

ABDUCTOR LIFT

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

Preparatory repositioning transfer: Block, Squat & Rock (to angle the body by bringing buttock closest to the bed forward in the chair)

Number of caregivers: Two

Weight considerations: Weight Restriction (no > 88 lbs for two female caregivers; 120 lbs for two male caregivers) A Guide to Manual Materials Handling, 2nd edition, A. Mital, et al, Taylor & Francis, 1997, p. 71 **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.



LIFT: **ABDUCTOR LIFT** 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

Side-to-side (on the diagonal)

CAREGIVER

Back person: Side-to-side (on the diagonal) (2, 5, 6) Front person: Side-to-side (on the diagonal) (2, 5, 6)

CONSIDER

Line of Movement As close to the horizontal as possible.

CLIENT

20° As close to horizontal as possible

CAREGIVER

Back person: 20° As close to horizontal as possible (1, 2, 4, 5, 6)**Front person:** 20° As close to horizontal as possible (2, 5, 6)

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 chair to the bed or bed to chair.

CAREGIVER

Back person: Start foot faces load; end knee faces direction of move. Place end knee first where client's buttocks will rest upon completion of move. Once positioned, rotate start toe out to 90° so inside thigh rests against the back of the chair (1, 2). Front person: Start foot faces load; end foot faces the direction of move. Place end foot first where client's buttocks will rest upon completion of move. Start position should see the caregiver straddling the client's legs to enable them to flex down in a neutral posture and grasp the client at mid-thigh (2).

CONSIDER

Point of Force Application

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

CLIENT

Back person: Pelvis Front person: Mid-thigh

CAREGIVER

Back person: Apply downward force with open hand, through arm grasp at pelvis level (3). Front person: Hook grasp under thighs (2).

CONSIDER

Command and Count Verbal command given by caregiver.

CLIENT

CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD (1, 2, 4, 5), PUSH (6)

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:

- Packaging the client (leaning their upper body forward and applying downward pressure through pelvis.
- Back caregiver's start position is up and over chair to decrease horizontal distance.
- Front caregiver's start position is straddled over legs to decrease horizontal distance.
- Chair and bed brakes must lock.
- Arms resting on lap.
- Armrests and footrests must be removable.
- Bed should be as low as possible.
- Wheelchair as close as possible to bed.

CAREGIVER

Both caregivers should position as close to the client as possible. The caregiver in the front must line up with the caregiver in the back (2, 7).

Back person: Upright and forward over the client with the client's upper body leaning forward (1, 2). LOAD down by flexing your start ankle, knee, and hip (4). Allow your thigh to slide along the back of the chair (4). Next, **PUSH** through your start foot and shift your body weight to the end knee while at the same time applying downward pressure through the client's pelvis (6, 7). This downward pressure will package the client and bring their upper body close to yours as you shift your weight to your end knee (3, 6, 7). **Front person:** Position yourself straddling the client's legs to enable you to grasp the client at mid-thigh with a neutral posture (2). Initiate the **LOAD** (5), then **PUSH** through your start foot and shift your body weight as a unit from side-to-side (6). The force of the **PUSH** through your foot on the floor is relayed through your braced body and arms to the client's body.

Tips

CLIENT

CAREGIVER

- Tall caregivers will naturally feel more comfortable in the back position and short caregivers will feel more comfortable in the front position.
- The caregiver at the back should ensure their hip is beside or in front of the wheelchair back or handles (2).

Contraindications

CLIENT

- Abdominal irregularities.
- Recognized pain factor.

CAREGIVER

- Back person with short arms: If unable to grasp the client.
- **Back person with short legs:** Legs are too short for an effective **LOAD**, **PUSH**.

Options

It is recommended that all facilities adopt a "No Lift" philosophy. Mechanical lifts should always be the option of choice used for lifting clients. However, this option can be used in emergencies or circumstances where time does not allow the caregiver to go for the mechanical lift, as long as the client does not exceed the weight restrictions [for example, 88 lbs (two female caregivers) and 120 lbs (two male caregivers)].



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NOTES
