

Inservice: Walking, Transfers, Exercising & Rehabilitation

Friday, April 24, 2009

PROVIDING SAFE AND COMFORTABLE TRANSFERS, AMBULATION AND POSITIONING

(Source: The Senior's Choice: Chapter 10)

GUIDELINES FOR LIFTING, HOLDING OR TRANSFERRING A CLIENT

Always use good body mechanics when moving or positioning a client. Avoid lifting whenever possible. Instead, push, roll, slide or pivot, so that you are not bearing the client's weight. Using good body mechanics helps protect both you and your clients.

PROCEDURE 1: Assisting a Client to a Dangling Position:

Before a client who has been lying down moves to a standing position, she should dangle or sit up with her feet over the side of the bed for a moment to regain her equilibrium or balance.

1. Explain to client what you will do.
2. Provide privacy if the client desires it.
3. Wash your hands.
4. If the bed is adjustable, position it at a height that is comfortable for you.
5. Fanfold (fold into pleats) the top covers to the foot of the bed. Ask the client to roll onto her side, facing you. Assist as needed.
6. Tell the client to reach across her chest with her top arm and place her hand on the edge of the bed near her opposite shoulder. Ask her to push down on that hand to raise her shoulders up while swinging her legs over the side of the bed. (Fig. 10-1).
7. Always allow the client to do all she can for herself. However, if the client needs assistance, have her lie on her back propped up on pillows or with the head of the bed raised. With the client bending her knees and assisting as able, reach your arm under the client's neck and grasp her far shoulder. Slip your other arm under her knees and grasp her far knee. Stand with your legs about 12 inches apart, with one foot 6-8 inches in front of the other. Bend your knees and pull your body a quarter turn backward (Fig. 10-2A). In a smooth movement, swing the client's knees toward you and over the side of the bed. The weight of the client's legs hanging down from the bed helps the client sit up (Fig. 10-2B).

(Space for Illustrations)

8. Allow the client to sit on the edge of the bed to gain her balance. This procedure is called dangling. It gives the client time to adjust to being in an upright position after lying down.

9. Put slippers on the client while she is dangling. Do not leave the client alone. If the client is dizzy for more than a minute, have her lie down again.
10. The care place may direct you to allow the client to dangle for several minutes and then return her to lying down, or it may direct you to allow the client to dangle in preparation for walking or a transfer. Follow the instructions in the care plan.
11. Wash your hands after the client is safely back in bed or the transfer is completed.
12. Document the procedure and your observations. How did the client tolerate sitting up? Did the client become dizzy?

PROCEDURE 2: Helping a Client Sit Up Using the Arm Lock

1. Explain to the client what you will do.
 2. Provide privacy if the client desires it.
 3. Wash your hands.
 4. Stand facing the head of the bed, with your legs about 12 inches apart and your knees bent. The foot that is further from the bed should be slightly ahead of the other foot. (Fig. 10-3).
 5. Place your arm under the client's armpit and grasp the client's shoulder. Have the client grasp your shoulder in the same manner. This hold is called the **arm lock** or **lock arm** (Fig. 10-4).
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6. Reach under the client's head and place your other hand on the clients' far shoulder. Have the client bend their knees. Bend your knees.
 7. At the count of three, rock yourself backward and pull the client to a sitting position. Use pillows or a bed rest to support the client in the sitting position.
 8. Check the client for dizziness or weakness.
 9. Wash your hands.
 10. Document the procedure and any observations. Was the client able to help at all? Did the client become dizzy?

PROCEDURE 3: Helping a Client Stand Up

1. Explain what you will do.
2. Provide privacy if the client desires it.
3. Wash your hands.
4. Assist the client to a dangling position.
5. If the client is able, have her place her hands on the edge of the bed and push to standing, while you stay nearby to steady her or offer support if needed.
6. Always allow your client to do whatever she is able to do for herself. If the client is unable to stand without help, place one foot between the client's feet. If the client has a weak knee, brace it against your knee (Fig. 10-5).
7. Have the client place her stronger leg directly under herself.
8. Bending your knees and leaning forward, put both arms around the client's waist and hold her close to your center of gravity (Fig. 10-6).
9. Tell the client to lean forward, push down on the bed with her hands, and stand, on the count of three. When you start to count, begin to rock. At three, rock your weight onto your back foot and assist the client to a standing position.
10. Check the client for dizziness before you allow her to stand alone.
11. Wash your hands.
12. Document the procedure and any observations. How did the client tolerate standing? How much help did you offer?

Space for figures

Clients who have difficulty walking may use canes, walkers, or crutches to help themselves. Understanding the purpose of each device will help you know how to use it properly. The purpose of a cane is to help with balance. A straight cane is not designed to bear weight. A quad cane with four rubber-tipped feet is designed to bear a little weight. Clients using canes should be able to bear weight on both legs. If one leg is weaker, the cane should be held on the strong side.

A walker is used when the client can bear some weight on the legs. The walker provides excellent stability for clients who are unsteady or lack balance. The metal frame of the walker may have rubber-tipped feet and/or wheels. Crutches are used for clients who can bear no weight or limited weight on one leg. Some people use one crutch, and some use two.

Whichever device is being used, your role is to ensure safety. Stay near the person, on the weak side. Make sure the equipments is in proper condition. It must be sturdy, and it must have rubber tips or wheels on the bottom.

PROCEDURE 4: Using a Transfer Belt to Assist with Ambulation

Ambulation is walking. A client who is ambulatory is one who can get out of bed and walk. Many older clients are ambulatory, but need assistance to walk safely. Several tools, including transfer or gait belts, canes, walkers and crutches are available to assist with ambulation. A transfer belt, or gait belt, is used to assist clients who are able to walk but are weak, unsteady, or uncoordinated (Fig. 10-7). The belt is made of canvas or other heavy material, sometimes has handles, and fits around the client's waist outside the clothing. The transfer belt is a safety device that gives you something firm to hold on to.

1. Explain to the client what you will do.
2. Provide privacy if the client desires it.
3. Wash your hands.
4. Place the belt around the client's waist. Always apply the belt over clothing. Never place it next to skin.
5. Help the client stand up, as described in **Procedure 3**. Observe the client for strength and coordination.
6. Stand behind and to the side of the client as you hold on to the belt. If the client has a weaker side, stand on that side. Use the hand that is not holding the belt to offer support to the client on the weak side (Fig. 10-8).
7. Observe the client's strength while you walk together. Provide a chair if the client becomes dizzy or fatigued.
8. Return the client to the bed or chair and be sure they are positioned comfortably.
9. Wash your hands.
10. Document the procedure and your observations. How far did the client walk? How did the client appear or say he felt while walking? How much help did you give?

PROCEDURE 5: Assisting with Ambulation for a Client Who Uses a Cane, Walker, or Crutches

1. Explain to the client what you will do.
2. Wash your hands.
3. Make sure the client is wearing skid-resistant slippers or shoes.
4. Fasten the transfer belt around the client's waist.
5. Assist the client to a standing position, as in **Procedure 3**.
6. Assist as necessary with ambulation.
 - a. Cane: Client places cane about 12 inches in front of his stronger leg, brings weaker leg even with cane, and then brings stronger leg forward slightly ahead of cane. Repeat.
 - b. Walker: Client picks up or rolls the walker and places it about 12 inches in front of him. All four feet or wheels of the walker should be on the ground before client steps forward to the walker. The walker should not be advanced again until the client has moved both feet forward and in a steady position. The client should never put his feet ahead of the walker.
 - c. Crutches: Client should be fitted for crutches and taught to use them correctly by a physical therapist or nurse. The client may use the crutches several different ways, depending on what his weakness is. No matter how the client is using his crutches, weight should be on the client's hands and arms rather than on the underarm area.
7. Whether the client is using a cane, walker or crutches, walk slightly behind the client, on the weak side if the client has one. Hold the transfer belt unless you think the client is steady on his own.
8. Watch for obstacles in the client's path, and encourage the client to look ahead, rather than down at his feet.
9. Encourage the client to rest if fatigued. Allowing a client to become too fatigued increases the chance of a fall. Let the client set the pace, and discuss how far he plans to go based on the physician's orders.
10. Settle the client back into a safe and comfortable position after ambulation.
11. Wash your hands.
12. Document the procedure and your observations. How did the client feel or appear while walking? How far did the client walk? How much help did the client need?

PROCEDURE 6: Helping a Client From a Bed to a Chair

1. Explain what you will do.
2. Assemble equipment, as applicable: robes and slippers; transfer belt; chair or wheelchair; sheet or blanket.
3. Provide privacy if the client desires it. Check the area to be certain it is uncluttered and safe.
4. Wash your hands.
5. Place the chair or wheelchair at the side of the bed on the client's stronger side. The chair should be at an angle slightly facing the client. If using a wheelchair, lock the brakes and rise and remove the foot and leg rests so they are not in the way. Cover plastic seats with a bath blanket or a soft pillow.
6. Assist the client to the dangling position, as in **Procedure 1**.
7. Help the client stand up, as in **Procedure 3**.

8. Tell the client to take small steps in the direction of the chair while turning his back toward the chair. If more assistance is needed, have the client pivot on the foot that is farthest away from the chair. Always allow the client to do all he can for himself.
9. Have the client use one arm to grasp the arm of the chair. When the chair is touching the back of the client's leg, help the client lower himself into the chair (Fig. 10-9).
10. If using a wheelchair, lower the footrests and help the client place his feet on them. Check that the client is in good alignment. Place a lap robe, folded blanket, or sheet over the lap as appropriate.
11. Wash your hands.
12. Document the procedure and your observations. How did the client feel or appear during the transfer? How much assistance was required?

PROCEDURE 7: Helping a Client Transfer Using a Slide Board

A slide board may be used to help transfer clients who are unable to bear weight on their legs. Slide boards can be used for almost any transfer that involves moving from one sitting or reclining position to another. For example, slide boards can be helpful for transfers from bed to chair, wheelchair to bathtub, or wheelchair to car.

1. Follow steps 1 through 6 of **Procedure 6** for helping a client move from bed to a chair.
2. Have the client lean away from transfer side to take the weight of her thigh. Place one end of the sliding board under the buttocks and thigh, taking care not to pinch the client's skin between the bed and the board. Place the other end of the sliding board on the surface to which the client is transferring (Fig. 10-10).
3. If the client is able, have her push up with her hands and scoot herself across the board. Stay close so you can provide support if needed. Always allow the client to do all she can for herself.
4. If the client needs assistance, stand in front of her and put your knees in front and a little to the outside of her knees to keep them from buckling during the transfer. Make sure your back is straight.
5. Get as close to the client as possible and have her lean into you as you grasp the transfer belt from behind. Lean back with your knees bent. Using your legs rather than your back, pull the client up slightly and toward you to help her scoot across the board (Fig. 10-11).

6. Complete the transfer in two or three lifting and scooting movements. Never drag the client across the board. Friction from the client's skin dragging across the slide board can cause skin breakdown that can lead to pressure sores.
7. After the client is safely transferred, remove the sliding board. Make sure the client is positioned safely and comfortably.
8. Wash your hands.
9. Document the procedure and any observations. How did the client feel or appear during the transfer? How much assistance was required?

GUIDELINES FOR ASSISTING A CLIENT IN USING A WHEELCHAIR

- If your client uses a wheelchair of any kind, you must learn how it works. You should know how to apply and release the brake and how to operate the footrests.
- To transfer to or from a wheelchair, the client must use the side or areas of the body that can bear weight to support and lift the side or areas that cannot bear weight.
- Your role in wheelchair transfers is to make sure the client is safe and comfortable. Ask the client how you can assist. Some clients may only want you to bring the chair to the bedside, while others may want you to be more involved. Always be sure the chair is as close as possible to the client and is locked in place. Use a transfer belt if you are going to assist in the transfer. Be sure the transfer is done slowly, allowing time for the client to rest. Check the client's alignment in the chair when the transfer is complete.
- If the client needs to be moved back in the wheelchair, go to the back of the chair and reach forward and down under the client's arms. Ask the client to place his feet on the ground and push up. Pull the client up in the chair while the client pushes.

If the client has fallen, call for help if a family member is around. Do not attempt to get the client up after a fall unless you are certain the client is not injured. Follow your agency's policies and procedures, and always call your supervisor if you are unsure of what to do after a fall. If you do help the client up, get her in bed, then report the fall to your supervisor.

DEVICES FOR WALKING/AMBULATION

I. CHOOSING AND USING A CANE:

- People who need a cane have several options.
- Most canes have one tip (called a single-point cane) or four tips (called a quad cane).
- The more tips, the more stability is provided.
- Handles may be pistol-grip or a curved handle. Pistol grip is easier to grasp.
- Regardless of the cane's style, getting the right height matters most.
- Cane should be held in the hand opposite the weak or painful leg.

Illustration of Correct Length, Too Long, or Too Short Canes:

II. CHOOSING AND USING A WALKER:

- Walkers come in many varieties. They may or may not have wheels and number of wheels may vary.
- Walkers without wheels are seldom recommended for older people because they are hard to use correctly.
- Walkers with two wheels and two rubber tips are the most common. They are the easiest to use and provide the most support.
- Walkers with four wheels may be recommended for people with Parkinson's Disease.
- Walkers cannot be used on stairs.
- As people walk, they should keep the walker close to their body.
- Walkers should not be used as a device to help client get up or sit down because they may tip over.

Examples of Walkers:

III. EXERCISE AND REHABILITATION:

Definitions:

1. **Exercises:** activities to strengthen certain body parts or to maintain good health.
2. **Rehabilitation:** process by which people who have been disabled by injury or sickness are helped to recover as many as possible of their original abilities and live with the remaining disabilities.

A. Exercises:

1. Range of Motion (ROM): exercise that take a body part through its entire ability of motion. There are four types as follows:

TYPE	CLIENT	HELPER
Passive		Takes client through ROM, Client does not help
Active/Assist	Active motion	Helps make motion easier, moves part farther than client can
Active	Done totally by client	
Resistive	Active motion	Makes exercise harder by providing resistance to motion but allows completion of motion

2. Muscle Strengthening Exercises:

- Many forms of exercise increase muscle strength. All involve progressively increased resistance. When a muscle is weak, movement against gravity alone is sufficient. As muscle strength increases, resistance is gradually increased by using stretching bands or weights. In this way, muscle size (mass) and strength are increased, and endurance improves.

3. Coordination and Balance Exercises:

- These can help people who have problems with coordination and balance, usually because of a stroke or brain damage.

4. Ambulation Exercises:

- Independently done or with assistance. It may be the main goal of rehabilitation. Before starting ambulation exercises, people must be able to balance while standing.

