



PIVOT (ONE PERSON)

TYPE OF TRANSFER: With or without force

PURPOSE: To transfer the client from chair to bed or bed to chair

Preparatory repositioning transfer: Sitting Up; Block, Squat & Rock; Any transfer that repositions the client to the front of the chair

Number of caregivers: One

Weight considerations: Weight ratio

Level of difficulty: Complex



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

TRANSFER: PIVOT (ONE PERSON) COMPLEX

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

Out of chair and rise: Back-to-front

Pivot

Sit on bed

CAREGIVER

Out of chair and extend: Front-to-back (1, 2, 3)

Pivot: Side-to-side (with pivot) = 90° (4)

Flex to lower (5)

CONSIDER

Line of Movement As close to the horizontal as possible.

CLIENT

Out of chair and rise:  Horizontal and vertical

Pivot:  Horizontal

Flex to lower:  Vertical

CAREGIVER

Out of chair and extend:  Horizontal and vertical (1, 2, 3)

Pivot:  Horizontal (4)

Flex to lower:  Vertical (5)

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

Out of chair: How far do they need to be moved to get out of the chair/bed?

Pivot: What is the distance from chair to bed or bed to chair?

CAREGIVER

Out of chair and extend: Start foot faces load; end foot faces direction of move; place end foot first where client's buttocks will rest upon completion of move. Make sure end foot is placed to cover span and ensure movement will be completed within your base of support (1, 4, 5).

CONSIDER

Point of Force Application

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

CLIENT

Hips.

CAREGIVER

Proper grip on transfer belt around hips (2).

CONSIDER

Command and Count

Verbal command given by caregiver.

CLIENT

CAREGIVER

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

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:

- Using a transfer belt.
- Strongest side positioned closest to bed.
- Bringing buttocks forward in chair (Block, Squat & Rock).
- Positioning feet to receive weight (strong foot forward).
- Leaning upper body forward to raise buttocks off chair.
- Initiating body rock to create momentum.
- Have client assist by pushing on chair with hands.

CAREGIVER

The momentum achieved with the body rock starts, assists the move and will allow the client to come forward out of the chair (not up). Load to the back of the chair by **PUSHING** through your end foot and shifting your body weight as a unit to the start foot (2). Next, **PUSH** through your start foot and shift your body weight as a unit to your end foot (3). The force is relayed through your braced body and arms to the transfer belt allowing the client to come forward out of the chair. Ensure you do not shift up and lift the client; maintain your shift along a horizontal line throughout the move. Pause and allow the client time to receive their weight and stabilize when they come out of the chair (3). Now pivot by allowing the toe of your start foot to rotate towards the bed. Allow your pelvis and body to rotate with your foot (4). Lower client to sit on the edge of the bed by flexing at the hips and knees (5).

CONSIDER

Tips

CLIENT

Ensure they are given appropriate time after they come out of the chair to rise to their necessary level to allow them to determine if they are physically able to be pivoted.

CAREGIVER

Out of chair and extend: Do not load down, load back on a horizontal line of movement so client will rock forward out of chair and you will not lift them up. Remember to pause when the client comes out of the chair. Allow them to rise and let them do as much of the work as possible.

CONSIDER

Contraindications

CLIENT

- Confusion, aggression or unco-operative, not consistent and reliable with balance, unable to follow commands.
- Must be able to bear weight on at least one foot.
- Must have unimpaired dorsiflexion in weight bearing leg.

CAREGIVER

- Do not allow client to grasp your neck or clutch your arms.

CONSIDER

Options

CLIENT

Without force: Client controls move (client's head positioned on side closest to bed). Physical assistance is required. Transfer belt must be used and caregiver must assume the **ready position**.

CAREGIVER

With force: Caregiver controls move (client's head resting on shoulder furthest from bed). Physical assistance is required and force is needed. Transfer belt must be used and caregiver must assume the **ready position**. The client may be able to assist with the move by pushing with their arms. The count should change to **1, 2, 3, PUSH** or an alternate count proposed by the client.

