



PROPOSAL PUSH

PURPOSE: To reposition the client to the back of the chair

Number of caregivers: One

Weight considerations: No weight restriction

Level of difficulty: Introductory



NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
 - Has their status changed
 - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
 - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



POSITIONING AND MOVEMENT

REPOSITIONING TRANSFER: PROPOSAL PUSH INTRODUCTORY

CONSIDER

Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

CLIENT

Front-to-back

CAREGIVER

Back and down to upright and forward (1, 3)

CONSIDER

Line of Movement

As close to the horizontal as possible.

CLIENT

Horizontal 

CAREGIVER

Approximately 30°  (1, 3)

CONSIDER

Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

CLIENT

How far do the buttocks need to be moved back in the chair?

CAREGIVER

Start knee faces load; end foot faces direction of move; place end foot first to cover span. Place start foot far enough forward to ensure upward movement will be completed within your base of support to avoid hyperextension of the back (1, 3).

CONSIDER

Point of Force Application

The point where the force is applied to the client's body.

CLIENT

Knees. This creates a line of force through centre of gravity, buttocks.

CAREGIVER

Body should be close to and touching client's knees in the start position (1).

CONSIDER

Command and Count

Verbal command given by caregiver.

CLIENT

CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, 3,
PUSH (2)

CONSIDER

Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

CLIENT

Reduce friction and weight by:

- Placing client's feet slightly in behind flexed knees, one leg at a time.
- Leaning upper body forward to raise buttocks off chair.

May not be effective on resistive seat material. Using a slider sheet will defeat purpose.

CAREGIVER

PUSH through knee on floor (2).

Brace chair with hands/arms allowing elbows to flex as you rise upright and forward as a unit (3).

CONSIDER

Tips

CLIENT

- Brakes are not necessary as arms will brace the chair and prevent it from moving away from you.

CAREGIVER

- Do not push with pelvis.
- Keep hip flexed and upper body slightly forward throughout the move.

CONSIDER

Contraindications

CLIENT

- Knee, hip problems.
- Watch neck if trunk is reclined.

CAREGIVER

- Knee problems
- Pregnancy

CONSIDER

Options

CLIENT

- Obesity – Sit Back Combo.
- Aggression – Sit Back or Sit Back Combo where front person restrains client's arms.

CAREGIVER

- Knee pads are recommended.

