

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.



REPOSITIONING TRANSFER: **BLOCK, KNEEL & ROCK 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

Back-to-front

CAREGIVER

Upright and forward to back and down (2, 4) Counterbalance movement

CONSIDER

Line of Movement

As close to the horizontal as possible.

CLIENT

Horizontal =

CAREGIVER

45° Counterbalance (2, 4)

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 forward in the chair?

CAREGIVER

Start foot faces load; end knee faces direction of move; place end knee first to cover span. Place end knee back far enough to ensure hyperextension of the back will not occur and backward movement will fall within your base of support (2, 4).

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 the centre of gravity, buttocks.

CAREGIVER

Flex down, slide arm on the same side as the start foot under knees, rise and brace knees tight against body (1).

CONSIDER

Command and Count

Verbal command given by caregiver.

CLIENT

CAREGIVER

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

- Placing client's feet slightly in behind flexed knees, one leg at a time.
- Using a slider sheet as this transfer may not be effective on resistive seat materials.

CAREGIVER

PUSH through foot on floor and hand on chair as a unit back and down (3, 4).

CONSIDER

Tips

CLIENT

- Do not lean client's upper body forward as it will increase the load on the caregiver's arm.
- Brakes are not necessary if one arm braces the arm of the chair and the opposite foot braces the wheel of the chair. This will prevent the chair from coming forward.

CAREGIVER

- PUSH back and down, do not sit down first and do not pull with arm; keep arm snuggled in tight against body.
- Start foot can be used to block one wheel of the chair.

CONSIDER

Contraindications

CLIENT

- Aggression.
- Knee or hip problems.

CAREGIVER

• Knee, hip problems or pregnancy.

CONSIDER

Options

CLIENT

- Knee or hip problems:
- Both hands may grasp a slider at the level of the client's buttocks.
- Arms must be extended and braced with elbows slightly
- Caregiver uses same counterbalance movement to bring buttocks forward.

CAREGIVER

• Kneepads are recommended.



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