



LYING DOWN

PURPOSE: To reposition the client from a sitting position to a lying position

Number of caregivers: One

Weight considerations: No weight restriction

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

REPOSITIONING TRANSFER: LYING DOWN 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

Body rock: Side-to-side

Pivot

Lie on bed

*Point of reference for client on bed – Bed has four sides, no front or back.

CAREGIVER

Body rock: Front-to-back (1, 2)

Pivot: Side-to-side (with pivot) = 90° (3)

Flex to lower (4)

CONSIDER

Line of Movement

As close to the horizontal as possible.

CLIENT

Horizontal 

CAREGIVER

Horizontal  (3, 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

The distance from the head to the hips.

CAREGIVER

Start foot faces the load, end foot faces direction of move; place end foot first where client's head will rest upon completion of move (1, 4).

CONSIDER

Point of Force Application

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

CLIENT

Scapula and thigh (at knee level).

CAREGIVER

Arm closest to bed is placed across client's upper back in an open hand grasp on their far scapula.. As this arm will support the client's upper back, the caregiver's shoulder should be level with the client's shoulder. The middle finger of the other hand is hooked under their thigh at the knee, while the hand supports the side of the thigh (1).

CONSIDER

Command and Count

Verbal command given by caregiver.

CLIENT

CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD (1, 2) PUSH (3, 4)

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:

- Positioning on strong side of client.
- Crossing the weak leg over the strong leg (allows strong leg to support the transfer).
- Packaging the client (downward pressure at the scapula and upward pressure at the thigh). Downward pressure will also bring client's trunk slightly forward.
- Initiating body rock to create momentum.

CAREGIVER

The momentum achieved with the body rock starts and assists the move. To achieve this body rock, initiate a **LOAD** from back-to-front by **PUSHING** from the end foot to the start foot (**1, 2**). Now, **PUSH** through your start foot and shift your body weight as a unit from front-to-back to end foot (**3, 4**). The force of the **PUSH** through your foot on the floor is relayed through your braced body and arms to the client's body. Once the client is rocked and transfer initiated, their upper body weight will provide the counterbalance necessary to lift their legs. From this point, the caregiver will only guide and support them as they lay down. Next, pivot by allowing the toe of your start foot to rotate towards the bed. Allow your pelvis and body to rotate with your foot. Lower the client to lie on the bed by flexing at the hips and knees (**4**).

CONSIDER

Tips

CLIENT

- Bed brakes must lock or head of bed must be positioned against wall.

CAREGIVER

- Should be done in a slow and controlled manner to alleviate client anxiety, ensure comfort and decrease the potential for injury.

CONSIDER

Contraindications

CLIENT

- Any pathology of the lower trunk and legs which requires special considerations.
- Recognized pain factor.

CAREGIVER

- To avoid torso twist/tip as client lowers to bed, choose a spot at eye level on the wall over client's head. As lowering motion begins, focus your eyes on this spot to avoid looking down.

CONSIDER

Options

CLIENT

CAREGIVER

- This technique is not necessary if the head of the bed can be raised. The legs, using one or two caregivers, can simply be shifted onto the bed and the head of the bed can then be lowered.

