

Transfer and Mobility of Disabled Individuals, by Jim Kahler, Physical Therapist

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Note: This handout was presented in conjunction with demonstrations by two experienced physical therapists. The handout by itself cannot substitute for hands-on training. Always use caution to protect yourself and the patient when transferring or assisting with the transfer of another person.

General Concepts

Ask what you can do to assist. No matter how much you know, *the person with a mobility limitation knows more about what they need.* They may need no assistance whatsoever. This is called the “no touch transfer” and is often overlooked.

Do what the individual asks you to do as they instruct you (as long as you are not putting yourself at risk.) Example: The patient may ask a relative to “just let me grab you around the neck.” But you can be hurt this way. Instead, have them grab you around your back or shoulder.

Brace yourself and tighten abdominal muscles up and in; this protects your back.

Test the load. This means get ready for a lift or transfer, and practice before you move. See how much weight they are going to take, feel how much they are going to push or pull against you. Determine if you are strong enough to do the transfer.

Keep weight of person as close to you as possible. Hug tightly.

Form a broad base of support. Keep your feet apart, with one of your feet facing where you are coming from, and your other foot facing where you are going to.

Bend your knees, **BEND YOUR KNEES, BEND YOUR KNEES!**

Pull towards you, do not lift. Use gait belt, towel, sheet, or sturdy pants as a pulling device.

Lift with your legs; keep your back straight, and then keep the person close to you.

If we are in a shelter and evacuees are sleeping on cots, we must remember to stabilize the cot during transfers.

Just before the transfer, have the person sit on the edge of the chair or bed (or cot) and turn their bottom towards the surface they are moving to.

The patient's feet should also be turned away from where they are transferring. So that when you stand/pivot, no one has to “walk,” you both only pivot.

Be prepared for the transfer to be more difficult at different times of the day depending on how much energy the person being transferred has (or you have), especially late in the day.

If the person to be transferred has been lying down for any amount of time, make certain you give them ample time to sit on the edge of the bed with their feet dangling for a few minutes before you attempt walking or transfers. They may be dizzy for a few minutes. Keep one hand on them.

If at all possible, always have a second person available for a transfer. They can spot, they can stabilize, they can actually assist (from behind) to lift or swing the transferee's bottom into position.

Due to the potential for hearing and perception problems, when asking questions and telling people what you are going to do, make certain you are facing them full face and getting eye contact.

Transfers

Bed to wheelchair – Position the transferee on side of the bed. Transfer towards their STRONG side. Feet on floor, barefoot or shoes (no slipper or socks).

Place the wheelchair next to bed, foot rests up or off, armrest off. Shift their bottom toward the wheelchair. Gait belt or towel used to PULL person close to you. Practice standing patient without transfer. Count together 1-2-3. If practice felt good, sit back down on edge of bed and attempt stand and pivot into chair. Bend your knees as transferee sits down into chair.

Wheelchair to bed – Scoot transferee forward in chair. Remove foot rests and arm of chair if possible. Make certain wheelchair brakes are on and bed is stabilized (by another person or the wall). Use belt or towel to pull person into a standing position. Practice standing. If practice goes well, sit person back down before attempting full transfer. Bring person close to you, have them hold your back or shoulders (not your neck). Stand, pivot, and have them sit on the bed.

Same basic maneuvers work for transfers to and from commode. The second person can adjust clothes or stabilize the commode.

Floor Transfers – If the person is on the floor after a fall, there is no rush to get them up. First make certain there is no major injury. **If injury is suspected**, then place a strong blanket under them and a pillow under the head. Four to six people need to lift very carefully to keep the person as straight as possible. Roll edges to hold blanket as close as possible to the body.

If the person is not injured, the best way to help them get up is to assist them to get on their hands and knees. From being on their back to side lying. Give them a sturdy object (heavy chair, wheelchair with brakes on, or bed) to pull themselves to a kneeling position. Then assist them to stand, one leg at a time, sometimes turning and sitting in the chair provided to help them get to their knees.

Two-man carry – when a person needs to be carried or lifted and is unable to assist with the transfer, a two-man carry is the best technique. See diagram. Practice lifting in a safe position before actually carrying the person. The strongest person grasps the wrists of the transferee who has folded their arms across their chest. The other person positions themselves to grasp and carry the person at the thighs (not the ankles).



Mobility

No assistive device but “give me your hand” – Offer the person your elbow/forearm. Grasp their hand, holding your arm close to your body, and walk slowly.

Cane, quad cane – Walk behind and on the side opposite of the cane (the cane is used on the strong side). Do not hold onto the patient unless they ask you to, but stand close enough so if the person loses their balance they will lean against you.

Walker – When a person stands, they should push off from the chair. If they reach for the walker, make certain you or someone else is holding the walker to stabilize. Person should walk into walker, then push or lift walker ahead, then step into it again. You should be standing close to the person and slightly behind on the weakest side. As with the cane above, stand close enough so if person loses balance they will lean into you. **When a person needs to sit after walking with a walker, have them turn as close as possible to the sitting surface and then back up until they feel the surface with the back of their leg.** Ask them to reach for the surface and lower themselves slowly.

Falling – The goal is people will not fall, but the reality is they might. If someone falls against you and you cannot right them, or they collapse during a transfer, the best you can do is ease them to the floor, hopefully sliding down your leg. Then everyone takes a rest and determines if anyone is injured. Then proceed with the floor transfer as discussed above.

Assisting a Bariatric (Obese) Evacuee – Have them demonstrate they can get up and down from sitting 3 times. Then ask them to stand on one leg and then the other three times before you have them walk.

General Wheelchair Information

Learn how to remove the arms of the wheelchair (some swing away, while others come off completely). Learn how to remove the footrests (some swing up or away). Learn how to apply the breaks and release them. If it is a “fancy, high tech chair,” the owner should be able to instruct you. The intricacies of electric chairs are only known by their user. Listen to them so the chair is stable for transfers or lifts.

Wheelchair mobility on rough ground – For rough ground movement, tip the chair back towards you by stepping on the foot projections in the back until it balances on the big wheels with little effort on your part. Pull the chair backwards over rough ground.

Wheelchair up and down curbs – Back wheelchair down a curb, with big wheels first, gently lowering it over the curb. To go up a curb, tip the wheelchair back to its balanced position and pull to lift big wheels up over curb. Step off back foot rest as you are lowering chair to gently lower it to the ground.

Carrying someone in a wheelchair – Don’t do this if there is any other option. The average wheelchair weighs 57 pounds. If you must carry one, the strongest person is in the back, tip the chair back, the other person or persons lift and carry the chair by the frame as far to the front of the chair as possible.