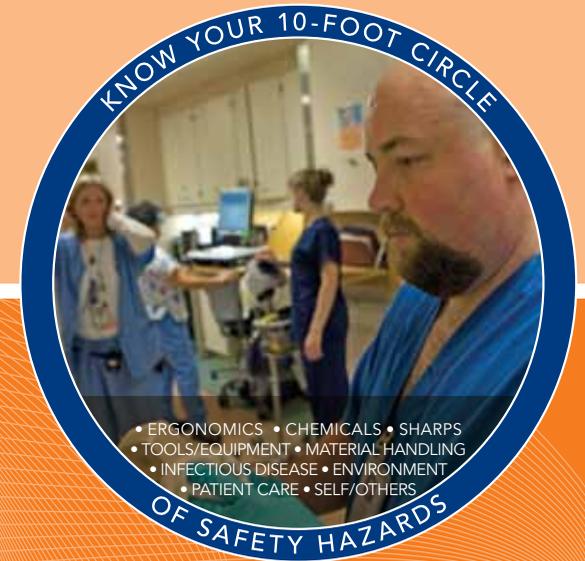


# 15 Second Mobility Assessment and Body Mechanics



SAFETY

KNOWING IS THE DIFFERENCE



Prior to mobilizing every patient, a 15 Second Mobility Assessment will be conducted.

For personal safety, before performing any mobility assistance, an assessment of one's own Body Mechanics and Neutral Posture will be conducted.

# 15 Second Mobility Assessment—Supine



# 15 Second Mobility Assessment—Supine

When a patient is supine and there is concern that they may be unsteady when sitting, have them perform the 15 Second Mobility Assessment while lying down.

1. Start the patient in a supine position and ask them to lift their right leg and hold it up for 5 seconds, then return.
2. Second, ask the patient to lift their left leg and hold it up for 5 seconds, then return.



1. Ask patient to lift one leg for 5 seconds



2. Ask patient to lift other leg for 5 seconds

# 15 Second Mobility Assessment—Supine



3. Ask patient to raise both arms together for 5 seconds



3. Ask patient to raise both arms together for 5 seconds

## 15 Second Mobility Assessment—Supine

3. Finally, ask the patient to raise both arms together for 5 seconds, then return.

**If the patient is able to perform all 3 tasks completely, then the patient:**

- Understands you and your language.
- Is cooperative.
- Has the necessary strength and mental condition to be moved with a Sabina.
- This patient has the **potential** to be ambulatory, but this determination requires the judgment of the caregiver, based on the patient's **overall condition**.

When in doubt of patient's ability use either the Sabina Sit to Stand or the Golvo Total Lift.

The SAFE Team is also available to provide recommendations for complex mobility tasks.

**\*\*\*If the patient requires more than one person to stand by and assist them to stand or while ambulating, then use of the lift equipment is mandatory. THERE IS NO SUCH THING AS A 2 PERSON ASSIST.**

# 15 Second Mobility Assessment—Sitting



1. Start in sitting position



2. Ask patient to lift one leg and hold for 5 seconds

# 15 Second Mobility Assessment—Sitting

Prior to mobilizing every patient, a 15 Second Mobility Assessment will be conducted. If the patient is in a sitting position, the procedure is as follows:

1. Start the patient in a sitting position and assess the patient for dizziness and upper body stability.
2. Ask patient to lift one leg and hold for 5 seconds, then return.



1. Start in sitting position



2. Ask patient to lift one leg and hold for 5 seconds

# 15 Second Mobility Assessment—Sitting



3. Ask patient to lift other leg for 5 seconds



4. Ask patient to lift both arms for 5 seconds

# 15 Second Mobility Assessment—Sitting

3. Third, ask the patient to lift their other leg and hold for 5 seconds, then return.
4. Finally, ask the patient to hold both arms up for 5 seconds, then return.

**If the patient is able to perform all 3 tasks completely, then the patient:**

- Understands you and your language.
- Is cooperative.
- Has the necessary strength and mental condition to be moved with a Sabina Sit to Stand.

This patient has the potential to be ambulatory. However, this determination requires the judgment of the caregiver, based on the patient's overall condition. If the patient fails in any of the criteria listed above, then the Golvo Total Lift will be used.

\*\*\* If the patient requires more than one person to stand by and assist them while ambulating, then use of the Sabina or Golvo lift equipment is mandatory. THERE IS NO SUCH THING AS A 2 PERSON ASSIST.

Examples of instances when this would be very important to use:

- The patient has been put in the chair by PT and their level of fatigue is unknown.
- When a patient arrives in a wheelchair and their level of mobility is unknown.
- A patient requests assistance to the bathroom and their level of mobility is in question or unknown.

Have students Demonstrate and Practice the 15 Second Mobility Assessment

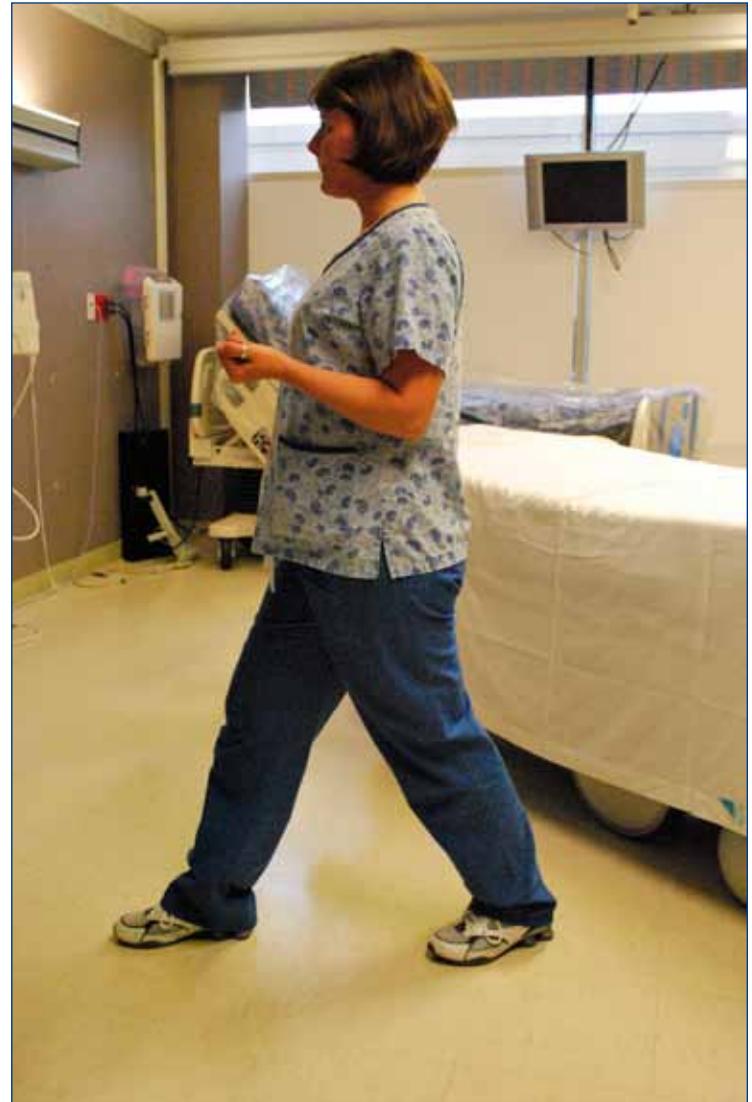


3. Ask patient to lift other leg for 5 seconds



4. Ask patient to lift both arms for 5 seconds

# Neutral Posture





# Neutral Posture

1. Neutral Posture is when your ears, shoulders, hips, knees, and ankles are aligned; as if a string were running from the top of the head, down through the torso to the legs then to your feet.
2. In neutral posture the body is in it's strongest, most balanced position. Neutral posture is used when both sitting and standing.
3. A non-neutral spine leads to improper posture that puts increased pressure on the back and over time causes discomfort and damage to the joints.

## **Demonstrate/Practice Neutral Posture**



# Wide Stance





## Wide Stance

1. Legs do the work.
2. Joint neutral.
3. Upper body stays connected with lower body.
4. No twisting or lifting.

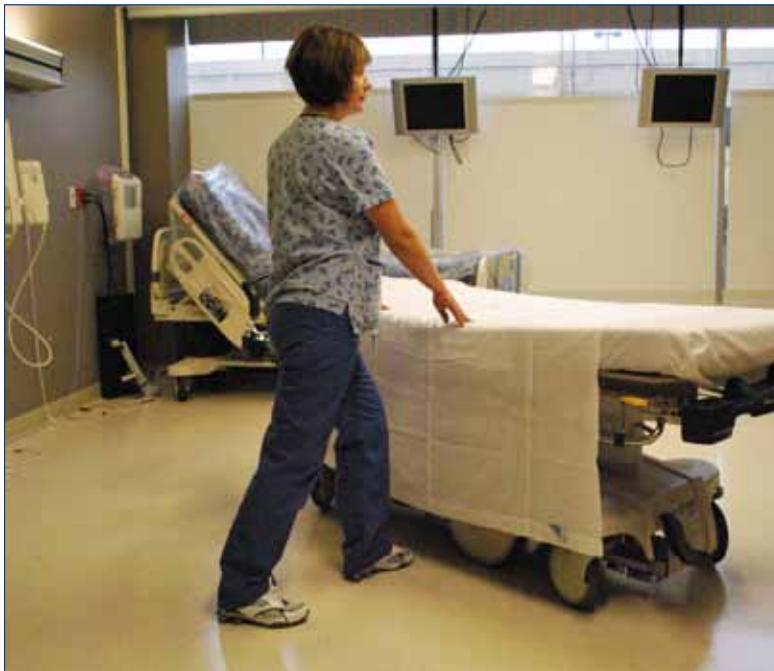
**Items to note:** When boosting a patient, point your toe in the direction you want to go and shift your entire body. Elbows should stay close to your body, and hands positioned as close to the patient as possible.

The bed should always be at the hip level for the shortest person involved in the boost. If you are taller than the height of the shortest person, then you will use A Wide Stance and Squatting to place your hip at the bed surface.

**Demonstrate/Practice wide stance, boosting technique, and bed height adjustment.**

# Staggered Stance





# Staggered Stance

1. Used for pushing and receiving a patient.
2. Used when doing lateral transfers with sliders sheets, repositioning, turning, and whenever you are counter balancing weight of any kind.

**Pushing stance**—Forward lunge with core engaged and in joint neutral.

**Receiving stance**—Same position as pushing stance, but only receiving, NOT REACHING PAST MIDLINE OF PATIENT OR PULLING.

**Demonstrate/Practice Staggered Stance and Neutral Posture**

# Improper Bending and Reaching



# Improper Bending and Reaching

## Bending and Reaching

### What is wrong with these maneuvers?

1. The work surface is too low.
2. The caregiver is too far from the bed.
3. Incorrect stance (feet together).
4. Not in a joint neutral position.

### Points to remember:

- a. Being bent at the waist is equivalent to 3500lbs of pressure on lower back, before adding the amount of weight of the item being lifted.



# Proper Bending, Reaching, and Squatting



# Proper Bending, Reaching, and Squatting

1. The correct positioning when bending or reaching includes spine/joint neutral, lifting the back leg or squatting to the level of the work.
2. Avoid prolonged periods in these positions.

**Demonstrate/Practice proper reaching, bending and squatting techniques**



# Materials Lifting





# Materials Lifting

## STEP 1

### Getting into Lifting Position:

Before you lift an object, **PLAN YOUR LIFT**. Get close to the load, with feet shoulder width apart and knees bent, while staying in joint neutral position.

# Proper Lifting





# Proper Lifting

## STEP 2

### Beginning the Lift:

When lifting, tighten your stomach muscles and lift with your legs. **If you're straining get help.**

**Never bend your back to pick something up (it's not worth the damage that the improper lifting can cause), don't twist or bend and keep your eyes forward.**

# Proper Lifting to Hip Level





# Proper Lifting to Hip Level

## **STEP 3**

### **Lifting to Hip Level:**

Focus on keeping shoulders down, a Wide Stance and Neutral Spine.

### **Demonstrate Proper Lifting Technique**

# Proper Lifting to Chest Level





# Proper Lifting to Chest Level

## **STEP 4**

### **Lifting to Chest Level:**

Keep elbows tucked at sides, Staggered Stance and Neutral Spine Stance.

### **Demonstrate/Practice Materials Lifting**