

# **PIVOT (TWO 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: Two

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.
- 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.



## TRANSFER: **PIVOT (TWO PERSON)** COMPLEX

Note: The instructions below cover positioning and movement for the second person.

#### 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: Back-to-front (1, 2, 3)

Guide

Flex to lower (5)

#### CONSIDER

**Line of Movement** As close to the horizontal as possible.

## CLIENT

Out of chair and rise: Pivot: — Horizontal

Horizontal and vertical

Flex to lower: Vertical

#### **CAREGIVER**

Out of chair and extend:  $\wedge$  Approximately 30° (1, 2, 3)

Guide: 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?

## **CAREGIVER**

Out of chair and extend: Start foot faces load (inside thigh rests against wheelchair, rotate toe 90° so it points towards other wheel); end knee faces direction of move; place end knee first where client's buttocks will rest upon completion of move (1). Make sure end knee is placed to cover span and ensure movement will be completed within your base of support (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)

WorkSafeNB PRACTICAL TECHNIQUES FOR CLIENT HANDLING

#### **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**

Upright and forward over the client (1). 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 down by flexing your start ankle, knee and hip (2). Next, **PUSH** through your start foot and shift your body weight as a unit upright and forward (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 across to the end knee, follow the client's direction of move, out of the chair (3). Pause and allow the client time to receive their weight and stabilize when they come out of the chair. Your work is complete at this point. Take your outside hand off the transfer belt, place it on the client's shoulder and follow caregiver #1 as they pivot the client and sit them on the edge of the bed (4). Lower 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 and allow them to determine if they are physically able to be pivoted.

#### CAREGIVER

Out of chair and rise: Once the client is out of the chair, your work is done.

#### 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**

• Short-legged caregivers should position as front person.

#### CONSIDER

**Options** 

#### **CLIENT**

Without force: Client controls the move (client's head positioned on side closest to bed). Physical assistance is required, but no force is needed. Transfer belt must be used and caregiver must assume the ready position.

## CAREGIVER

With force: Caregiver controls the move (client's head positioned on side 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.



## 1 800 999-9775



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