).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Scapula

### CAREGIVER

Roll client close to you (3). Slide hand behind thighs and bring legs close to your body by flexing client's knees and hips. Then, reposition hand on calves and push client's lower legs over the side of the bed (1). Slide arm under shoulder and across scapula with open hand grasp. Finally, place fist on bed at hip level (2).

## CONSIDER

### Command and Count

Verbal command given by caregiver.

## CLIENT

## CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD, PUSH (3, 4, 5)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Raising the head of the bed.
- Using free arm (fist on bed) to apply force.
- Packaging client by using normal body movements (slide hand behind thighs and bring legs close to your body by flexing knees and hips). Load in toward client and brace elbow to body.

## CAREGIVER

Initiate a **LOAD** by **PUSHING** from the end foot to the start foot (**3**). To decrease the horizontal distance between you and the client, ensure you **LOAD** toward the client (**3**). As you move closer to the client, brace elbow tight to your body to package the client (**3**). Now **PUSH** through your start foot and shift your body weight as a unit from side-to-side to the end foot (**4, 5**). At the same time, **PUSH** through your fist on the bed. The force of the **PUSH** through your foot on the floor and fist on the bed is relayed through your braced body and arms to the client's upper body.

## CONSIDER

### Tips

## CLIENT

- Bed brakes must lock.

## CAREGIVER

- Do not shift in an upward direction.
- Shift across a horizontal line of move.
- At end of move, do not move past the client as this will cause you to torso tip and move outside your base of support.

## CONSIDER

### Contraindications

## CLIENT

- Any pathology of lower trunk and legs that may require special consideration.
- Recognized pain factor.
- Client should not be left sitting up unattended with the bed in a raised position.

## CAREGIVER

- Bed must be at working level, cannot be in a low position.





## WALKING CLIENTS (ONE PERSON)

**TYPE OF TRANSFER:** With or without force

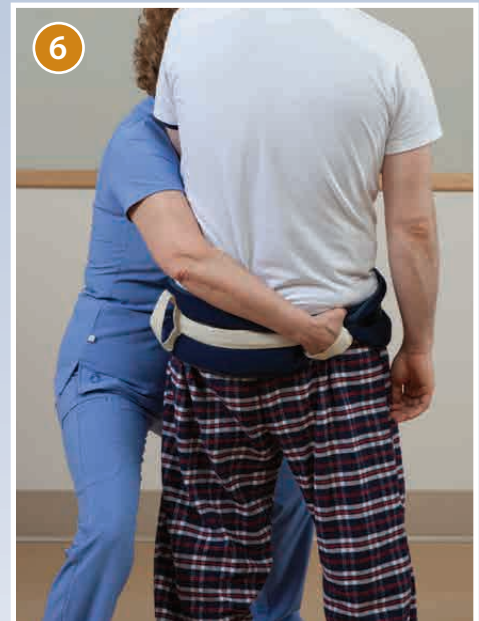
**PURPOSE:** Client is rocked forward out of chair or bed to a standing position and supported while walking short distances

**Preparatory repositioning transfer:** Sitting Up; Block, Squat & Rock; Any transfer that repositions client to front of chair

**Number of caregivers:** One

**Weight considerations:** Weight ratio

**Level of difficulty:** Complex



### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## TRANSFER: WALKING CLIENTS (ONE PERSON) COMPLEX

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

**Out of chair and rise:** Back-to-front

**Walking:** Back-to-front/Side-to-side

### CAREGIVER

**Out of chair and extend:** Side-to-side (1, 2, 3, 4, 5)

**Walking:** Side-to-side (on the diagonal) (5)

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

**Out of chair and rise:** ——— | Horizontal and vertical

**Walking:** ——— Horizontal

### CAREGIVER

**Out of chair and extend:** ——— | Horizontal and vertical (1, 2, 3, 4, 5)

**Walking:** ——— Horizontal (5)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

**Out of chair:** How far do they need to be moved to get out of the chair?

**Walking:** What is the distance of each step?

### CAREGIVER

**Out of chair and extend:** Start foot faces load; end foot faces direction of move; place end foot first to cover span (1, 2).

**Walking:** Start foot faces load; end foot faces direction of move; place end foot first to cover span. This foot should be placed in front of the client's foot as this will allow you to cover both directions of the client's walking motion (back-to-front and side-to-side). Your body should be angled and your pelvis facing the client (5).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Hips. Client holds caregiver's hand at hip level to widen their base of support. Caregiver's hand becomes client's cane.

### CAREGIVER

Proper grip on transfer belt around hips (6).

Do not let client grasp your thumb; use an open hand grasp, with flexed elbow at client's centre of gravity (1, 3).

## CONSIDER

### Command and Count

Verbal command given by caregiver.

## CLIENT

## CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2 LOAD (1, 2), PUSH (2, 3), PAUSE (3, 4)**

Let client rise, then reposition yourself to begin walking.

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Using a transfer belt.
- Bringing buttocks forward in chair (Block, Squat & Rock).
- Positioning client's feet to receive weight (strong foot forward).
- Leaning upper body forward to raise buttocks off chair.
- Initiating body rock to create momentum.
- Have client assist by pushing on chair with hands.

## CAREGIVER

The momentum achieved with the body rock starts and assists the move and will allow the client to come forward out of the chair (not up). Load to the back of the chair by **PUSHING** through your end foot and shifting your body weight as a unit to the start foot (2). Next, **PUSH** through your start foot and shift your body weight as a unit to your end foot (4). The force is relayed through your braced body and arms to the transfer belt allowing the client to come forward out of the chair (3, 4). Ensure you do not shift up; maintain your shift along a horizontal line throughout the move. Pause and allow the client time to receive their weight and stabilize (4). Now reposition yourself to walk the client by setting yourself up in a side-to-side stance (on the diagonal) to cover the client's movements in both directions (5). Your end foot should be in sync with and adjust to each step of the client as their front foot moves forward.

## Tips

## CLIENT

**Walk:** Ensure they are given appropriate time after they come out of the chair to rise to their necessary level to allow them to determine if they are physically able to walk.

## CAREGIVER

**Out of chair and extend:** Do not load down, load back on a horizontal line of movement so client will rock forward out of chair and you will not lift them up. Remember, once the client is out of the chair, rise with them and let them do as much of the work as possible.  
**Walk:** Maintain **ready position**, wide base of support, low centre of gravity and horizontal line of move while walking client.

## Contraindications

## CLIENT

- Not consistent and reliable with balance.
- Confusion, aggression, or unco-operative.
- Unable to follow commands.
- Unable to bear weight on both feet.

## Options

## CLIENT

This transfer should **only** be used to walk clients short distances (to bathroom, chair, etc.). Clients capable of walking longer distances should be assessed as independent or assisted transfers, requiring only preparatory or verbal, but not physical assistance. A walker, such as a SteadyMate™, may also be an appropriate aid to allow the client to relax and walk with security and confidence.





## WALKING CLIENTS (TWO PERSON)

**TYPE OF TRANSFER:** With or without force

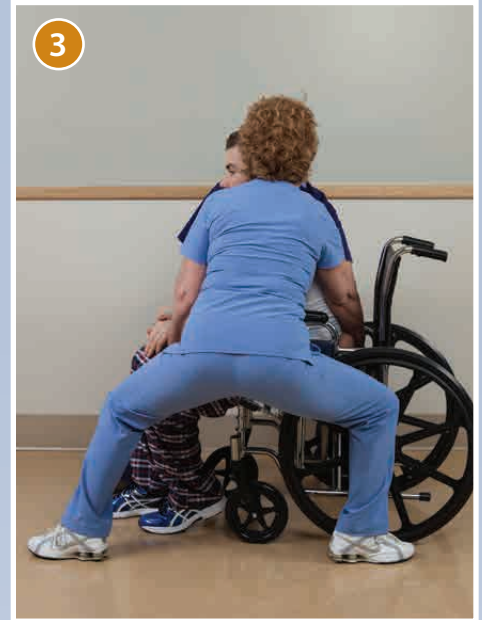
**PURPOSE:** Client is rocked forward out of bed or chair to standing position and supported while walking short distances

**Preparatory repositioning transfer:** Sitting Up; Block, Squat & Rock; Any transfer that repositions client to front of chair

**Number of caregivers:** Two

**Weight considerations:** Weight ratio

**Level of difficulty:** Complex



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.





# POSITIONING AND MOVEMENT

## TRANSFER: WALKING CLIENTS (TWO PERSON) COMPLEX

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

**Out of chair and rise:** Back-to-front

**Walking:** Back-to-front/Side-to-side

### CAREGIVER

**Out of chair and extend:** Side-to-side (1, 2, 3, 4)

**Walking:** Side-to-side (5)

Each caregiver position on either side of client

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

**Out of chair and rise:** ——— | Horizontal and vertical

**Walking:** ——— Horizontal

### CAREGIVER

**Out of chair and extend:** ——— | Horizontal and vertical (1, 2, 3, 4)

**Walking:** ——— Horizontal (5)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

**Out of chair:** How far do they need to be moved to get out of the chair?

**Walking:** What is the distance of each step?

### CAREGIVER

**Out of chair and extend (both caregivers):** Start foot faces load; end foot faces direction of move; place end foot first to cover span. (2, 3, 4).

**Walking (both caregivers):** Start foot faces load; end foot faces direction of move; place end foot first to cover span (5).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Hips. Client holds caregivers' hands at hip level to widen their base of support. Caregivers' hands become client's cane.

### CAREGIVER

Proper grip on transfer belt around hips. Overlapping grip with two caregivers (6). Do not let client grasp your thumb; use an open hand grasp, with flexed elbow at client's centre of gravity (4).

## CONSIDER

### Command and Count

Verbal command given by caregiver.

## CLIENT

## CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2 LOAD (3), PUSH (4), PAUSE (4)**

Let client rise, then reposition yourselves to begin walking.

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Using a transfer belt.
- Bringing buttocks forward in chair (Block, Squat & Rock).
- Positioning client's feet to receive weight (strong foot forward).
- Leaning upper body forward to raise buttocks off chair.
- Initiating body rock to create momentum.
- Have client assist by pushing on chair with hands.

## CAREGIVER

The momentum achieved with the body rock starts, assists the move and will allow the client to come forward out of the chair (not up). Load to the back of the chair by **PUSHING** through your end foot and shifting your body weight as a unit to the start foot (3). Next, **PUSH** through your start foot and shift your body weight as a unit to your end foot (4). The force is relayed through your braced body and arms to the transfer belt allowing the client to come forward out of the chair (2, 3, 4). Ensure you do not shift up; maintain your shift along a horizontal line throughout the move. Pause and allow the client time to receive their weight and stabilize. Now reposition yourself to walk the client by setting yourself up in a side-to-side stance (5). Your end foot should adjust with each step in sync with the client as their front foot moves forward.

## Tips

## CLIENT

**Walk:** Ensure they are given appropriate time after they come out of the chair to rise to their necessary level to allow them to determine if they are physically able to walk.

## CAREGIVER

**Out of chair and extend:** Do not load down, load back on a horizontal line of movement so client will rock forward out of chair and you will not lift them up. Remember, once the client is out of the chair, rise with them and let them do as much of the work as possible.

**Walk:** Maintain **ready position**, wide base of support, low centre of gravity and horizontal line of move while walking client.

## Contraindications

## CLIENT

- Not consistent and reliable with balance.
- Confusion, aggression, or unco-operative.
- Unable to follow commands.
- Unable to bear weight on both feet.

## Options

## CLIENT

This transfer should **only** be used to walk clients short distances (to bathroom, chair, etc.). Clients capable of walking longer distances should be assessed as independent or assisted transfers, requiring only preparatory or verbal, but not physical assistance. A walker, such as a SteadyMate™, may also be an appropriate aid to allow the client to relax and walk with security and confidence.



## NOTES

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## PIVOT (ONE PERSON)

**TYPE OF TRANSFER:** With or without force

**PURPOSE:** To transfer the client from chair to bed or bed to chair

**Preparatory repositioning transfer:** Sitting Up; Block, Squat & Rock; Any transfer that repositions the client to the front of the chair

**Number of caregivers:** One

**Weight considerations:** Weight ratio

**Level of difficulty:** Complex



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## TRANSFER: PIVOT (ONE PERSON) COMPLEX

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

**Out of chair and rise:** Back-to-front

Pivot

Sit on bed

### CAREGIVER

**Out of chair and extend:** Front-to-back (1, 2, 3)

**Pivot:** Side-to-side (with pivot) = 90° (4)

Flex to lower (5)

### CONSIDER

**Line of Movement** As close to the horizontal as possible.

### CLIENT

**Out of chair and rise:**  Horizontal and vertical

**Pivot:**  Horizontal

**Flex to lower:**  Vertical

### CAREGIVER

**Out of chair and extend:**  Horizontal and vertical (1, 2, 3)

**Pivot:**  Horizontal (4)

**Flex to lower:**  Vertical (5)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

**Out of chair:** How far do they need to be moved to get out of the chair/bed?

**Pivot:** What is the distance from chair to bed or bed to chair?

### CAREGIVER

**Out of chair and extend:** Start foot faces load; end foot faces direction of move; place end foot first where client's buttocks will rest upon completion of move. Make sure end foot is placed to cover span and ensure movement will be completed within your base of support (1, 4, 5).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Hips.

### CAREGIVER

Proper grip on transfer belt around hips (2).

### CONSIDER

#### Command and Count

Verbal command given by caregiver.

### CLIENT

### CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD (2), PUSH (3), PAUSE (3)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Using a transfer belt.
- Strongest side positioned closest to bed.
- Bringing buttocks forward in chair (Block, Squat & Rock).
- Positioning feet to receive weight (strong foot forward).
- Leaning upper body forward to raise buttocks off chair.
- Initiating body rock to create momentum.
- Have client assist by pushing on chair with hands.

## CAREGIVER

The momentum achieved with the body rock starts, assists the move and will allow the client to come forward out of the chair (not up). Load to the back of the chair by **PUSHING** through your end foot and shifting your body weight as a unit to the start foot (2). Next, **PUSH** through your start foot and shift your body weight as a unit to your end foot (3). The force is relayed through your braced body and arms to the transfer belt allowing the client to come forward out of the chair. Ensure you do not shift up and lift the client; maintain your shift along a horizontal line throughout the move. Pause and allow the client time to receive their weight and stabilize when they come out of the chair (3). Now pivot by allowing the toe of your start foot to rotate towards the bed. Allow your pelvis and body to rotate with your foot (4). Lower client to sit on the edge of the bed by flexing at the hips and knees (5).

## CONSIDER

### Tips

## CLIENT

Ensure they are given appropriate time after they come out of the chair to rise to their necessary level to allow them to determine if they are physically able to be pivoted.

## CAREGIVER

**Out of chair and extend:** Do not load down, load back on a horizontal line of movement so client will rock forward out of chair and you will not lift them up. Remember to pause when the client comes out of the chair. Allow them to rise and let them do as much of the work as possible.

## CONSIDER

### Contraindications

## CLIENT

- Confusion, aggression or unco-operative, not consistent and reliable with balance, unable to follow commands.
- Must be able to bear weight on at least one foot.
- Must have unimpaired dorsiflexion in weight bearing leg.

## CAREGIVER

- Do not allow client to grasp your neck or clutch your arms.

## CONSIDER

### Options

## CLIENT

**Without force:** Client controls move (client's head positioned on side closest to bed). Physical assistance is required. Transfer belt must be used and caregiver must assume the **ready position**.

## CAREGIVER

**With force:** Caregiver controls move (client's head resting on shoulder furthest from bed). Physical assistance is required and force is needed. Transfer belt must be used and caregiver must assume the **ready position**. The client may be able to assist with the move by pushing with their arms. The count should change to **1, 2, 3, PUSH** or an alternate count proposed by the client.





## PIVOT (TWO PERSON)

**TYPE OF TRANSFER:** With or without force  
**PURPOSE:** To transfer the client from chair to bed or bed to chair

**Preparatory repositioning transfer:** Sitting Up; Block, Squat & Rock; Any transfer that repositions the client to the front of the chair  
**Number of caregivers:** Two  
**Weight considerations:** Weight ratio  
**Level of difficulty:** Complex



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.





# POSITIONING AND MOVEMENT

## TRANSFER: PIVOT (TWO PERSON) COMPLEX

Note: The instructions below cover positioning and movement for the second person.

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

**Out of chair and rise:** Back-to-front

Pivot

Sit on bed

### CAREGIVER

**Out of chair:** Back-to-front (1, 2, 3)

Guide (4)

Flex to lower (5)

### CONSIDER

**Line of Movement** As close to the horizontal as possible.

### CLIENT

**Out of chair and rise:**  |  Horizontal and vertical

**Pivot:**  Horizontal

**Flex to lower:**  Vertical

### CAREGIVER

**Out of chair and extend:**  Approximately 30° (1, 2, 3)

**Guide:**  Horizontal (4)

**Flex to lower:**  Vertical (5)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

**Out of chair:** How far do they need to be moved to get out of the chair/bed?

### CAREGIVER

**Out of chair and extend:** Start foot faces load (inside thigh rests against wheelchair, rotate toe 90° so it points towards other wheel); end knee faces direction of move; place end knee first where client's buttocks will rest upon completion of move (1). Make sure end knee is placed to cover span and ensure movement will be completed within your base of support (4, 5).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Hips.

### CAREGIVER

Proper grip on transfer belt around hips (2).

### CONSIDER

#### Command and Count

Verbal command given by caregiver.

### CLIENT

### CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD (2), PUSH (3), PAUSE (3)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Using a transfer belt.
- Strongest side positioned closest to bed.
- Bringing buttocks forward in chair (Block, Squat & Rock).
- Positioning feet to receive weight (strong foot forward).
- Leaning upper body forward to raise buttocks off chair.
- Initiating body rock to create momentum.
- Have client assist by pushing on chair with hands.

## CAREGIVER

Upright and forward over the client (1). The momentum achieved with the body rock starts, assists the move and will allow the client to come forward out of the chair (not up). Load down by flexing your start ankle, knee and hip (2). Next, **PUSH** through your start foot and shift your body weight as a unit upright and forward (3). The force is relayed through your braced body and arms to the transfer belt allowing the client to come forward out of the chair. Ensure you do not shift across to the end knee, follow the client's direction of move, out of the chair (3). Pause and allow the client time to receive their weight and stabilize when they come out of the chair. Your work is complete at this point. Take your outside hand off the transfer belt, place it on the client's shoulder and follow caregiver #1 as they pivot the client and sit them on the edge of the bed (4). Lower by flexing at the hips and knees (5).

## CONSIDER

### Tips

## CLIENT

Ensure they are given appropriate time after they come out of the chair to rise to their necessary level and allow them to determine if they are physically able to be pivoted.

## CAREGIVER

**Out of chair and rise:** Once the client is out of the chair, your work is done.

## CONSIDER

### Contraindications

## CLIENT

- Confusion, aggression or unco-operative, not consistent and reliable with balance, unable to follow commands.
- Must be able to bear weight on at least one foot.
- Must have unimpaired dorsiflexion in weight bearing leg.

## CAREGIVER

- Short-legged caregivers should position as front person.

## CONSIDER

### Options

## CLIENT

**Without force:** Client controls the move (client's head positioned on side closest to bed). Physical assistance is required, but no force is needed. Transfer belt must be used and caregiver must assume the **ready position**.

## CAREGIVER

**With force:** Caregiver controls the move (client's head positioned on side furthest from bed). Physical assistance is required and force is needed. Transfer belt must be used and caregiver must assume the **ready position**. The client may be able to assist with the move by pushing with their arms. The count should change to 1, 2, 3, **PUSH** or an alternate count proposed by the client.



NOTES

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## LYING DOWN

**PURPOSE:** To reposition the client from a sitting position to a lying position

**Number of caregivers:** One

**Weight considerations:** No weight restriction

**Level of difficulty:** Complex



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: LYING DOWN COMPLEX

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

**Body rock:** Side-to-side

Pivot

Lie on bed

\*Point of reference for client on bed – Bed has four sides, no front or back.

### CAREGIVER

**Body rock:** Front-to-back (1, 2)

**Pivot:** Side-to-side (with pivot) = 90° (3)


Flex to lower (4)

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

Horizontal  (3, 4)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

The distance from the head to the hips.

### CAREGIVER

Start foot faces the load, end foot faces direction of move; place end foot first where client's head will rest upon completion of move (1, 4).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Scapula and thigh (at knee level).

### CAREGIVER

Arm closest to bed is placed across client's upper back in an open hand grasp on their far scapula.. As this arm will support the client's upper back, the caregiver's shoulder should be level with the client's shoulder. The middle finger of the other hand is hooked under their thigh at the knee, while the hand supports the side of the thigh (1).

## CONSIDER

### Command and Count

Verbal command given by caregiver.

## CLIENT

## CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD (1, 2) PUSH (3, 4)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Positioning on strong side of client.
- Crossing the weak leg over the strong leg (allows strong leg to support the transfer).
- Packaging the client (downward pressure at the scapula and upward pressure at the thigh). Downward pressure will also bring client's trunk slightly forward.
- Initiating body rock to create momentum.

## CAREGIVER

The momentum achieved with the body rock starts and assists the move. To achieve this body rock, initiate a **LOAD** from back-to-front by **PUSHING** from the end foot to the start foot (**1, 2**). Now, **PUSH** through your start foot and shift your body weight as a unit from front-to-back to end foot (**3, 4**). The force of the **PUSH** through your foot on the floor is relayed through your braced body and arms to the client's body. Once the client is rocked and transfer initiated, their upper body weight will provide the counterbalance necessary to lift their legs. From this point, the caregiver will only guide and support them as they lay down. Next, pivot by allowing the toe of your start foot to rotate towards the bed. Allow your pelvis and body to rotate with your foot. Lower the client to lie on the bed by flexing at the hips and knees (**4**).

## CONSIDER

### Tips

## CLIENT

- Bed brakes must lock or head of bed must be positioned against wall.

## CAREGIVER

- Should be done in a slow and controlled manner to alleviate client anxiety, ensure comfort and decrease the potential for injury.

## CONSIDER

### Contraindications

## CLIENT

- Any pathology of the lower trunk and legs which requires special considerations.
- Recognized pain factor.

## CAREGIVER

- To avoid torso twist/tip as client lowers to bed, choose a spot at eye level on the wall over client's head. As lowering motion begins, focus your eyes on this spot to avoid looking down.

## CONSIDER

### Options

## CLIENT

## CAREGIVER

- This technique is not necessary if the head of the bed can be raised. The legs, using one or two caregivers, can simply be shifted onto the bed and the head of the bed can then be lowered.





## TRANSFER BOARD

**PURPOSE:** To transfer the client from the bed to the chair

**Number of caregivers:** One  
**Weight considerations:** Weight ratio  
**Level of difficulty:** Complex



### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.





# POSITIONING AND MOVEMENT

## TRANSFER: TRANSFER BOARD COMPLEX

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

**Body rock (to place transfer board):** Side-to-side

**Body rock (to initiate transfer):** Side-to-side

**Slide down transfer board:** Side-to-side

**Sit in chair**

### CAREGIVER

**Body rock (to place transfer board):** Side-to-side (1, 2)

**Body rock (to initiate transfer):** Side-to-side (3, 4)

**Slide down transfer board:** Side-to-side (with pivot) = 90° (5)

**Flex to lower (6)**

### CONSIDER

**Line of Movement** As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

Horizontal  (4, 5, 6)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

The distance from the bed to the chair.

### CAREGIVER

Start foot faces the load; end foot faces direction of move; place end foot first where client's buttocks will rest upon completion of move. Make sure end foot is placed to cover span and ensure movement will be completed within your base of support (4, 6).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

**Body rock (to place transfer board):** shoulders.

**Body rock (to initiate transfer):** hips.

### CAREGIVER

**Body rock (to place transfer board):** Open hand grasp on outside of shoulders (1).

**Body rock (to initiate transfer):** Proper grip on transfer belt around hips (3).

### CONSIDER

#### Command and Count

Verbal command given by caregiver.

### CLIENT

### CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD (3, 4) PUSH (5, 6)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Ensuring transfer board is properly maintained.
- **Brace away** with the client.
- Bed should be slightly higher than the wheelchair.

## CAREGIVER

**Place transfer board:** Initiate a **LOAD** by **PUSHING** from your end foot to your start foot (**1, 2**). The momentum achieved with this body rock shifts the client onto the buttock closest to the head of the bed for board placement. Position the board square under the client's buttock. Apply downward pressure as you slide it under the client to avoid pinching (**2**). Now slide the far end of the board forward so it rests at the back of the wheelchair (**4**).

**Initiate transfer:** The momentum achieved with the body rock starts and assists the move. To achieve the body rock, initiate a **LOAD** by **PUSHING** from the end foot to the start foot (**4**). Now, **PUSH** through your start foot and shift your body weight as a unit from side-to-side to your end foot. As the client begins to move, **brace away** by extending your arms to ensure the client does not slide toward you (**5**). At the same time, pivot by allowing the toe of your start foot to rotate towards the chair and your pelvis and body to rotate with your foot (**6**). From this point, you only guide and support the move by continuing to shift your weight to your end foot. Lower the client into the chair by flexing at the hips, knees and ankles (**6**).

## CONSIDER

### Tips

## CLIENT

- Chair and bed brakes must lock.
- Arms resting on lap.
- Armrests and footrests must be removable.
- The transfer board should be angled in such a manner as to allow the far end to rest at the back of the chair.

## CAREGIVER

- If the client begins to slide forward off the board, you can block this movement with your knees, but it should be noted that this will only happen if you have not extended your arms and braced away with the client.

## CONSIDER

### Contraindications

## CLIENT

- Lack of trunk control.
- Lack of co-operation.
- Aggression.

## CAREGIVER

## CONSIDER

### Options

## CLIENT

## CAREGIVER

- **Obesity and unpredictability – Two caregivers:**
- For additional safety, a second person may be positioned in a similar fashion as the back person in the Two Person Pivot transfer.
- A second person should also be used when using the transfer board on a client for the first time.





## ABDUCTOR LIFT

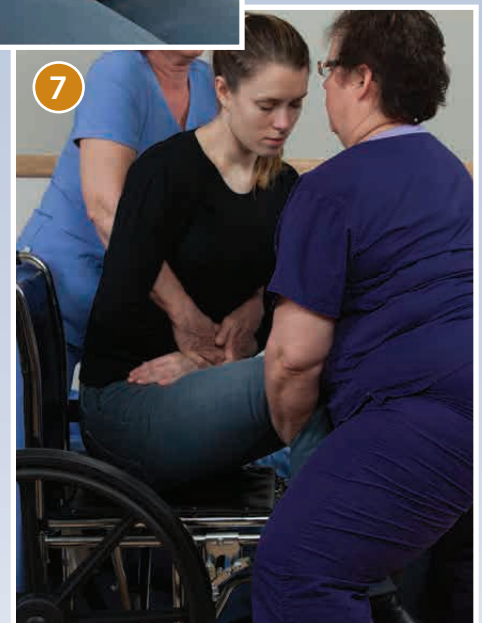
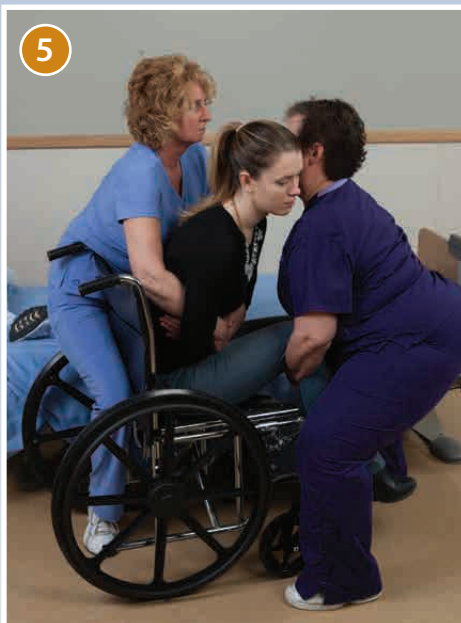
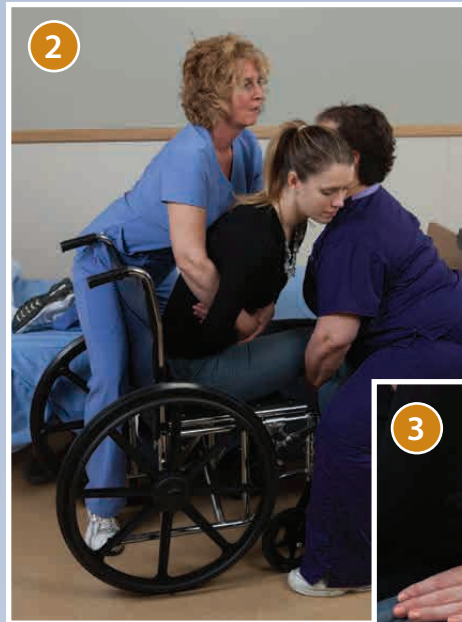
**PURPOSE:** To lift the client from the chair to the bed or bed to chair

**Preparatory repositioning transfer:** Block, Squat & Rock (to angle the body by bringing buttock closest to the bed forward in the chair)

**Number of caregivers:** Two

**Weight considerations:** Weight Restriction (no > 88 lbs for two female caregivers; 120 lbs for two male caregivers) A Guide to Manual Materials Handling, 2nd edition, A. Mital, et al, Taylor & Francis, 1997, p. 71

**Level of difficulty:** Complex



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## LIFT: ABDUCTOR LIFT COMPLEX

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Side-to-side (on the diagonal)

### CAREGIVER

**Back person:** Side-to-side (on the diagonal) (2, 5, 6)  
**Front person:** Side-to-side (on the diagonal) (2, 5, 6)

### CONSIDER



#### Line of Movement

As close to the horizontal as possible.

### CLIENT

20°  As close to horizontal as possible

### CAREGIVER

**Back person:** 20°  As close to horizontal as possible (1, 2, 4, 5, 6)  
**Front person:** 20°  As close to horizontal as possible (2, 5, 6)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

The distance from the chair to the bed or bed to chair.

### CAREGIVER

**Back person:** Start foot faces load; end knee faces direction of move. Place end knee first where client's buttocks will rest upon completion of move. Once positioned, rotate start toe out to 90° so inside thigh rests against the back of the chair (1, 2).  
**Front person:** Start foot faces load; end foot faces the direction of move. Place end foot first where client's buttocks will rest upon completion of move. Start position should see the caregiver straddling the client's legs to enable them to flex down in a neutral posture and grasp the client at mid-thigh (2).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

**Back person:** Pelvis  
**Front person:** Mid-thigh

### CAREGIVER

**Back person:** Apply downward force with open hand, through arm grasp at pelvis level (3).  
**Front person:** Hook grasp under thighs (2).

## CONSIDER

**Command and Count** Verbal command given by caregiver.

## CLIENT

## CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD (1, 2, 4, 5), PUSH (6)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Packaging the client (leaning their upper body forward and applying downward pressure through pelvis).
- Back caregiver's start position is up and over chair to decrease horizontal distance.
- Front caregiver's start position is straddled over legs to decrease horizontal distance.
- Chair and bed brakes must lock.
- Arms resting on lap.
- Armrests and footrests must be removable.
- Bed should be as low as possible.
- Wheelchair as close as possible to bed.

## CAREGIVER

Both caregivers should position as close to the client as possible. The caregiver in the front must line up with the caregiver in the back (2, 7).

**Back person:** Upright and forward over the client with the client's upper body leaning forward (1, 2). **LOAD** down by flexing your start ankle, knee, and hip (4). Allow your thigh to slide along the back of the chair (4). Next, **PUSH** through your start foot and shift your body weight to the end knee while at the same time applying downward pressure through the client's pelvis (6, 7). This downward pressure will package the client and bring their upper body close to yours as you shift your weight to your end knee (3, 6, 7).

**Front person:** Position yourself straddling the client's legs to enable you to grasp the client at mid-thigh with a neutral posture (2). Initiate the **LOAD (5)**, then **PUSH** through your start foot and shift your body weight as a unit from side-to-side (6).

The force of the **PUSH** through your foot on the floor is relayed through your braced body and arms to the client's body.

## Tips

## CLIENT

## CAREGIVER

- Tall caregivers will naturally feel more comfortable in the back position and short caregivers will feel more comfortable in the front position.
- The caregiver at the back should ensure their hip is beside or in front of the wheelchair back or handles (2).

## Contraindications

## CLIENT

- Abdominal irregularities.
- Recognized pain factor.

## CAREGIVER

- **Back person with short arms:** If unable to grasp the client.
- **Back person with short legs:** Legs are too short for an effective **LOAD, PUSH**.

## Options

It is recommended that all facilities adopt a "No Lift" philosophy. Mechanical lifts should always be the option of choice used for lifting clients. However, this option can be used in emergencies or circumstances where time does not allow the caregiver to go for the mechanical lift, as long as the client does not exceed the weight restrictions [for example, 88 lbs (two female caregivers) and 120 lbs (two male caregivers)].





## BLOCK, SQUAT & ROCK

**PURPOSE:** To reposition the client to the front of the chair to walk or pivot

**Number of caregivers:** One

**Weight considerations:** No weight restriction

**Level of difficulty:** Complex



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.





# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: BLOCK, SQUAT & ROCK COMPLEX

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Back-to-front

Each side of buttock is moved forward in chair separately.

### CAREGIVER

**Body rock:** Side-to-side (on the diagonal) (1, 2, 3)

Client loaded to side and buttock on that side is raised off chair

**Pivot:** Front-to-back and down (4)

Buttock stays raised and is then moved forward in chair

### CONSIDER



#### Line of Movement

As close to the horizontal as possible.

### CLIENT

30°   
Horizontal 

### CAREGIVER

Horizontal  (1, 2, 3)  
30°  (4)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do they need to be moved forward in the chair?

### CAREGIVER

Start foot faces the load, end foot faces direction of move; place end foot first to cover span (2). Place end foot far enough forward to ensure backward movement will fall within base of support (1, 2). Start foot should be positioned back to create a side-to-side stance on the diagonal (1, 2).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Scapula and buttocks

### CAREGIVER

Stand in front of and as close to the client as possible with a wide stance; close enough so that you are straddling their legs. Lower your centre of gravity by flexing at the hips, knees and ankles. This will allow your buttocks to move away from the client (1). If necessary, block the wheel of the chair with your end foot. Next, slide arm on that side around shoulders and place hand on the client's scapula using an open hand grasp (4). Place your opposite hand under or as close as possible to the client's sacrum as possible and package them by applying a specific brace and gentle force between both hands (scapula and sacrum) (2, 3). Now, apply your general brace in preparation for the move.

## CONSIDER

### Command and Count

Verbal command given by caregiver.

## CLIENT

## CAREGIVER

**CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD (2), PUSH (3), PIVOT (4)**

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Packaging the client.
- Leaning upper body forward to raise buttocks off chair.
- Initiating body rock to create momentum and raise buttock off chair.

## CAREGIVER

The momentum achieved with the body rock starts and assists the move. While maintaining your general brace, begin your count. Load to the side of the buttock that you wish to raise by **PUSHING** through your end foot and shifting your body weight as a unit to the start foot (**2**). Next, **PUSH** through your start foot and shift your body weight as a unit to your end foot (**3**). The force is relayed through your braced body and arms to the client's buttock, raising it off the chair. Now, pivot through your start foot by raising that toe and allowing your pelvis to rotate outward and away from the client (**4**). At the same time, shift your body weight as a unit back and down to the end foot (**4**). Remember to flex the end knee upon completion of the move. This will allow the client's buttock to slide forward in the chair. Reposition yourself to achieve the same movement on the opposite side.

## CONSIDER

### Tips

## CLIENT

- Excellent for resistive seat materials, resistive clothing and obese clients.
- Also an excellent move to angle client in preparation for another transfer.

## CAREGIVER

- Packaging the client (applying gentle force between hands at scapula and buttocks) will create an efficient and effective body rock.
- Remember, position yourself as close to the client as possible by straddling their legs. Do not worry that this will be too close because when you lower your centre of gravity, it will cause your buttocks to move back and away from the client. Your upper body will remain close enough to effectively place your arms around the client.

## CONSIDER

### Contraindications

## CLIENT

- Hyperextension of upper body.
- Aggression.
- Armrests must be removed if chair is narrow.

## CAREGIVER





## STRETCHER TO BED

**PURPOSE:** To reposition the client from the stretcher to the bed or the bed to the stretcher

**Number of caregivers:** Three or more persons

**Weight considerations:** No weight restriction

**Level of difficulty:** Complex



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: STRETCHER TO BED COMPLEX

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Side-to-side

\*Point of reference for client on bed – Bed has four sides, no front or back.

### CAREGIVER

**Side positions:** Front-to-back

Upright and forward to back and down (2, 3, 4, 5)

Counterbalance movement

**Bottom of bed position:** Side-to-side (2, 3, 4, 5)

### CONSIDER


#### Line of Movement

As close to the horizontal as possible.

### CLIENT

Horizontal 

### CAREGIVER

**Side positions:**  45° Counterbalance (3, 4, 5)

**Bottom of bed position:**  Horizontal (3, 4, 5)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

How far do they need to be moved from the stretcher to the bed or bed to the stretcher?

### CAREGIVER

**Side positions:** Start foot faces the load, end foot faces direction of move; place end foot first to cover span and ensure backward movement will be completed within your base of support. As this technique requires a significant reach across the bed to the stretcher, the caregiver should ensure the end leg is raised and pointing straight back (as in the golfer's lift) to counterbalance the weight of the upper body (1).

**Bottom of bed position:** Start foot faces the load, end foot faces direction of move; place end foot first to cover span (1).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

**Side position #1:** Scapula and hips

**Side position #2:** Hips and mid-calf

**Bottom of bed position:** Feet

### CAREGIVER

Grip handles on slider. Grip should see the wrists neutral and palms either down or rotated slightly upward with elbows flexed (1).

## CONSIDER

**Command and Count** Verbal command given by caregiver.

## CLIENT

## CAREGIVER

**Side positions:** CHEST UP, BACK STRAIGHT, ARMS BRACED (2)... BRACE OFF (3)... 1, 2, 3, PUSH (4, 5)  
**Bottom of bed position:** CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD, PUSH (4, 5)

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction, weight and reach by:

- Using a slider sheet with handles (preferably two slider sheets, one on top of the other).
- Grip handles to produce tension, arms slightly raised and braced, elbows flexed.

## CAREGIVER

**Side positions:** Two caregivers positioned on the far side of the bed/stretcher (2). **Brace off** with elbows flexed, arms slightly raised and braced. This will reduce friction by keeping the client's body slightly raised off the bed/stretcher (3). **PUSH** through start foot and set your body weight as a unit back and down. The upper body should simultaneously rise as the end leg is lowered to the ground (4). Flex the end knee at the completion of move (5). The force comes from your start foot and is relayed through your braced body and arms to achieve a simultaneous front-to-back shift and counterbalance movement.

**Bottom of bed position:** Third caregiver positioned half way between the foot of the stretcher and the foot of the bed in a side-to-side stance (2). Initiate a **LOAD** by **PUSHING** from end foot to the start foot (3). Next **PUSH** through the start foot and shift your body weight as a unit to your end foot (4, 5). The force is relayed through your braced body and arms to the repositioning draw sheet allowing the client to slide from the stretcher to the bed or bed to the stretcher.

## Tips

## CLIENT

- Bed and stretcher brakes must lock.
- Bed and stretcher must be of equal height.

## CAREGIVER

- **Side positions:** **PUSH** back and down, do not sit down first and do not pull with arms; keep elbows flexed, arms slightly raised and braced throughout the move.
- Remember to place end foot back far enough to ensure movement falls within base of support.
- Bed and stretcher may be moderately high but not so high so as to prevent you from reaching across comfortably or to prevent you from producing enough tension on the slider sheet to raise the client slightly.
- Your start thigh can be positioned against the mattress to prevent it from sliding off the bed and to help create momentum to begin the move.

## Contraindications

## CLIENT

## CAREGIVER

**Short caregivers:** Move to the bottom of the bed position if bed and stretcher are too high.

## Options

## CLIENT

- A pillow can be tucked slightly under the shoulders and rolled up with the repositioning draw sheet to stabilize the head and neck.
- A pillow can be placed under the client's legs for support and/or stabilization.

## CAREGIVER

**Knee on method:** If reach is too far across bed/stretcher, start knee can be placed on bed.





## MECHANICAL LIFTS

**TYPES:** Floor, Ceiling and Stand-up

**PURPOSE:** To lift and move the client

**Number of caregivers:** Two or more persons

**Weight considerations:** No weight restriction

(MUST be used when clients exceed 88 lbs for two female caregivers; 120 lbs for two male caregivers) A Guide to Manual Materials

Handling, 2nd edition, A. Mital, et al, Taylor & Francis, 1997, p. 71

**Level of difficulty:** Complex

### FLOOR LIFT



### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.





## MECHANICAL LIFTS

**TYPES:** Floor, Ceiling and Stand-up

**PURPOSE:** To lift and move the client

**Number of caregivers:** Two or more persons

**Weight considerations:** No weight restriction (MUST be used when clients exceed 88 lbs for two female caregivers; 120 lbs for two male caregivers) A Guide to Manual Materials Handling, 2nd edition, A. Mital, et al, Taylor & Francis, 1997, p. 71

**Level of difficulty:** Complex

### CEILING LIFT



### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



## MECHANICAL LIFTS

**TYPES:** Floor, Ceiling and Stand-up

**PURPOSE:** To lift and move the client

**Number of caregivers:** Two or more persons

**Weight considerations:** No weight restriction (MUST be used when clients exceed 88 lbs for two female caregivers; 120 lbs for two male caregivers) A Guide to Manual Materials Handling, 2nd edition, A. Mital, et al, Taylor & Francis, 1997, p. 71

**Level of difficulty:** Complex

### STAND-UP LIFT



### NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

#### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



