# Bed Mobility and Transfers

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

## Bed Mobility

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

General Guidelines

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

Prone Position (Lying on Stomach)

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

Side Lying Position

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

## Dependent Roll

Set-up

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

Pre-roll Positioning

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

Roll

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

## Moving Supine To/From Sitting

Set-up

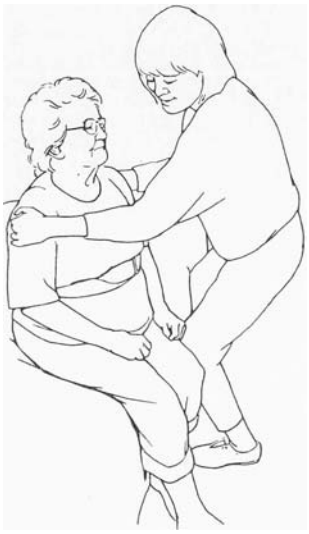
- Make sure that the resident has plenty of room on the side to which he/she wishes to roll

Pre-roll Positioning

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

Sitting

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



Scooting Up/Down in Bed

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

## Transfers

### Transfer Process

Before the initiation of a transfer, you must know resident's:

- Diagnosis
- Involved or weak side
- Weight bearing status (if appropriate)
- Ability to follow instructions
- Medical precautions or contraindications

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

General Guidelines

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

Sit to Stand Transfer Procedure

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

Stand to Sit Transfer Procedure

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

Bed to/From Wheelchair

- Bring the wheelchair next to the bed. Position the wheelchair so it is facing the resident's non-involved or stronger extremity. The wheelchair should be as close to the bed as possible, and at a slight angle toward the resident.
- Lock the brakes
- Have resident sit up in bed with feet over the side of the bed as stated above. When the resident is coming to sitting from supine, have him/her help by pushing his/her body up with the arms. DO NOT allow the resident to hold onto your back or neck for assistance. MONITOR body mechanics.
- Lock the bed and position at a height where the resident's feet touch the ground
- Put shoes on the resident's feet
- Secure a gait belt around the resident's waist
- Have the resident scoot forward until the feet are flat on the floor
- Position yourself so you can assist the resident using good body mechanics (wide base of support, back straight, knee bent)

- Instruct the resident to stand up by pushing off of the surface he/she is sitting on and to weight bear primarily on the non-involved extremity once standing. The resident should reach for the far armrest. Make sure your hands are securely on the safety/gait belt.
- Emphasis should be placed on standing up as straight as possible before beginning to pivot toward the wheelchair. It is less energy demanding to stand on a straight knee than it is to stand on a bent knee.
- Pivot the resident toward the wheelchair. This is accomplished by allowing the resident to take small steps. If weight bearing is not permitted on the involved side, then the resident can turn by pivoting or moving the heel in small increments until his/her body is aligned with the wheelchair.
- Have the resident reach for the wheelchair armrests to slowly lower him/herself into the wheelchair.
- To return the resident to the bed from the wheelchair, place the wheelchair so the non-involved leg is next to the bed. Repeat the steps noted above.

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


<u>Stand-Pivot Transfers</u>

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

Transferring with a Sliding Board

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

Transferring with a Walker/Cane

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

## Definitions

Levels of Weight Bearing:

| Level | Abbreviation | Definition |
|---|---|---|
| Full Weight Bearing | FWB | The resident places all his/her weight on the affected joint. |
| Non- Weight Bearing | NWB | The resident does not put any weight on the affected joint. |
| Partial Weight Bearing | PWB | The resident places 25% of his/her bodyweight on the affected joint during mobility tasks. |
| Toe Touch Weight Bearing | TTWB | The resident places approximately 10-15% of his/her body weight on the affected joint. (The toe touches the floor surface during walking on the affected leg.) |
| Weight Bearing as Tolerated | WBAT | The resident places as much as is tolerated on the affected leg. |

## Hip Precautions/Knee Precautions

Hip Precautions

- Avoid flexing the leg/hip beyond the normal sitting position (90 degrees)
- Do not sit in deep chairs
- Use an elevated toilet seat
- Do not leave the resident sitting for periods longer than an hour
- Do not position the leg with toe pointing inward while the leg is flexed or straight
- Keep the leg positioned with the foot facing forward or out to the side
- Do not cross the resident's legs while sitting or lying down
- Use a pillow placed between the legs or an abduction device to keep the hip positioned correctly
- When rolling a resident on his/her side, place a pillow or abduction pillow between the resident's knees
- Turn the resident on his/her back, or unaffected side
- Do not let the resident bend forward during transfers, when sitting in a wheelchair, pulling on pants or tying shoes
- Report the following changes to the nurse:
  - Increased swelling of the leg with the incision
  - Increased redness or discoloration of the hip
  - Increased pain at the hip
  - Increased drainage from the incision line
  - Complaints of dizziness, chest pain, or shortness of breath
  - Odor from the incision
  - Changes in skin color
  - Increased perspiration

Knee Precautions

- Do not place a pillow behind the knee while lying in bed
- Place pillow behind calf
- Instruct the resident to wear a knee immobilizer if ordered by the physician
- Instruct the resident to avoid sitting with knees flexed or extended for more than one hour
- Report the following changes to the nurse:
  - Increased complaints of pain behind the knee or calf
  - Increased swelling of the knee with the incision
  - Complaints of dizziness, chest pain, or shortness of breath
  - Odor from the incision
  - Changes in skin color
  - Increased perspiration
  - Increased drainage from the incision

# Bed Mobility and Transfers

Pretest Post Test (circle one)

Name: _____ Title:_____

Social Security #:_____ Work #:_____

Mailing
Address:_____

_____

1. You should use your back muscles to lift heavy objects.
   A. True B. False

2. Using a gait belt may help to prevent injury to a resident or to you.

   A. True B. False

3. Partial weight bearing means that the resident can place as much body weight as is tolerated on the affected leg.

   A. True B. False

4. You should remind the resident with recent hip surgery not to cross their legs while sitting or lying down.

   A. True B. False

5. When rolling a dependent resident in bed, the resident's head should be positioned toward the opposite direction of the roll.

   A. True B. False

6. You should always transfer to the resident's stronger side.

   A. True B. False

7. It is not necessary to be concerned with the weight bearing status of a resident with a fracture while doing a transfer

   A. True B. False

8. The resident should scoot forward in the wheelchair before attempting to stand up

A. True B. False

9. To assist the resident in doing a transfer, it is acceptable for the resident to hold around your neck

A. True B. False

10. To transfer from the bed to the wheelchair, the resident should reach for the armrest of the wheelchair before standing up

A. True B. False

11. When lifting, it is important to hold the object as close to your body as possible

A. True B. False

12. When lifting, it is important to keep your feet close together so you can maintain your balance

A. True B. False

# Bed Mobility and Transfers

Pretest Post Test (circle one)

Name: _____ Title:_____

Social Security #:_____ Work #:_____
Mailing
Address:_____

_____

1. You should use your back muscles to lift heavy objects.
   A. True B. False

2. Using a gait belt may help to prevent injury to a resident or to you.

   A. True B. False

3. Partial weight bearing means that the resident can place as much body weight as is tolerated on the affected leg.

   A. True B. False

4. You should remind the resident with recent hip surgery not to cross their legs while sitting or lying down.

   A. True B. False

5. When rolling a dependent resident in bed, the resident's head should be positioned toward the opposite direction of the roll.

   A. True B. False

6. You should always transfer to the resident's stronger side.

   A. True B. False

7. It is not necessary to be concerned with the weight bearing status of a resident with a fracture while doing a transfer

   A. True B. False

8. The resident should scoot forward in the wheelchair before attempting to stand up

A. True B. False

9. To assist the resident in doing a transfer, it is acceptable for the resident to hold around your neck

A. True B. False

10. To transfer from the bed to the wheelchair, the resident should reach for the armrest of the wheelchair before standing up

A. True B. False

11. When lifting, it is important to hold the object as close to your body as possible

A. True B. False

12. When lifting, it is important to keep your feet close together so you can maintain your balance

A. True B. False