

Strength of Evidence Level: 3**PURPOSE:**

To ensure safe ambulation with a cane

CONSIDERATIONS:

1. For patients who use an assistive device for walking due to muscle weakness or balance problems.

EQUIPMENT:

Cane

Cane with a rubber suction tip

PROCEDURE:

1. Adhere to Standard Precautions.
2. Explained procedure to patient.
3. Assist the patient to put on socks and nonskid shoes.

Coming to Stand

1. Position the cane on the unaffected side of the patient.
2. Advise the patient to bear his or her weight on the unaffected leg.
3. Check the height of the cane:
 - a. Position the cane on the unaffected (good) side and approximately 6 to 10 inches from the side of the foot.
 - b. Check that the top of the cane is level with the top of the femur at the hip joint.
 - c. Check to ensure that the patient's elbow is flexed at 25-30 degrees.
 - d. If the height of the cane needs adjustment, notify the primary nurse or therapist.

Walking Instructions

1. Instruct the patient to use the cane on the good or unaffected side. Instruct the patient to take a step forward with the weak leg.

Assisting the patient with the gait ordered:**Three Point Gait**

1. Instruct the patient to balance the body weight on the strong or unaffected foot while moving the cane forward approximately 12-18 inches.
2. Patient moves the weak or affected foot forward.
3. Patient transfers the weight to the affected foot and cane, and then brings the unaffected foot forward.
4. Repeat the steps while walking to the side and slightly behind the patient, alert at all times.
5. Walk the patient the distance instructed by supervisor/nurse as indicated in the plan of care.

Assisting patient with the gait ordered: Two Point Gait

1. Instruct the patient to balance the weight on the strong or unaffected foot
2. Instruct the patient to move the cane and the weak or affected foot forward, keeping the cane close to the body to prevent leaning.

3. Ask the patient to transfer their body weight forward to the cane.

Returning to Sit

1. As the patient approaches the chair (or bed), the patient turns in small circles toward the stronger side.
2. Assist the patient back up to the chair after ambulating until the chair can be felt against the patient's legs.
3. The patient reaches for one arm rest at a time.
4. The patient lowers to the chair in a controlled manner.

AFTER CARE:

1. Make sure the patient is comfortable.
2. Used alcohol-based hand rub for hand hygiene.

REFERENCES:

O'Sullivan, S.B., Schmitz, T. (1994). *Physical Rehabilitation: Assessment and Treatment*. (3rd ed.). Davis Company.

Strength of Evidence Level: 3**PURPOSE:**

To ensure safe ambulation with crutches, and to increase endurance, postural stability and dynamic balance.

CONSIDERATIONS:

1. For patients who use an assistive device for walking due to muscle weakness or balance problems.

EQUIPMENT:

Crutches

Check crutches to ensure that rubber suction tips are secure on the bottom ends, are not worn down or torn

Check to ensure that there are no rough or damaged edges on hand or arm rests and that all screws on the crutches are tight and secure

PROCEDURE:

1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. If using a hospital bed, lower the bed to lowest level.
4. Assist the patient to sit on the edge of the bed.
5. Pause and allow the patient to sit on the edge of the bed a few moments to regain his/her balance.
6. Assist the patient to put on socks and nonskid shoes.

Coming to Stand

1. Patient leans forward and pushes up with arms from the chair arm rest or bed to come to stand.
2. Instruct the patient to bear his/her weight on the unaffected leg and position the crutches on either side of the patient.
3. Check the fit of the crutches:
 - a. Position the crutches 4-6 inches in front of the patient's feet.
 - b. Move the crutches 4-6 inches to the sides of the feet.
 - c. Ensure that there is a 2-inch gap between the axilla and the axillary bar.
 - d. Ensure that each elbow is flexed at a 25 to 30 degree angle.
 - e. If any adjustments are needed, notify therapist or nurse who will make the necessary adjustments.

Walking Instructions**Four-Point Gait**

1. Instruct the patient to move the right crutch forward.
2. Instruct the patient to move the left foot forward.
3. Instruct the patient to move the left crutch forward.
4. Instruct the patient to move the right foot forward.
5. Instruct the patient to take short steps and keep his head up and eyes looking forward.
6. Walk the patient the distance instructed by supervisor/nurse as indicated in the plan of care.
7. Repeat steps while walking to the side and slightly behind the patient, alert at all times.

Three-Point Gait

1. Instruct the patient to advance both crutches and the weak or affected foot.
2. Instruct the patient to transfer his/her body weight forward to the crutches.
3. Instruct the patient to advance the unaffected or good foot forward.
4. Instruct the patient to take short steps and keep his/her head up and eyes looking forward.
5. Walk the patient the distance instructed by supervisor/nurse as indicated in the plan of care.
6. Repeat steps while walking to the side and slightly behind the patient, alert at all times.

Two-Point Gait

1. Instruct the patient to move the right foot and left crutch forward at the same time.
2. Instruct the patient to move the left foot and right crutch forward at the same time.
3. Walk the patient the distance instructed by supervisor/nurse as indicated in the plan of care.
4. Repeat steps while walking to the side and slightly behind the patient, alert at all times.

Returning to Sit

1. As the patient approaches the chair (or bed), the patient turns in small circles toward the stronger side.
2. Assist the patient back up to the chair after ambulating until the chair can be felt against the patient's legs.
3. The patient reaches for one arm rest at a time.
4. The patient lowers to the chair in a controlled manner.

AFTER CARE:

1. Make sure the patient is comfortable.
2. Use alcohol-based hand rub for hand hygiene.

REFERENCES:

O'Sullivan, S.B., Schmitz, T. (1994). *Physical Rehabilitation: Assessment and Treatment*. (3rd ed.). Davis Company.

Strength of Evidence Level: 3**PURPOSE:**

To assure safe ambulation with an assistive device, increase endurance, postural stability and dynamic balance.

CONSIDERATIONS:

1. For patients who use an assistive device for walking due to muscle weakness or balance problems.
2. This should not be attempted unless the therapist has already performed it with the patient and has deemed that the patient is safe to do this.

EQUIPMENT:

Assistive device

Check assistive device to ensure that the device has safe bottoms and fixtures.

PROCEDURE:

1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Assist the patient to put on socks and nonskid shoes.
4. Assist the patient to a standing position in front of the stairs.

Stair Climbing: Ascending Stairs

1. Assist the patient to stand close to the foot of the stairs.
2. The patient holds onto one side rail and uses the assistive device (crutch or cane) on the other side.
3. The patient steps up using the stronger leg first, leaning on the cane and rail for additional balance.
4. Once secure on the step, the patient steps up with the weaker leg.
5. Then, the patient moves the crutch or cane up.

Stair Climbing: Descending Stairs

1. Instruct the patient to hold onto the side rail.
2. Advance the cane or crutch to the lower step.
3. Stand with weight on the stronger leg and slowly lower the weaker leg down onto the lower step.
4. Once the leg is securely on the lower step the patient is instructed to lower the unaffected side down.

Curbs and Ramps

1. The technique for curb walking is essentially the same as stair climbing.
2. If the ramp incline is gradual, have the patient take smaller steps to accommodate. If the ramp incline is steep, instruct the patient to use smaller steps and go diagonally side-to-side in a zigzag pattern for both ascending and descending.

AFTER CARE:

1. Make sure the patient is comfortable.
2. Use alcohol-based hand rub for hand hygiene.

REFERENCES:

O'Sullivan, S.B., Schmitz, T. (1994). *Physical Rehabilitation: Assessment and Treatment*. (3rd ed.). Davis Company.

Strength of Evidence Level: 3**PURPOSE:**

To ensure safe ambulation with a walker and with a cane. To increase endurance postural stability, control during transitional movements, and dynamic balance.

CONSIDERATIONS:

1. For patients who use an assistive device for walking due to muscle weakness or balance problems.

EQUIPMENT:

Walker

Walker with secure rubber suction cups on all legs, no rough or damaged edges on hand rests

PROCEDURE:

1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Assist the patient to put on socks and nonskid shoes.

Coming to Stand

1. Position the walker in front of the patient.
2. Assist the patient to a standing position by straightening your legs and the patient pushes down with his hands on the mattress.
3. Patient leans forward and pushes up with arms from the chair arm rest or bed to come to stand.
4. Instruct the patient to position his/her body within the frame of the walker and ask the patient to grasp the hand rests securely.
 - a. Check height of walker to ensure hand rests are at the level of the top of the femur and that elbows are flexed at a 25-30 degree angle.

Walking Instructions

1. Instruct the patient to move the walker forward by lifting it up, moving it forward and setting it down. Instruct the patient to position the walker so the back legs of the walker are even with the patient's toes. The patient should avoid sliding the walker.
2. Instruct the patient to take a step forward with the weak leg.
3. Instruct the patient to move his/her strong leg forward.
4. Instruct the patient to take short steps and keep his/her head up and eyes looking forward.
5. Walk the patient the distance instructed by supervisor/nurse as indicated in the plan of care.
6. Repeat steps while walking to the side and slightly behind the patient, alert at all times.

Returning to Sit

1. As the patient approaches the chair (or bed), the patient turns in small circles toward the stronger side.
2. Assist the patient back up to the chair after ambulating until the chair can be felt against the patient's legs.
3. The patient reaches for one arm rest at a time.

4. The patient lowers to the chair in a controlled manner.

AFTER CARE:

1. Make sure the patient is comfortable.
2. Use alcohol-based hand rub for hand hygiene.

REFERENCES:

O'Sullivan, S.B., Schmitz, T. (1994). *Physical Rehabilitation: Assessment and Treatment*. (3rd ed.). Davis Company.

Strength of Evidence Level: 1**PURPOSE:**

To safely assist patients with rolling to the side in bed, moving to a sitting position at the side of the bed, and balancing on the side of the bed.

CONSIDERATIONS:

1. If the patient has an affected side, the arm should be well guarded to prevent injury.
2. Turning to the affected side is easier than turning to the unaffected side.
3. The patient should be encouraged to independently perform as much of the procedure as possible.
4. Turning always begins with the shoulder girdle then follows with the pelvic girdle.
5. The patient can grasp hands together or hug a pillow to support the affected arm.

EQUIPMENT:

Pillow

Draw sheet

PROCEDURE FOR ROLL TO SIDE:

1. Instruct the patient to grasp hands together and bend the opposite knee.
2. Patient flexes head and neck towards the side to which they are rolling.
3. Patient rolls the opposite shoulder towards the side to which they are rolling.
4. Patient rotates the trunk towards the side to which they are rolling.
5. Patient drops the bent knee inward and rotates the opposite hip towards the side to which they are rolling.
6. Use a draw sheet to assist the patient in rolling if needed.

PROCEDURE FOR COME TO SIT:

1. Using the roll to side procedure, the patient rolls towards the side of bed to which they are going to sit.
2. The patient scoots to the edge of the bed or is assisted with a draw sheet to the edge of the bed.
3. The patient grasps the edge of the bed with the top arm and pushes the trunk up while dropping the legs over the edge of the bed.
4. The patient shifts their weight to achieve erect posture.
5. While guarding the patient, the patient scoots forward to the edge of the bed until the feet are firmly on the floor.

PROCEDURE FOR SITTING BALANCE ON THE EDGE OF BED:

1. Place the feet side by side. One foot should not be in front of the other.

2. Align the patient's weight so that it is distributed evenly on both hips.
3. Assist the patient to tilt their pelvis forward and sit erect.
4. Align the patient's head and shoulders in midline.
5. Bring the hands into the lap in midline if the patient is able to sit without upper extremity support and on the sides of the bed if the patient requires support.

AFTER CARE

1. While the patient is in side lying position, ensure that the arm on which the patient is lying is not trapped under the patient's body.
2. While the patient is in side lying, use pillows to support the upper arm and leg.
3. Document in the patient's record the time of the change in position and position the assumed.
4. Inform the nurse or therapist of any adverse reactions or unusual pain.

REFERENCES:

Bobath, B. (1990). *Adult Hemiplegia: Evaluation and Treatment*. Atlanta, GA: Elsevier B. V.

Charness A. (1986). *Stroke/head Injury: A Guide To Functional Outcomes In Physical Therapy Management*. Gaithersburg, MD: Aspen Publishers, Inc.

Nagler, W. (1974). *Manual for Physical Therapy Technicians*. Chicago, IL: Year Book Medical Publishers, Inc.

Strength of Evidence Level: 3**PURPOSE:**

To mobilize and eliminate pulmonary secretions, re-expand lung tissue and promote efficient use of respiratory muscles.

CONSIDERATIONS:

1. Chest physical therapy is a term that includes a group of treatments designed to improve respiratory efficiency. Several therapies are included: postural drainage, chest percussion, chest vibration, turning, coughing and deep breathing exercises.
2. Postural drainage is most effective if performed before breakfast to clear the mucus that has accumulated during the night and in the evening, at least an hour before bedtime to facilitate sleeping.
3. Postural drainage is facilitated by preceding treatment with use of nebulizers, vaporizers, Intermittent Positive Pressure Therapy (IPPB) and clapping or vibrating the thoracic rib cage.
4. Hydration requirements are increased in pulmonary disease. Unless contraindicated by the physician, patients with pulmonary disease should be advised to drink One and one half quarts of fluid daily.
5. There are twelve positions in which patients can be placed for postural drainage:
 - a. Usually, instructions concerning four to six positions that involve the lower and middle lobes are sufficient.
 - b. The degree of slant is determined by the patient's tolerance.
 - c. The average range is 10 to 30 degrees (12-18 inches).
 - d. The slant should be altered or in some cases eliminated if the patient presents with abdominal obesity, becomes moderately dyspneic or shows other signs of respiratory/cardiac distress.
 - e. Duration of bronchial drainage depends on the patient's tolerance and individual needs. Bronchial drainage is usually 5 to 15 minutes; if percussion and vibration are added, there will be an increase of 2 to 3 minutes for each position.
 - f. Intensity of percussion/clapping is usually dependent upon the patient's tolerance.
6. Refrain from percussion over the spine, liver, kidneys or spleen to avoid injury to the spine and internal organs. Additional precautions for percussion and vibration include: hemoptysis, coagulation disorders, low platelet count, musculoskeletal fractures, flail chest or degenerative bone disease.
7. Postural drainage is useful in patients with sputum production greater than 30 mL per day, and with the following diagnosis:
 - a. Bronchitis.
 - b. Chronic bronchitis.
 - c. Lung abscesses.
 - d. Obstructive lung diseases.
 - e. Tuberculosis.
 - f. Cystic fibrosis.
 - g. Pneumonia with mucopurulent sputum.
 - h. Bed bound patients with retained secretions.
8. Postural drainage is usually not indicated for the following diagnoses:
 - a. Pleural effusion.
 - b. Pulmonary edema.
 - c. Heart failure.
 - d. Hypertension.
 - e. Lung cancer.
 - f. Pulmonary fibrosis.
9. Contraindications to postural drainage are:
 - a. Unstable cardiovascular system.
 - b. Hemorrhagic conditions.
 - c. Pulmonary embolism.
 - d. Increased intracranial pressure.
 - e. Empyema.
 - f. Hemoptysis.
 - g. Recent chest trauma/rib fracture.
 - h. Immediately after meals.
10. Use caution when percussing/clapping over bony prominences, skin lesions, osteoporotic ribs and old thoracotomies.
11. Mechanical percussors are useful for patients who are unable to tolerate manual percussion/clapping or for patients who live alone.

EQUIPMENT:

Stethoscope

Tissues/paper towels

Pillows

Vibrator (optional)

Nebulizer (optional)

Gloves

Personal protective equipment (mask, eye wear) as needed

PROCEDURE:

1. Adhere to Standard Precautions.
2. Review physician's orders for location of affected lung segment(s), prescribed treatment and sequence of procedure, e.g., if orders include use of nebulizer prior to treatment, percussion/clapping and vibration in each position:
 - a. Apical segment of the upper lobes (posterior): Percuss over the right and left scapula from midscapula up.
 - b. Apical segment of the upper lobes (anterior): Percuss over the area of the right and left clavicles.
 - c. Posterior segment of upper lobes: Percuss over the area above the midscapula line in the right and left sides.
 - d. Anterior segment of upper lobes: Percuss in the area above the breast to the clavicle.

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- e. Right middle lobe and lingula of left upper lobe: Percuss above or below breast on the respective side.
 - f. Lower lobes (anterior): Percuss from the breast to the base of the last rib.
 - g. Lower lobes (lateral): Percuss from the base of the axilla to the base of the last rib.
 - h. Lower lobes (posterior): Percuss from the midscapula area to the base of the last rib.
3. Auscultate lungs to determine baseline respiratory status, count the respiratory and pulse rate before and after procedure.
 4. Explain procedure to patient.
 - a. Postural drainage:
 - (1) Nebulizer treatment (if ordered) should precede postural drainage for maximal effectiveness.
 - (2) Review diaphragmatic pursed lip breathing with patient prior to positioning.
 - (3) Loosen or remove patient's tight clothing.
 - (4) Position patient in appropriate positions.
 - (5) Patient should remain in each position 5 to 15 minutes, depending on the patient's tolerance.
 - (6) Remind patient to use the controlled cough after each position. (*See Respiratory-Controlled Cough.*)
 - b. Percussion/Clapping and Vibration is performed in each position for 2 to 3 minutes.
 - (1) Percussion/Clapping is a technique of cupping the hand to allow a cushion of air to come between the hand and the patient. The fingers should be relaxed and straight, with the thumb placed beside the index finger. Properly performed, a popping (hollow) sound will be heard when the patient is percussed/clapped. The hands should be raised alternately 3-4 inches from the patient's body.
 - (2) Vibration: Following percussion/clapping, vibrate the chest wall during exhalation:
 - (a) Remind patient to purse lip breathe.
 - (b) During exhalation, press hands flat against patient's chest wall.
 - (c) The percussor vibrates the thoracic cage by isometrically contracting or tensing the muscles of their arms and shoulders.
[Note: The percussor vibrates "into" the patient.]
 - (d) Repeat 3 to 5 times during exhalation in each position.
- (3) Airway Clearance: Removing the secretions for the airways following (1) and (2).
 - (a) Request for the patient to cough.
 - (b) If unable to cough, patient can use the huffing technique to clear secretions. A huff cough is performed by taking a deep breath and holding it for 1-3 seconds. Then force the air out of the lungs with the mouth open.
5. Discard soiled supplies in appropriate containers.

AFTER CARE:

1. Document in patient's record:
 - a. Patient's response to procedure.
 - b. Positions used for postural drainage.
 - c. Length of time maintained for each position.
 - d. Use of percussion/clapping and vibration.
 - e. Color, amount, odor and viscosity of sputum.
 - f. Instructions to patient/caregiver.
 - g. Patient/caregiver understanding of instructions.
 - h. Communicate with physician when necessary.

Strength of Evidence Level: 3**PURPOSE:**

To safely transfer the dependent patient.

CONSIDERATIONS:

1. If patient is unable to assist with the transfer, the caregiver must use good body mechanics.
2. Assess patient to see if using a manual dependent transfer is the safest method.
3. Assess patient's ability to incline trunk forward, sitting balance, and ability to bear weight on lower extremities. If unable to do these things safely, use alternate form of transfer: Equipment assisted transfer or two man lift.
4. Make sure that the surface that the patient is being transferred to is stable and won't move.

EQUIPMENT:

Transfer Vest if available

Wheelchair with detachable arms and leg rests

PROCEDURE:

1. Explain procedure to patient/caregiver and leave written instructions.
2. Position wheelchair at a 45 degree angle to the bed so that the patient's strong side is closest to the chair and remove arm and leg rests closest to the bed and lock chair.
3. Assist patient into sitting position at the edge of the bed with feet flat on the floor. Adjust bed to be level to chair if possible.
4. Have patient bend forward or place his trunk forward and his head facing away from the wheelchair and under your outside arm.
5. Take a wide stance with one foot in front of the other, bend your knees, and shift your weight over to your back foot (some people use a chair behind them). Lift patient slightly off bed and swing him toward the chair.
6. Replace arm rests and assess if patient is centered in the chair with even weight distribution.
7. Replace the leg rests and place patient's feet on the foot rests.
8. When returning patient to bed, reverse the steps and make sure you bring the patient to the front of the chair. DO NOT let the patient push against the back of the chair and slide forward; this movement will cause skin damage. Instead, have the patient or caregiver shift the weight to one side and with your hand under the patient's buttock, shift the weight forward and then switch sides until the patient is at the front of the chair.

AFTER CARE:

1. Assess patient's comfort.
2. Make sure patient has method to communicate with caregivers.
3. Assess if caregiver needs further instructions.
4. Document in the patient's chart any special instructions or safety measures.

Strength of Evidence Level: Blank

Strength of Evidence Level: 3**PURPOSE:**

To safely transfer the dependent patient using a Hoyer lift.

CONSIDERATIONS:

1. If patient is unable to assist with the transfer, the caregiver must use good body mechanics.
2. The Hoyer Lift has weight limitations and can be difficult for one person to safely manage.
3. When doing a lift transfer, the lift's legs should be under the bed or spread around the sides of the chair.
4. Slings should be secured and the patient's head supported.
5. Educate patient and caregiver about procedure.

EQUIPMENT:

Hoyer Lift with slings

Stable chair or someone holding wheelchair

PROCEDURE:

1. While patient is lying flat in bed, help roll to one side using draw sheet or, if possible, patient may pull on rails.
2. Place a halfway gathered sling under back of the patient, at the narrow side by the head. Place sling as far as possible under the patient.
3. Roll patient in other direction and pull the remaining sling in place.
4. Attach hooks to the top and bottom holes on each side.
5. Using the hydraulic lift handle, raise the patient until the sling clears the bed.
6. As the Hoyer is moved away from the bed, one person should be supporting the base and the other supporting the patient from the back. If the patient is able he should cross his arms over his chest.
7. Slowly move the base toward the chair making sure that the patient is not swinging too much.
8. When patient is over the chair, one person should be behind to stabilize the chair and pull the sling toward the back of the chair, as the other person slowly releases the hydraulic mechanism, and pushes on the patient's knees so that patient is centered in the chair.
9. If the crossbar is lowered too much it will hit the patient in the head.
10. Remove the hooks and position patient's feet on the foot rests.

AFTER CARE:

1. Assess patient's comfort and, if possible, his ability to propel the wheelchair safely.
2. Make sure patient has a method to communicate with caregivers.
3. Assess if caregiver needs further instructions.
4. Document in patient's chart any special instructions or safety measures.

Strength of Evidence Level: 3**PURPOSE:**

To prevent contractures, deformities and pressure ulcers.

CONSIDERATIONS:

1. Patient and caregiver should be instructed in proper positioning and support for all parts of the body.
2. Turn patient frequently (a minimum of every 1 to 2 hours) and instruct caregiver in proper techniques and support. Patient should lie on alternating sides and on stomach at various intervals during the day. Always consider postural alignment, distribution of weight, stability, comfort and pressure relief when positioning a patient.
3. Encourage frequent skin inspection and proper care for prevention of decubiti.
4. Support weak extremities with pillows after turning or transferring patient.

EQUIPMENT:

Firm bed or firm chair with high back and arm rests

Several firm pillows (both large and small)

Bath towel or small sheet blanket for towel roll

Wash cloth and rubber band or tape for hand roll

Foot board (cardboard box or pillows may be substituted)

PROCEDURE:

1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. To position patient on back:
 - a. Place flat pillow under head.
 - b. Place towel roll along thigh, from above the hip to below the knee, to correct external rotation of the hip.
 - c. Support feet in dorsiflexion position to prevent foot drop. Loosen top sheet so pressure is removed from the toes. Be sure heels are off the mattress with either heel protectors or a flat pillow placed under both calves.
 - d. Place upper extremity on moderate size pillow at side and position fingers around hand roll to raise wrist slightly.
 - e. A small pillow may be placed under knees to prevent back strain unless contraindicated.
4. To position patient on stomach:
 - a. Place flat pillow under abdomen to flatten back. The exact positioning may be adjusted for patient's comfort, i.e., under lower rib cage for large breasted females.
 - b. Place pillow or towel under ankles to relieve tension behind the knees and to prevent pressure on the toes, or patient may slide down to allow toes to fit over edge of mattress.

- c. Place one arm down by side and the other bent by head. Position of arms may be varied depending on patient's shoulder range of motion and patient comfort.
5. To position patient on side:
 - a. Place a small pillow under the head. Keep the head in alignment with the spine.
 - b. Turn patient on side placing pillow between legs. Top leg should be flexed at the knee and well supported on the pillow.
 - c. Rest top arm on a pillow, the same height as the shoulder joint, with elbow slightly bent.
 - d. Place rolled pillows at back and/or chest for support.
6. To position patient sitting in chair, try to maintain the 90/90/90 position:
 - a. Place arm rests or pillow supports under arms if needed. This is especially important for a weak upper extremity.
 - b. Place feet flat on floor or on foot rests of wheelchair.
 - c. Place a small pillow at back for comfort.

AFTER CARE:

1. Document in patient's record:
 - a. Positioning done, i.e., patient positioned on right side.
 - b. Observations of patient.
2. Report any changes in patient's condition to supervisor.

REFERENCE:

Leahy, W., Fuzy, J., & Graf, J. (1999). *Providing home care: A textbook for home care aides (3rd ed.)*. Albuquerque, NM: Hartman Publishing, Inc.

Strength of Evidence Level: 3**PURPOSE:**

To teach the patient and caregiver a safe transfer using a sliding board or side-to-side transfer.

the weight to one side and lift opposite buttock, moving the weight forward and then switch sides until the patient is in front of the wheel.

CONSIDERATIONS:

1. If caregiver is to assist with the transfer, he/she must use good body mechanics.
2. Assess patient's upper extremity and sitting balance. Patient should be able to control trunk and incrementally lift buttock off of the surface in a sideway progression.
3. Make sure that the surface that the patient is being transferred to is stable and will not move.
4. If patient demonstrates a lack of sensation in his/her buttock, then an appropriate weight distribution cushion should be used.

AFTER CARE:

1. Assess patient's comfort.
2. Make sure patient has a method to communicate with caregivers.
3. Assess if caregiver needs further instructions.
4. Patient should be taught to relieve the pressure on his/her buttock every 15 minutes.
5. Document in patient's chart any special instructions or safety measures.

EQUIPMENT:

Transfer vest, if available

Wheelchair with detachable arms and leg rests

Sliding board

PROCEDURE:

1. Explain procedure to patient/caregiver and provide written instructions.
2. Position wheelchair at a 45 degree angle to the bed so that the patient's strong side is closest to the chair and remove arm and leg rests closest to the bed and lock chair. If chair is within reach of bed, patient may be able to do this himself/herself.
3. Place patient in sitting position at the edge of the bed with feet flat on the floor. Adjust bed to be level to chair if possible.
4. Have patient lean to side, supporting weight on elbow, and insert board under the opposite side buttock (caregiver may help with placement of board). Patient returns to sitting position.
5. Patient/caregiver should place the board so that it is angled over the center of the wheelchair.
6. Patient places hands on the board and with trunk slightly forward, pushes up clearing the buttock, (caregiver can assist) and moves across the board and into the chair.
7. Patient leans on the intact arm rest to relieve weight on the buttock and he/she or the caregiver pulls the board out.
8. Patient replaces arm rest. Assess whether he/she is centered in the chair with even weight distribution.
9. Patient replaces the leg rest and places his/her feet on the foot rests. If necessary for safety, secure the safety belt.
10. When patient returns to bed, reverse the steps and make sure the patient is in front of the wheel. Do not let the patient push against the back of the chair and slide forward; this movement will cause skin damage. Instead, have the patient or caregiver shift

Strength of Evidence Level: 3**PURPOSE:**

To teach the patient and caregiver to perform a safe standing pivot transfer.

CONSIDERATIONS:

1. If caregiver is to assist with the transfer, he/she must use good body mechanics.
2. Assess patient's upper and lower extremities, standing balance and ability to move lower extremities in the standing position. Patient should be able to support weight on at least one of the lower extremities and be able to push up from the wheelchair.

EQUIPMENT:

Transfer vest, if available

Wheelchair with detachable arms and leg rests

Walker

Allen Pole

PROCEDURE:

1. Explain procedure to patient/caregiver and provide written instructions.
2. Position wheelchair at a 45 degree angle to the bed so that the patient's strong or weight bearing side is closest to the chair, remove both leg rests and lock chair. Patient may be able to do this.
3. Patient sits on the edge of the bed with feet flat on the ground.
4. Patient should push on bed and raise buttock off bed (if necessary caregiver can help) and reach for the arm rest of the locked wheelchair, pivot and sit in the chair (patient may take several small steps using a walker).
5. Patient centers self into chair and replaces foot rests.
6. When patient returns to the bed, the procedure is reversed with the patient reaching for the bed and pivoting into the bed.

AFTER CARE:

1. Assess patient's comfort.
2. Assess if caregiver needs further instructions.
3. Document in patient's chart any special instructions or safety measures.

Strength of Evidence Level: 3**PURPOSE:**

To teach the patient and caregiver a safe car transfer.

CONSIDERATIONS:

1. If caregiver is to assist with the transfer, he/she must use good body mechanics
2. Assess patient's upper and lower extremities, standing balance and ability to move lower extremities in the standing position. Patient should be able to support weight on at least one of the lower extremities and be able to push up from the wheelchair.

EQUIPMENT:

Transfer vest, if available

Wheelchair with detachable arms and leg rests

Car with wide door opening (two-door cars are easier)

PROCEDURE:

1. Explain procedure to patient/caregiver and leave written instructions.
2. Position wheelchair at a 45 degree angle to the car so that the patient's strong or weight bearing side is closest to the car. Remove both leg rests and lock chair. Patient may be able to do this.
3. Have patient move forward in the chair by lifting his/her buttock and not sliding. Feet should be flat on the ground.
4. Patient should push on the arm rests and raise buttock off chair (if necessary, caregiver can help). Patient reaches for the seat or door of the car.
5. Patient reaches back with one hand for the seat of the car and pivots and sits in the car.
6. Patient leans toward the steering wheel or holds on to the steering wheel or dash board and brings his/her legs into the car.
7. Patient sits upright in the car and makes sure that weight is distributed equally; feet are flat on the floor. Seat belt is secured and patient closes door.
8. When patient returns to chair, he/she positions legs out of the car, lifts buttock off seat of car, holds onto the armrest of the wheelchair or the door (if someone is stabilizing it) and pivots into the locked wheelchair.
9. Patient centers himself/herself in chair and places foot rests back on the chair.

AFTER CARE:

1. Assess patient's comfort.
2. Assess if caregiver needs further instructions.
3. Document in patient's chart any special instructions or safety measures.

Strength of Evidence Level: 3**PURPOSE:**

To teach the patient and caregiver a safe car transfer.

then switch sides until the patient is in front of the wheel.

CONSIDERATIONS:

1. If caregiver is to assist with the transfer, he/she must use good body mechanics.
2. Assess patient's upper extremity and sitting balance. Patient should be able to control trunk and incrementally lift buttocks off of the surface in a sideways progression.
3. Patient may demonstrate the appropriate strength and balance that allows the buttocks to clear and do this transfer without the board.

AFTER CARE:

1. Assess patient's comfort.
2. Assess if caregiver needs further instructions.
3. Document in patient's chart any special instructions or safety measures.

EQUIPMENT:

Transfer vest, if available

Wheelchair with detachable arms and leg rests

Sliding board

Car with wide door opening (two-door cars are easier)

PROCEDURE:

1. Explain procedure to patient/caregiver and provide written instructions.
2. Position wheelchair at a 45 degree angle to the car so that the patient's strong side is closest to the car. Remove arm rest closest to the car and both leg rests and lock chair. Patient may be able to do this himself/herself.
3. Have patient lean to side, supporting weight on elbow and remaining arm rest, and insert board under the buttock closest to car (caregiver may help with placement of board). Patient returns to sitting position.
4. Patient/caregiver should place the board so that it is angled over the wheel and securely on the car seat. This usually means that the board will be slanted in an upward position, which makes the transfer more difficult.
5. Patient places hands on the board and with trunk slightly forward, pushes up clearing the buttock (caregiver can assist) and moves across the board and into the chair.
6. Patient leans toward the steering wheel or holds onto the steering wheel to relieve weight on the buttock and he/she or the caregiver pull the board out.
7. Patient sits upright in the car and makes sure that weight is distributed equally; feet are flat on the floor. Seat belt is secured and patient closes door.
8. When patient returns to chair, reverse the steps and make sure the patient's buttock is in front of the wheel. DO NOT let the patient push against the back of the seat and slide forward; this movement will cause skin damage. Instead, have the patient or caregiver shift the weight to one side and lift one side of the buttock, moving the weight forward and

Strength of Evidence Level: 3**PURPOSE:**

To teach the patient and caregiver a safe transfer using various heights of stools.

CONSIDERATIONS:

1. If caregiver is to assist with the transfer, he/she must use good body mechanics.
2. Assess patient's upper extremities and trunk stability. Patient should have enough range of motion Range of Motion (ROM) and strength to lift buttock to each level.
3. When teaching this to total hip replacement patients, make sure that the standard hip precautions are observed.
4. This can be a strenuous activity and should not be done with any unstable patients.
5. If patient is unable or unwilling to do this transfer, he/she should be instructed to carry a phone or be shown how to get to the landline phone.

EQUIPMENT:

Transfer vest, if available

Wheelchair

Sturdy piece of furniture

PROCEDURE:

1. Explain procedure to patient/caregiver and provide written instructions.
2. Identify an unmovable piece of furniture in which the patient can sit.
3. Various heights of stools or pillows are placed in front of a sturdy chair.
4. Patient lowers himself/herself to the floor with or without caregiver.
5. Patient should get into the seated position with back to the lowest pillow or stool and lift himself/herself up onto pillow or stool. Patient will need to bend trunk forward, place one arm on the higher surface and lift buttock to next level.
6. Patient continues to progress up the levels until he/she is seated in the chair. Patient may need rest periods.
7. Patient centers himself/herself in the chair.

AFTER CARE:

1. Assess patient's comfort.
2. Assess if caregiver needs further instructions.
3. Document in patient's chart any special instructions or safety measures.

Strength of Evidence Level: 3**PURPOSE:**

To teach the patient and caregiver a safe transfer onto furniture or wheelchair.

CONSIDERATIONS:

1. If caregiver is to assist with the transfer, he/she must use good body mechanics.
2. Assess patient's upper and lower extremities, trunk stability and range of motion Range of Motion (ROM) of the knees and hips. Patient should have enough ROM in at least one knee to allow for a kneeling position and be able to pull body weight with upper extremities and push up with the lower extremity.
3. When teaching this to total hip replacement patients, make sure that the standard hip precautions are observed.
4. This can be a strenuous activity and should not be done with any unstable patients.
5. If patient is unable or unwilling to do this transfer, he/she should be instructed to carry a phone or be shown how to get to the landline phone.

EQUIPMENT:

Transfer vest, if available

Wheelchair

Sturdy piece of furniture

PROCEDURE:

1. Explain procedure to patient/caregiver and provide written instructions.
2. Position wheelchair against an unmovable surface and lock it or select an unmovable piece of furniture on which the patient can sit.
3. Patient lowers himself/herself to the floor with or without caregiver.
4. Patient should get into the prone- or half-sitting position and move toward the wheelchair or chair/furniture.
5. Patient reaches for the back of the chair/furniture with one hand and the other hand is either on the armrest or the seat of the chair/furniture.
6. Patient pulls up and at the same time turns so that he/she can sit in the chair/furniture.
7. Patient centers himself/herself in the chair/furniture.

AFTER CARE:

1. Assess patient's comfort.
2. Assess if caregiver needs further instructions.
3. Document in patient's chart any special instructions or safety measures.