

## Transfer and Bed Mobility Assistance – Recommendations & High Risk Techniques

### Recommendations

A **one-person low pivot manual transfer** is **not** recommended. Research has indicated that this method results in excessive shearing (side to side) forces and compression forces on the spine, which, over time, can result in musculoskeletal injury.

The **two-person side-by-side transfer** is **not** recommended. This method has resulted in the most severe transfer injuries of any method used in Interior Health. Research has shown that this is due to overreaching, the resulting awkward postures and to the compressive forces on the vertebrae that exceed recommended forces. This method places both the care staff and the patient at risk of injury.

The **one-person reposition in bed** is **not** recommended unless the patient can lift their head and roll their shoulders forward off the bed and low friction slider devices are available. However, research shows that even with low friction slider devices some tasks pose risks associated with awkward postures and forceful exertion.

The **two-person reposition in bed** is **not** recommended as a long-term solution and is only recommended when low friction slider devices can be used effectively. It is only recommended as an interim measure until a mechanical lift is available. Patients requiring this level of assistance should be considered for a mechanical lift, to avoid skin integrity issues as well as staff injuries related to overexertion. A single or hospital style bed is recommended where 2-person reposition is required.

### **High Risk Techniques**

The **Hook-under-arm** or chicken lift involves assisting the patient to transfer or reposition under their armpits. It can damage the patient's shoulder muscles, especially if they have had a stroke. It can injure the caregiver's back, neck or shoulder due to the awkward position and heavy load that can be taken suddenly in this position. The chicken lift usually becomes....a lift rather than a slide.



## More High Risk Assistance Techniques

**DO NOT** move or assist any patients using these methods.

### Instructions

**Method # 1:** Blocking one of the patient's knees (usually the 'bad' one). Often used when thinking the patient needs assistance but looks like a "heavy" transfer.

**Method # 2:** Squeezing both the patient's knees between the caregiver's knees to 'secure' the patient. This does not allow the patient to stand erect during the transfer. Often tried as the result of an unsafe transfer previously. As the knees are not blocked, the patient can sag, causing the caregiver to have to support the patient's weight through the transfer.

**Method #3:** Allowing the patient to lean away from the caregiver during the transfer. Often tried because patient might be aggressive or unpredictable.

**Method # 4:** Trying to swing the trunk and lower limbs around together to sit the patient on the edge of the bed. Often used when in a hurry, or without asking patient to assist where he can.



### Safety Points

All of these methods can place the caregiver (and sometimes the patient) at risk of injury. Excessive forces and awkward positions cause injuries to the shoulder, back and neck. Falls can also result.

Risk of caregiver injury is known to be cumulative. It is therefore important to follow the care plan instructions and for the care plan to be designed to minimize risk of injury to the caregiver.

Some orthopedic and other conditions can allow all of these to be a safe transfer with patient specific training—however this should be determined by a Rehab assessment and documented in the care plan.

These methods are often tried when the patient's ability has declined—either suddenly or over time. Contact the clinician or your supervisor for advice.

These methods were all taught as standard methods in schools previously. However, the risks to the caregiver may not have fully considered then. These methods are not considered safe practice now.

**Always allow the patient the time to assist you when he can—it reduces the load on the caregiver and encourages activity in the patient.**