

Guide to patient handling techniques



Patient Handling Techniques

Introduction

This patient handling program has a building block approach that will allow you to learn and execute body mechanics in a safe, efficient manner. Learn to recognize posture issues, develop awareness and reprogram your body to use your lower body muscles to exert the appropriate forces needed to move a patient. This training booklet supports the virtual and practical training you received (or will receive) from your facility's learning department.

Body mechanics

Body mechanics is the study of proper body movement to prevent musculoskeletal injuries, reduce stress and enhance physical capabilities.

Handling aids

Patient handling aids have been designed to reduce friction, forces and loads placed on the healthcare worker's lower back. Many of the techniques in this guide require the use of specific patient handling aids for repositioning or transferring patients.

Terminology

Commands

"Chest up, back straight, arms braced"

- a) Chest up – raising the chest and repositioning the neck and shoulders in neutral.
- b) Back straight – neutral position of the spine and application of general brace.
- c) Arms braced – applying the specific brace.

Counts

Counterbalance movement:

- Chest up, back straight, arms braced, BRACE OFF, 1, 2, 3, PUSH.
OR
Chest up, back straight, arms braced, 1, 2, 3, PUSH

Lower body weight shift:

- Chest up, back straight, arms braced, 1, 2, LOAD, PUSH.
OR
- Chest up, back straight, arms braced, BRACE OFF, 1, 2, LOAD, PUSH.



Point Of Care Assessment

A point-of-care assessment using the guidance tool for transfers and repositioning is a quick assessment you, the health care worker, can perform to make sure a patient's abilities are still consistent with what is in their care plan.

The point-of-care assessment is not intended to replace the patient's risk and mobility assessment. It is rather a tool that complements mobility assessments.

Why perform a Point-of-Care Assessment?

Patient's abilities change, sometimes quickly. A patient who could transfer with minimal assistance in the morning may not be able to do so in the afternoon. To keep yourself and the patient safe, it is important to assess a patient's abilities, assess yourself, and assess the environment before and during every transfer.

- To check if the patient corresponds to the mobility status noted in the Kardex.
- To check if the environment has changed since the last time you walked in.
- To check if you are still capable of assisting the patient with the intended care

Who performs a Point-of-Care Assessment?

- The health care worker performs the point-of-care assessment. If you are moving a patient, perform a point-of-care assessment first.

When should you perform a Point-Of-Care Assessment?

- Every time you walk into the patient's room.
- If you step out of the room to get a mechanical lift, re-assess the patient.

Health care worker

- How am I feeling today?
- Have I checked the patient's status?
- Can I do the task safely?
- Does the task need to be done immediately?
- Am I trained on the task/tool?
- Am I focused/rushing?

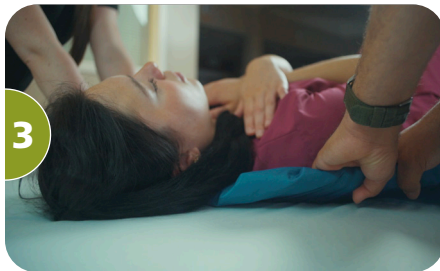
Environment

- Is the area safe?
- Is this the right height for my task?
- Is the equipment in good working condition?
- Do the breaks work on the bed/chair?
- Do I have space, and do I have access to what I need?

Patient

- Can they follow directions?
- Do they understand the task that is about to occur?
- Does their mobility level seem to match what has been communicated?
- Is the patient within the limits of the equipment?

Hammock 1



Goal: Reposition patient to head of bed.

Number of healthcare workers: 2.

Weight consideration: None.

Contraindication: Do not perform the movement using an incontinence pad.

Equipment: Repositioning draw sheet (Swift). For heavier patients, consider alternative friction reducing aids such as: Swift combo (Draw sheet + fitted sheet), Maxi slide, Air-tap

Instructions

- **Prepare the patient:** As a safety measure, place a pillow at the head of the bed. Bend the patient's knees to reduce friction and resistance. A pillow can be placed under the patient's knees to maintain this position.
- Ask the patient to push with their feet if they can.
- **Foot position:** Position both feet with the thighs touching the bed in a side-to-side stance. Your end foot must be placed where the patient's head will end. Then, turn your body to a 45° angle facing the opposite corner of the bed. The pelvis, knees and feet must be aligned and pointing toward the opposite corner of the bed.
- **Hand position:** With the elbows bent, the wrists in a neutral position and palms facing downward, grasp the repositioning draw sheet at each side of the patient's shoulder.
- **Count:** Chest up, back straight, arms braced, **BRACE OFF, 1, 2, 3, PUSH**
- Brace off by shifting your weight back to produce a counterbalance. This will produce tension on the repositioning draw sheet that will slightly elevate the patient.
- On the word push, push through your feet to move your body as a unit back and down to produce a counterbalance while maintaining the 45-degree angle. The simultaneous counterbalance movements from both healthcare workers will move the patient up toward the head of the bed.

Tips:

- Do not pull the patient with your arms, instead, apply force with your thighs/buttocks.
- Do not twist your torso during the movement (hands must not go beyond the thighs).

Turning a patient to the side



Goal: Turning a patient to the side.

Number of healthcare workers: 2.

Contraindications: Slow movements if vertigo is present.

Equipment: Repositioning draw sheet (Swift).

Instructions (two healthcare workers):

- **Prepare the patient:** Place the patient's outer arm across their chest and flex their outside knee.
- **Foot position:** Place the end foot first to cover the span of movement, then place the start foot facing the load near the bed.
- **Hand position:** One healthcare worker grabs the repositioning draw sheet at the patient's furthest shoulder. The other healthcare worker grabs the repositioning draw sheet at the patient's furthest hip.

****Hand position if there is no repositioning draw sheet:**

One healthcare worker places their hands on the patient's furthest scapula. The other healthcare worker places one hand at the patient's hip and one hand at their thigh, just above their flexed knee. Use an open hand grasp while holding the patient and not grabbing the patient.

- **Count:** Chest up, back straight, arms braced, 1, 2, LOAD, PUSH

To load, flex at the ankles, knees, and hips. Extend your body as a unit over the patient, lock your arms in a flexed position and then PUSH through your start foot to your end foot while maintaining braced arms.

- Force comes from the leg nearest the bed and not from the upper body.

Tips:

- Do not pull the patient with your arms, instead, apply force with your thighs/buttocks.

Hammock 2



Goal: Reposition patient to head of bed.

Number of healthcare workers: 2.

Weight consideration: Weight ratio, no more than the combined weight of both healthcare workers.

Contraindication: Do not perform the movement using an incontinence pad.

Equipment: Repositioning draw sheet (Swift). For heavier patients, consider alternative friction reducing aids such as: Swift combo (Draw sheet + fitted sheet), Maxi slide, Air-tap.

Instructions

- **Prepare the patient:** As a safety measure, place a pillow at the head of the bed. Bend the patient's knees to reduce friction and resistance. A pillow can be placed under the patient's knees to maintain this position. Ask the patient to push with their feet if they are able to.
- **Foot position:** Place the end foot first where the patient's head will be at the end of the movement. Then, place the start foot to face the load. To produce a counterbalance during the movement, move the end foot slightly away from the bed.
- **Hand position:** With the elbows bent, the wrists in a neutral position and palms facing downward, hold the repositioning draw sheet with one hand at the patient's shoulder and the other at their hip.
- **Count: Chest up, back straight, arms braced, BRACE OFF, 1, 2, LOAD, PUSH.**
- Brace off by shifting your weight back to produce a counterbalance. This will produce tension on the repositioning draw sheet that will slightly elevate the patient.
- To create momentum, load by pushing from the end foot to the start foot. Then, push the start foot down and back to maintain the counterbalance and shift your body weight to your end foot.

Tips:

- Do not pull the patient with your arms; instead, apply force with your thighs/buttocks.
- Do not twist your torso during the movement (the hands must not go beyond the thighs).

Side to Side



Goal: Move the patient from one side of the bed to the other.

Number of healthcare workers: 2.

Note: If the patient's legs do not follow, it may be necessary to align the patient's legs with the torso.

Contraindications: Do not perform the movement using an incontinence pad.

Equipment: Repositioning draw sheet (Swift).

Instructions

- **Prepare the patient:** Cross the patient's arms over their chest.
- **Foot position:** Place the end foot first to cover the span of movement and place the start foot facing the load near the bed.
- **Hand position:** With the wrists in a neutral position and palms facing downward, one healthcare worker holds the repositioning draw sheet at the patient's shoulder. The other healthcare worker holds the repositioning draw sheet at the patient's hip.
- **Count:** **Chest up, back straight, arms braced, BRACE OFF, 1, 2, 3, PUSH.**
- This technique requires an extension of the body. Ensure that the end leg is raised and pointing straight back to counterbalance the weight of the upper body.
- To brace off, push through the start foot to produce tension on the repositioning draw sheet. This will produce a counterbalance and slightly elevate the patient. Next, on push, push through the start foot to generate force and shift your weight back and down. At the end of the movement, the knee of the start leg will be bent.

Tips:

- Push down and back. Remember to place the end foot back far enough to ensure movement falls within the base of support.
- Do not pull with your arms. Keep the arms braced throughout the movement.
- Do not raise the shoulders and/or arms during the movement.

Stretcher to bed



Number of healthcare workers: : 3 or more are required; one staff member must be positioned at the foot of the bed.

Note: If the stretcher or bed is too high, one staff member with short arms can be positioned at the foot of the bed.

The staff members participating in the transfer must be on the side of the bed that is further from the patient and at the patient's feet. If a staff member is on the opposite side, they do not participate in the transfer but instead monitor the equipment (tubing, probes, etc.).

Equipment: Repositioning draw sheet (maxi slide or Swift). For heavier patients, consider alternative friction reducing aids such as: Swift combo (Draw sheet + fitted sheet), Rollboard, Air-tap.

Instructions

- **Prepare the patient:** : Cross the patient's arms over their chest. The patient does not participate in the movement.

Side position: Two staff members are on the side of the bed furthest from the patient.

- **Foot position:** Place the end foot first to cover the span of the move, then place the start foot facing the load near the bed. By preference, a healthcare worker can place their start knee on the bed depending on their flexibility, capacity, and height. This technique requires an extension of the body. Ensure that the end leg is raised and pointing straight back to counterbalance the weight of the upper body.

- **Hand position:** Grab the handles on the repositioning draw sheet to produce tension OR roll the repositioning draw sheet while keeping arms braced and elbows bent. One healthcare worker holds the repositioning draw sheet at the patient's shoulder and near their hip. The other healthcare worker holds the repositioning draw sheet at the patient's hip and at the middle of their thigh.

- **Count:** Chest up, back straight, arms braced, BRACE OFF, 1, 2, 3, PUSH.

- To brace off, push through the start foot to produce tension on the repositioning draw sheet. This will produce a counterbalance and slightly elevate the patient. Next, on push, push through the start foot (or knee) to generate force and shift your weight back and down. At the end of the movement, the knee of the start leg will be bent.

Position at the foot of the bed

- **Foot position:** place the end foot first where the patient's feet will end. Then, place the start foot to face the load.

- **Hand position:** With palms open, the healthcare worker places their hands under the patient's heels to guide them during the movement.

- **Count:** Note that the count is different from the one used by the healthcare workers on the side of the bed. Follow the count of the healthcare worker who is counting but count in your head.

- Chest up, back straight, arms braced, 1, 2, LOAD, PUSH.

- To create momentum, load by pushing from the end foot to the start foot. Then, push the start foot down and back to maintain the counterbalance and shift your body weight to your end foot.

Back in chair



Goal: Slide the patient back on the chair.

Number of healthcare workers: 1.

Contraindications:

- Hyperextension of the patient's upper body.
- Knee problems (staff member or patient).

Instructions

- **Prepare the patient:** Ask the patient to lean forward with their feet together and slightly behind their knees; the patient may require assistance. Cross the patient's arms over their chest.
- **Foot position:** Place your feet on each side of the patient's feet and place your knees aligned with the patient's knees. Place a pillow between your knees and the patient's knees. Flex the hips, knees, and ankles to lower your body into the starting position.
- **Hand position:** To stabilize yourself, place your hands on either side of the wheelchair armrests with your wrists in a neutral position.
- **Count: Chest up, back straight, arms braced, 1, 2, 3, PUSH.** On the word push, push with your feet to shift your body back and down to produce a counterbalance and finish with your knees bent.

Tips:

- Do not push with your hips and pelvis.
- Do not pull with your arms.
- Do not lift your heels off the floor.

Pivot



Tips:

- Make sure that the trunk follows the direction of the feet during the movement to avoid twisting the trunk.
- Do not lean over when sitting the patient down.
- Do not let the patient put their arms around your neck.
- Do not put your thumbs inside the transfer belt.

Goal: Move the patient from chair to bed/bed to chair.

Number of healthcare workers: 1.

Note: The patient must be capable of supporting their own weight on at least one leg and must have normal dorsiflexion on the leg supporting their weight. (If not, you must use a mechanical lift.)

Contraindications:

- Patient is confused, aggressive or uncooperative.
- Balance is inconsistent and unreliable.
- Patient is unable to follow commands.
- Patient is unable to bear weight on at least 1 leg.

Weight ratio: Indicates that it is safe to perform the transfer if the weight of the staff member is greater than that of the patient. The staff member must take the patient's height and weight into account in relation to their own.

Equipment: Transfer belt.

Instructions

- **Prepare the patient:** The patient's strongest leg should be next to the surface where the move will end. Engage the wheelchair brakes and place the transfer belt on the patient.
- Ask the patient to slide their buttocks forward in the chair. Position the patient's feet so that they can receive their weight (stronger foot in front). Lean the patient's upper body forward to lift their buttocks off the chair. Ask the patient to help by pushing on the chair with their hands.
- **Foot position:** Place the end foot where the patient's buttocks will end. Place the start foot near the initial position of the patient's buttocks. The end foot should be placed first to cover the span of the move.
- **Hand position:** Get a good grip on the transfer belt around the hips.
- **Count: Chest up, back straight, arms braced, 1, 2, LOAD, PUSH, pause.**
- On the word load, create momentum and shift the patient's body back by shifting your body weight from the end foot to the start foot. Next, push on your start foot and shift your body weight as a unit towards your end foot while maintaining your arms braced.
- The force is transmitted to the transfer belt by the body and the contracted arms to allow the patient to move forward and rise from the chair.
- Make sure not to lift the patient. The movement must be in a horizontal line throughout the movement.
- Pause to allow the patient to get up and guide them, if necessary, until the end of the movement.
- Pivot by turning the toes towards the bed. The pelvis and the body must rotate with the feet.
- Lower the patient on the side of the bed by flexing your hips, knees and ankles.

Out of chair and walking



Goal: Assist in moving a patient from the seated position to the standing position and walk for a short distance.

Number of healthcare workers: 2.

Contraindications:

- Patient is confused, aggressive or uncooperative.
- Balance is inconsistent and unreliable.
- Patient is unable to follow commands.
- Patient is unable to bear weight on both legs.

Weight ratio: Indicates that it is safe to perform the transfer if the weight of the staff member is greater than that of the patient. The staff member must take the patient's height and weight into account in relation to their own.

Equipment: Transfer belt.

Instructions

- **Prepare the patient:** Ask the patient to slide their buttocks forward toward the front of the chair. Position the patient's feet so they can receive their weight (strong foot forward). Have the patient lean their upper body forward to raise their buttocks off the chair. Ask the patient to help by pushing on the chair with their hands.
- **Foot position:** Place your end foot to cover the span of the movement, then place your start foot to face the load. The end foot must be placed in front of the patient's feet to allow a wider base of support.
- **Hand position:** With your body oriented towards the patient, offer them an open hand at their centre of gravity. With your other hand, grasp the transfer belt on the patient's opposite hip.
- **Count:** Chest up, back straight, arms braced, 1, 2, LOAD, PUSH, pause.

Movement

- On the word load, create momentum and shift the patient's body towards the back of the chair by shifting your body weight from the end foot to the start foot. Then, push through the start foot and shift your body weight as a unit to the end foot while maintaining your arms braced. Do not lift the patient.
- Pause to allow the patient to get up from the chair and stabilize themselves. Next, rise slightly so that your hips are in line with the patient's hips. Reposition yourself in a side-to-side diagonal position.
- While walking, keep an intervention position with your feet wide. Maintain a centre of gravity equal to the patient's and a horizontal line of movement.

