12 Positioning, Transfers, and Ambulation

1. Explain positioning and describe how to safely position clients

Clients who spend a lot of time in bed often need help getting into comfortable positions. They also need to change positions periodically to avoid muscle stiffness and skin breakdown. Too much pressure on one area for too long can cause a decrease in circulation, which can lead to pressure injuries and other problems like muscle contractures. **Positioning** means helping clients into positions that promote comfort and health. Bedbound clients should be repositioned at least every two hours. Clients in wheelchairs or chairs should be repositioned at least every hour. Each time there is a change of position, the home health aide should document the position and the time.

Which position a client uses depends on the diagnosis, the condition, and the client's preference. The care plan will give specific positioning instructions. It is important to remember that even immobile clients must not remain in the position in which they are placed for long. They should be checked regularly. When positioning residents, HHAs must use proper body mechanics to help prevent injury. HHAs should also check the skin for any problems such as whiteness, redness, or warm spots, especially around bony areas, each time they reposition clients.

The following are guidelines for positioning clients in the five basic body positions:

Supine (*SUE-pine*): In this position, the client lies flat on her back. To maintain correct body position, the head and shoulders should be supported with a pillow (Fig. 12-1). Pillows, rolled towels, or washcloths can also be used to support her arms (especially a weak or immobilized arm) or hands. A pillow should be placed under the calves so the heels are elevated ("floating") and do not touch the bed. Pillows or a footboard (padded board placed against the client's feet) can keep the feet positioned properly.

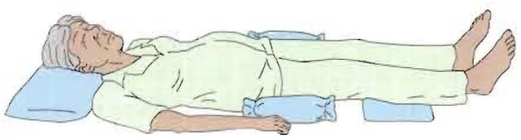

Fig. 12-1. *A person in the supine position is lying flat on her back.*

Lateral/side: A client in the lateral position is lying on either side (Fig. 12-2). There are many variations of this position. Pillows can support the arm and leg on the upper side, the back, and the head. Ideally, the knee on the upper side of the body should be flexed. The leg is brought in front of the body and supported on a pillow. There should be a pillow under the bottom foot so that the toes and ankle are not touching the bed. If the top leg cannot be brought forward, it should be placed slightly behind the bottom leg, not resting directly on it. Pillows should be used between the two legs and ankles to relieve pressure and avoid skin breakdown.

Fig. 12-2. A person in the lateral position is lying on his side.

Prone: A client in the prone position is lying on the stomach or front side of the body (Fig. 12-3). This is not a comfortable position for many people, especially elderly people. The HHA should never leave a client in a prone position for very long and should check the care plan before using the prone position. In this position, the arms are either placed at the sides or raised above the head, or one is raised and one is by the side. The head is turned to one side and a small pillow may be used under the head and legs. A pillow under the legs helps keeps the feet from touching the bed.

Fig. 12-3. A person in the prone position is lying on his stomach.

Fowler's: A client in the Fowler's position is in a semisitting position (45 to 60 degrees) (Fig. 12-4). The head and shoulders are elevated. The client's knees may be flexed and elevated, using a pillow or rolled blanket as a support.

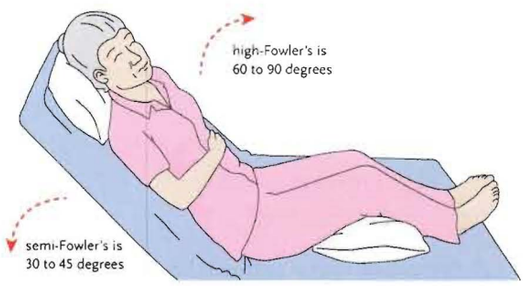

Fig. 12-4. A person in the Fowler's position is partially reclined.

The feet may be supported using a footboard or other support. The spine should be straight. In a high-Fowler's position, the upper body is sitting nearly straight up (60 to 90 degrees). In a semi-Fowler's position, the upper body is not raised as high (30 to 45 degrees).

Sims': The Sims' position is a left side-lying position (Fig. 12-5). The lower arm is behind the back, and the upper knee is flexed and raised toward the chest, using a pillow as support. There should be a pillow under the bottom foot so that the toes and ankle do not touch the bed.

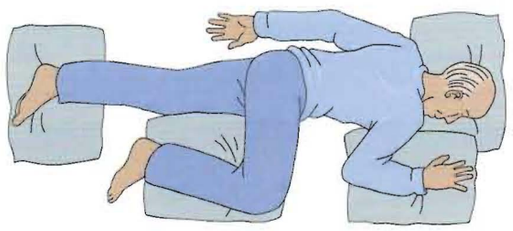

Fig. 12-5. A person in the Sims' position is lying on his left side with one leg drawn up.

The positions indicated in the care plan should be used. If an HHA has questions about how to position a client, she should ask her supervisor. In general, positions that are natural and comfortable for the client should be used.

When moving or positioning a client, the HHA should use proper body mechanics (Chapter 6). Lifting should be avoided whenever possible. It is safer to push, roll, slide, or pivot, rather than bearing the client's weight. Using proper body mechanics promotes safety.

Helping a client move up in bed helps prevent skin irritation that can lead to pressure injuries. An HHA should get help if she thinks it is not safe to move the client by herself. If the client cannot help with moving, a draw sheet, turning sheet, transfer sheet, or glide sheet should be used (Fig. 12-6). A **draw sheet** is an extra sheet placed on top of the bottom sheet when the bed is made. Draw sheets help prevent skin damage caused by shearing. **Shearing** is rubbing or friction that results from the skin moving one way and the bone underneath it remaining fixed or moving in the opposite direction.

Fig. 12-6. *There are different types of devices used for positioning and transferring. This photo shows a draw sheet that can be left in place after the move or transfer is complete.* (PHOTO © MEDLINE INDUSTRIES, INC. 2020)

Moving a client up in bed

Equipment: draw sheet or other device

When the client cannot assist, and there is no one else around to help you move her up in bed, take the following steps:

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy if the client desires it.
4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
5. Lower the head of the bed to make it flat. Move the pillow to the head of the bed.
6. Stand behind the head of the bed with your feet shoulder-width apart and one foot slightly in front of the other.
7. Roll and grasp the top edge of the draw sheet.
8. Bend your knees and keep your back straight. Rock your weight from the front foot to the back foot in one smooth motion, while pulling the draw sheet and client toward the head of the bed (Fig. 12-7).

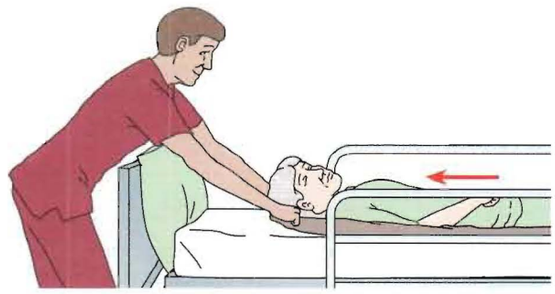

Fig. 12-7. *While grasping the draw sheet, pull the client toward the head of the bed.*

9. Put the pillow back under the client's head and arrange the blankets for her. Unroll the draw sheet and leave it in place for the next repositioning. If using another type of device (other than a draw sheet), you will need to remove it. If you raised an adjustable bed, return it to its lowest position.
10. Wash your hands.
11. Document the procedure and any observations.

When you have help from another person, you can modify the procedure as follows:

1. Follow steps 1 through 5 above.
2. Stand on one side of the bed with your feet shoulder-width apart. Face the head of the bed. The foot that is closer to the head of the bed should be pointed toward the head of the bed. Your helper should be standing on the other side of the bed.
3. Both of you should roll the draw sheet up to the client's side and grasp the sheet. One hand should be at the client's shoulders, the other about level with the client's hips. Use proper body mechanics.
4. Let the client know you will be moving her on the count of three. Shift your weight to your back foot (the foot closer to the foot of the bed). Have your helper do the same (Fig. 12-8). On the count of three, you and your

helper both shift your weight to the forward foot. Slide the draw sheet and client toward the head of the bed.

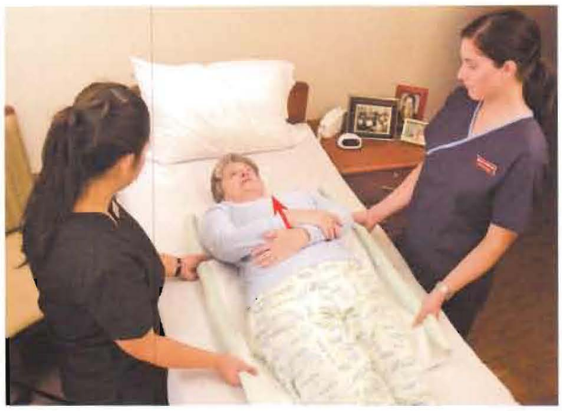

Fig. 12-8. *Both people shift their weight to their back foot and prepare to move.*

5. Put pillow back under client's head and arrange the blankets for her. Unroll the draw sheet and leave it in place for the next repositioning (Fig. 12-9). If using another type of device (other than a draw sheet), you will need to remove it. If you raised an adjustable bed, return it to its lowest position.

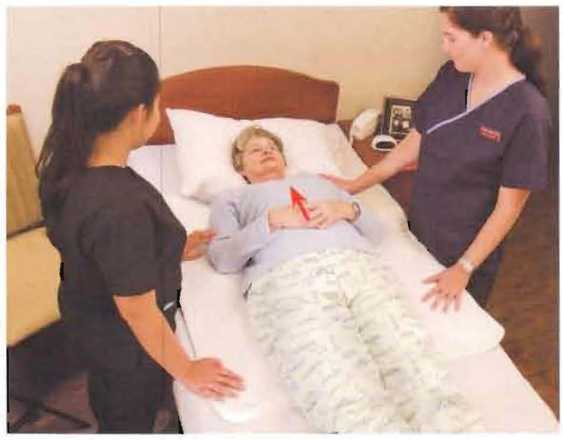

Fig. 12-9. *Unroll the draw sheet and leave it in place.*

6. Wash your hands.
7. Document the procedure and any observations.

Moving a client to the side of the bed

Equipment: draw sheet

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
5. Lower the head of the bed.
6. Stand on the side of the bed to which you are moving the client. Stand with feet shoulder-width apart. Bend your knees and keep your back straight.
7. **With a draw sheet**: Roll the draw sheet up to the client's side and grasp the sheet. One hand should be at the client's shoulders, the other about level with the client's hips. Place one knee against the side of the bed, and lean back with your body. Let the client know you will be moving her on the count of three. On the count of three, pull the draw sheet and client toward you.

   Unroll the draw sheet and leave it in place for the next repositioning. If using another type of device (other than a draw sheet), you will need to remove it.

   Without a draw sheet: Gently slide your hands under the client's head and shoulders and move them toward you. Gently slide your hands under her midsection and move it toward you. Gently slide your hands under the hips and legs and move them toward you (Fig. 12-10).
8. If you raised an adjustable bed, return it to its lowest position

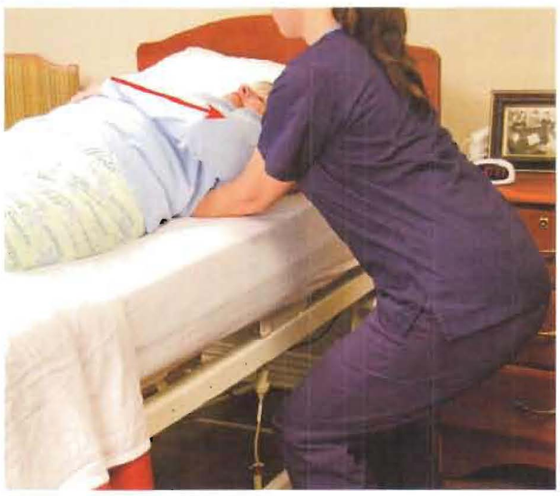

Fig. 12-10. *Gently move the client's head and shoulders toward you.*

9. Wash your hands.
10. Document the procedure and any observations.

Positioning a client on his side

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
5. Lower the head of the bed to make it flat.
6. Move the client to the side of the bed near you, using the previous procedure.
7. If the bed has side rails, raise the far side rail.

Turning a client away from you:

a. Cross the client's arms over his chest. Cross the near leg over the far leg.

b. Stand with feet shoulder-width apart. Bend your knees.

c. Place one hand on the client's near shoulder. Place the other hand on the near hip.

d. While supporting the body, gently roll the client onto his side as one unit, toward the raised side rail.

If the bed does not have side rails, you may need to turn the client toward you. Follow agency policy.

Turning a client toward you:

a. Cross the client's far arm over his chest. Move the arm on the side the client is being turned to out of the way. Cross the far leg over the near leg.

b. Stand with feet shoulder-width apart. Bend your knees.

c. Place one hand on the client's far shoulder. Place the other hand on the far hip.

d. While supporting the body, gently roll the client onto his side as one unit, toward you. Use your body to block the client to prevent him from rolling out of bed.

8. Position the client properly and comfortably. Proper positioning includes the following:
   - Head supported by a pillow (client's face should not be obstructed by the pillow)
   - Shoulder adjusted so the client is not lying on his arm or hand
   - Top arm supported by a pillow
   - Back supported by a supportive device
   - Top knee flexed
   - Supportive device between legs with top knee flexed; knee and ankle supported
   - Pillow under the bottom foot so that toes and ankle are not touching the bed
9. If you raised an adjustable bed, return it to its lowest position. Leave side rails in ordered position.
10. Wash your hands.

11. Document the procedure and any observations.

Some clients' spinal columns must be kept in alignment. To turn these clients in bed, they have to be logrolled. **Logrolling** means moving a client as a unit, without disturbing the alignment of the body. The head, back, and legs must be kept in a straight line. This is necessary in cases of neck or back problems, spinal cord injuries, or after back or hip surgeries. It is safer for two people to perform this procedure together. A draw sheet helps with moving.

Logrolling a client

Equipment: draw sheet, second person

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
5. Lower the head of the bed to make it flat.
6. Both of you stand on the same side of the bed. One person stands at the client's head and shoulders. The other stands near the client's midsection.
7. Place a pillow under the client's head to support the neck during the move.
8. Place the client's arms across his chest. Place a pillow between the knees.
9. Stand with your feet shoulder-width apart. Bend your knees.
10. Grasp the draw sheet on the far side (Fig. 12-11).

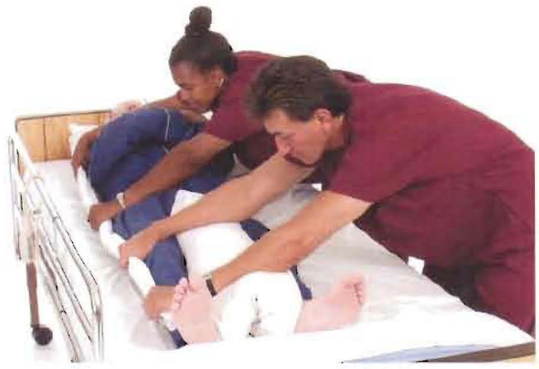

Fig. 12-11. *Both of you grasp the draw sheet on the far side.*

11. Let the client know you will be moving him on the count of three. On the count of three, gently roll the client toward you. Turn the client as a unit (Fig. 12-12). Use your bodies to block the client to prevent him from rolling out of bed.

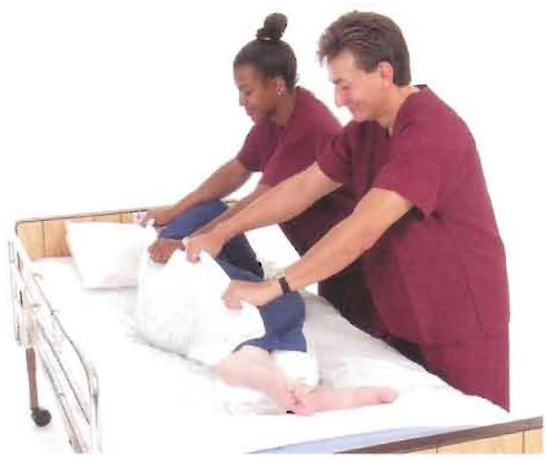

Fig. 12-12. *On the count of three, both workers should roll the client toward them, turning him as a unit.*

12. Reposition the client comfortably. Check the client's body alignment. Unroll the draw sheet and leave it in place for the next repositioning. If using another type of device (other than a draw sheet), you will need to remove it. Arrange pillows and covers for comfort. If you raised an adjustable bed, return it to its lowest position.

13. Wash your hands.
14. Document the procedure and any observations.

Before a client who has been lying down stands up, he should dangle. To **dangle** means to sit up on the side of the bed with the legs hanging over the side. This helps clients regain balance before standing up and allows blood pressure to stabilize. It helps prevent dizziness and lightheadedness that can cause fainting. For some clients who are unable to walk, sitting up and dangling the legs for a few minutes may be ordered.

Assisting a client to sit up on the side of the bed: dangling

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust the bed to lowest position. If the bed is movable, lock bed wheels.
5. Raise the head of the bed to a sitting position. Fanfold (fold into pleats) the top covers to the foot of the bed. Ask the client to turn onto his side, facing you. Assist as needed (see earlier procedure).
6. Tell the client to reach across his chest with his top arm and place his hand on the edge of the bed near his opposite shoulder. Ask him to push down on that hand to raise his shoulders up while swinging his legs over the side of the bed (Fig. 12-13).
7. Always allow the client to do all he can for himself. However, if the client needs assistance, follow these steps:

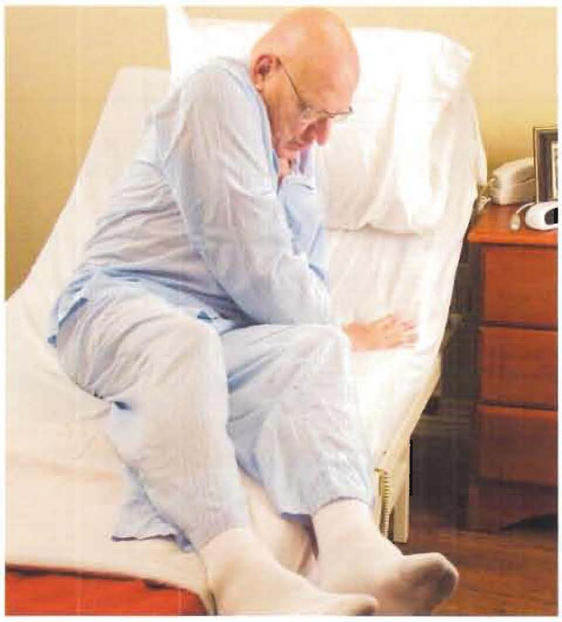

Fig. 12-13. *Have the client push himself up while swinging his legs over the side of the bed.*

a. Stand with your feet shoulder-width apart. Bend your knees. Keep your back straight.

b. Place one arm under the client's shoulder blades. Place the other arm under the client's thighs (Fig. 12-14).

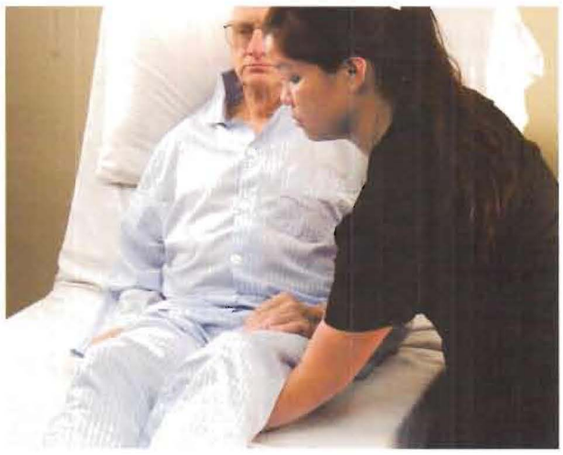

Fig. 12-14. *One arm should be under the client's shoulder blades and the other arm should be under the thighs.*

c. Let the client know you will be moving him on the count of three. On the count of three, slowly move the client into a sitting position with the legs dangling over the side of the

bed. The weight of the client's legs hanging down from the bed helps the client sit up (Fig. 12-15).

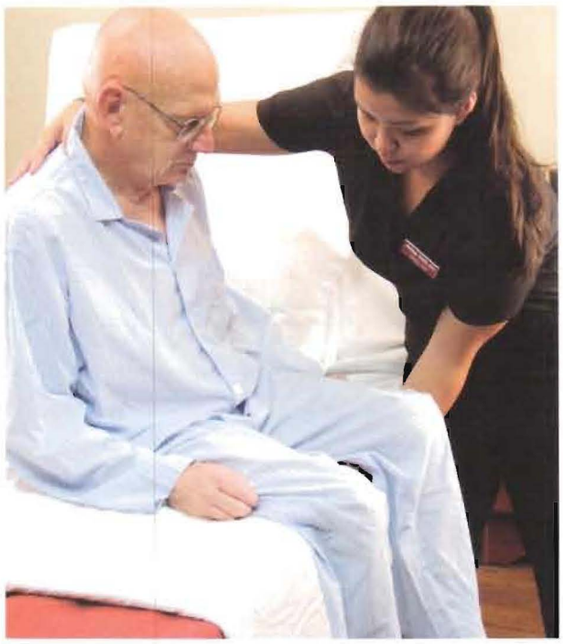

Fig. 12-15. *The weight of the client's legs hanging down from the bed helps the client sit up.*

8. Ask the client to sit as straight up as possible and to hold on to edge of mattress with both hands. Help the client to put on nonskid shoes or slippers if he is going to get out of bed.
9. Have the client dangle as long as ordered. The care plan may direct you to allow the client to dangle for several minutes and then assist him to lie down again, or it may direct you to allow the client to dangle in preparation for walking or a transfer. Follow the care plan. Do not leave the client alone. If the client is dizzy for more than one minute, have him lie down again. Count his pulse and respiration rates and report to your supervisor according to your agency's policy. (You will learn how to measure vital signs in Chapter 14.)
10. Remove the client's slippers or shoes.
11. Gently assist the client back into bed. Place one arm around his shoulders and the other arm under his knees. Slowly swing the client's legs onto the bed.
12. If you lowered an adjustable bed, leave it in its lowest position.
13. Wash your hands.
14. Document the procedure and your observations. How did the client tolerate sitting up? Did the client become dizzy?

2. Describe how to safely transfer clients

Transferring a client means that a home health aide is moving him from one place to another. Transfers can move clients from a bed to a chair or wheelchair, from a wheelchair to a shower or toilet, and so on.

Safety is one of the most important things to consider during transfers. When transferring, it is important to know that some clients have a weaker side. The weaker side is called the *involved* or *affected* side. The HHA must plan the move so that the stronger side moves first and the weaker side follows. It is difficult for the weaker arm and leg to bear enough weight for the transfer if moved first.

A **transfer belt** is a safety device used to transfer clients who are weak, unsteady, or uncoordinated. It is also used to help clients walk. The belt is made of canvas or other heavy material, and it has a strong buckle and sometimes has handles. It fits around the client's waist, outside the clothing, with the buckle tightened until it is snug. It should never be placed on bare skin. It is important to check female clients to make sure the breasts are not caught under the belt.

The transfer belt gives the HHA something firm to hold on to when assisting with transfers. The HHA should grasp the belt securely on both sides, with hands in an upward position. Transfer belts cannot be used if a client has fragile bones, fractures, or has had certain kinds of surgery recently.

Guidelines: Wheelchairs

- Learn how each wheelchair works. Clients may use manual (requiring human power to move) or electric wheelchairs. Know how to apply and release the brake and how to operate the armrests and footrests. Always lock a wheelchair before assisting a client into or out of it (Fig. 12-16). After a transfer, unlock the wheelchair.

Fig. 12-16. *Always lock the wheelchair before a client gets into or out of it.*

- To unfold a standard wheelchair, tilt the chair slightly to raise the wheels on the opposite side. Press down on one or both seat rails until the chair opens and the seat is flat. To fold a standard wheelchair, lift up under the center edge of the seat.
- To remove an armrest, release the arm lock by the armrest, and lift the arm from the center. To replace the armrest, simply reverse the procedure.
- To move a footrest out of the way, press or pull the release lever. Swing the footrest out toward the side of the wheelchair. To remove the footrest, lift it off when it is toward the side of the wheelchair (Fig. 12-17). To replace a footrest, simply put it back in the side position. Then swing it back to the front position. It should lock into place.

Fig. 12-17. *To remove a footrest, swing the footrest toward the side of the wheelchair and lift it off.*

- To lift or lower a footrest, support the leg or foot. Squeeze the lever and pull up or push down.
- To transfer to or from a wheelchair, the client must use the side of the body that can bear weight to support and lift the side that cannot bear weight. Clients who can bear no weight with their legs may use leg braces or overhead trapezes to support themselves.
- Before any transfer, make sure the client is wearing nonskid shoes that are securely fastened. This promotes clients' safety and reduces the risk of falls.
- During wheelchair transfers, make sure the client is safe and comfortable. Ask the client how you can help. Some may only want you to bring the chair to the bedside. Others may want you to be more involved. Always be sure the chair is as close as possible to the client and is locked in place. Use a transfer belt if you are going to assist with the transfer. Be sure the transfer is done slowly, allowing time for the client to rest. Upon standing, check to see if the client is dizzy. If he is, help him sit back down. Measure vital signs as ordered and report to the supervisor.
- Check the client's alignment in the wheelchair once the transfer is complete. The client's body must be in proper alignment while in

a wheelchair or chair. Special cushions and pillows can be used for support. The hips should be well-positioned back in the chair. If the client needs to be moved back in the wheelchair, lock the wheelchair wheels. Stand in front of the wheelchair and ask the client to grasp the armrests while his feet are flat on the floor. Brace one or both knees against the client's knee(s). On the count of three, ask the client to push with his feet into the floor and move himself toward the back of the chair. Gently assist as needed.

G When a client is in a wheelchair or any chair, she should be repositioned at least every hour. The reasons for doing this are as follows:

- It promotes comfort.
- It reduces pressure.
- It increases circulation.
- It exercises the joints.
- It promotes muscle tone.

Transferring a client from a bed to a wheelchair

Equipment: wheelchair, transfer belt, nonskid shoes, and robe or folded blanket

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client. Check the area to be certain it is uncluttered and safe.
4. Place the wheelchair at the head of the bed, facing the foot of the bed, or at the foot of bed, facing the head of the bed. The arm of the wheelchair should be almost touching the bed. The wheelchair should be placed on client's **stronger**, or unaffected, side.
5. Remove both wheelchair footrests close to the bed.
6. Lock wheelchair wheels.
7. If the bed is adjustable, raise the head of the bed. Adjust the bed level to its lowest position. If the bed is movable, lock the bed wheels.
8. Assist the client to a sitting position, making sure his feet are flat on the floor. Adjust the bed height if needed (if possible). Let the client sit for a few minutes to adjust to the change in position.
9. Put nonskid shoes on the client and fasten them securely.
10. Stand in front of and face the client. Stand with feet about shoulder-width apart. Bend your knees. Keep your back straight.
11. Place the transfer belt around the client's waist over his clothing (not on bare skin). Tighten the buckle until it is snug. Leave enough room to insert flat fingers/hand comfortably under the belt. Check to make sure that skin or skin folds (for example, breasts) are not caught under the belt. Grasp the belt securely on both sides, with hands in an upward position.
12. Provide instructions to allow the client to help with transfer. Instructions may include: "When you start to stand, push with your hands against the bed," "Once standing, if you're able, you can take small steps in the direction of the chair," and "Once standing, reach for the chair with your stronger hand."
13. With your legs, brace (support) the client's lower legs to prevent slipping (Fig. 12-18). This can be done by placing one or both of your knees against the client's knees. Or you can stand toe to toe with the client. Bend your knees and keep your back straight.
14. Let the client know you will be moving him on the count of three. If possible, have the client rock while counting to three. On three, with hands still grasping the transfer belt on both sides and moving upward, slowly help the client to stand.

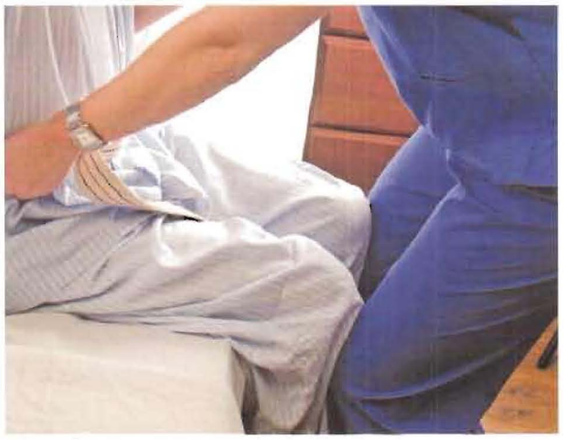

Fig. 12-18. *Brace the client's lower legs to prevent slipping by placing either one or two knees (shown) against the client's knees.*

15. Tell the client to take small steps in the direction of the chair while turning his back toward it. If more help is needed, help the client pivot (turn) to stand in front of wheelchair with the back of the client's legs against the wheelchair (Fig. 12-19). Always allow the client to do all he can for himself.

Fig. 12-19. *Help the client pivot to the front of the wheelchair. Pivoting is safer than twisting.*

16. Ask the client to put his hands on the wheelchair armrests if he is able. When the chair is touching the back of the client's legs, help him lower himself into the chair.
17. Reposition the client so that his hips touch the back of the wheelchair seat.
18. Attach footrests and place the client's feet on the footrests. Check that the client is in proper alignment. Gently remove the transfer belt. Place a robe or folded blanket over the client's lap as appropriate.
19. Wash your hands.
20. Document the procedure and your observations. How did the client feel or appear during the transfer? How much assistance was required?

When transferring back to bed from a wheelchair, the height of the bed should be equal to or slightly lower than the chair. When the client feels the bed with the back of his legs, help him sit down slowly.

A **slide board**, or transfer board, may be used to transfer clients who are unable to bear weight on their legs. Slide boards can be used for almost any transfer that involves moving from one sitting position to another (for example, from bed to chair). Slide boards should not be used against bare skin. Before beginning the transfer, the HHA should make sure that the client's fingers are not under the board.

Helping a client transfer using a slide board

Equipment: slide board

1. Follow steps 1 through 9 for transferring a client from a bed to a wheelchair.
2. Have the client lean away from transfer side to take the weight off her thigh (Fig. 12-20). Place one end of the slide board under the buttocks and thigh. Take care not to pinch the client's skin between the bed and the

board. Place the other end of the board on the surface to which the client is transferring.

Fig. 12-20. *Have the client lean away from the transfer side before placing the slide board.*

3. If the client is able, have her push up with her hands and scoot herself across the board. Stay close so you can provide support if needed. Allow the client to do all she can for herself.
4. If the client needs assistance, stand in front of her and brace one or both of your knees against her knees to keep them from buckling during the transfer. Keep your back straight.
5. Get as close to the client as possible and have her lean into you as you grasp the transfer belt from behind. Lean back with your knees bent. Using your legs rather than your back, pull the client up slightly and toward you to help her scoot across the board (Fig. 12-21).

Fig. 12-21. *Keep a firm grasp on the transfer belt as you help the client to scoot across the board.*

6. Complete the transfer in two or three lifting and scooting movements. Never drag the client across the board. Friction from the client's skin dragging across the slide board can cause skin breakdown, which can lead to pressure injuries.
7. After the client is safely transferred, remove the slide board. Make sure the client is positioned safely and comfortably.
8. Wash your hands.
9. Document the procedure and any observations. How did the client feel or appear during the transfer? How much assistance was required?

Some clients may have a mechanical lift (also called a *hydraulic lift*) in the home. This equipment helps prevent injury to clients and caregivers. HHAs may assist clients with many types of transfers using mechanical lifts. Using these lifts requires special training. HHAs should not use equipment they have not been trained to use, as this could cause injury. There are many different types of mechanical lifts (Fig. 12-22).

Fig. 12-22. *There are many different types of lifts for transferring both completely dependent clients and clients who can bear some weight. This client can bear some weight on his legs.* (PHOTO COURTESY OF VANCARE INC., VANCARE.COM, 800-694-4525)

Guidelines: Mechanical or Hydraulic Lifts

- Be very careful when moving a client using a mechanical lift. If possible, have another person assist you when transferring with these lifts. It is safer to have at least two people doing these types of transfers.
- Keep the chair to which the client is to be moved close to the bed so that the client is only moved a short distance in the lift. Lock the wheels on the chair if it has wheels.
- Check that the valves are working on the lift before using it.
- Use the correct sling for the lift that is being used. Using an incorrect sling may result in serious injury or death. If you have questions about the sling, talk to your supervisor.
- Check the sling and straps for any fraying or tears. Do not use the lift if there are tears or holes.
- Open the legs of the stand to the widest position before helping the client into the lift.
- Once the client is in the sling and the straps are connected, pump up the lift only to the point where the client's body clears the bed or chair.
- Electric/battery-powered lifts have emergency releases. Be aware of where the release is located and how to operate this function. Talk to your supervisor if you do not know how to do this.

Transferring a client using a mechanical lift

Equipment: wheelchair or chair, lifting partner (if available), mechanical or hydraulic lift

The following is a basic procedure for transferring using a mechanical lift. Ask someone to help you before starting.

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is movable, lock the bed wheels.
5. Position the wheelchair next to the bed. Lock the brakes.
6. Help the client turn toward you, as described in earlier procedure. Go to the far side of the bed. Position the sling under the client, with the edge next to the client's back. Fanfold if necessary. Adjust the bottom of the sling so that it is even with the client's knees. Help the client roll back to the middle of the bed, and then spread out the fanfolded edge of the sling.
7. Roll the mechanical lift to the bedside. Make sure the base is opened to its widest point, and push the base of the lift under the bed.
8. Position the overhead bar directly over the client (Fig. 12-23).

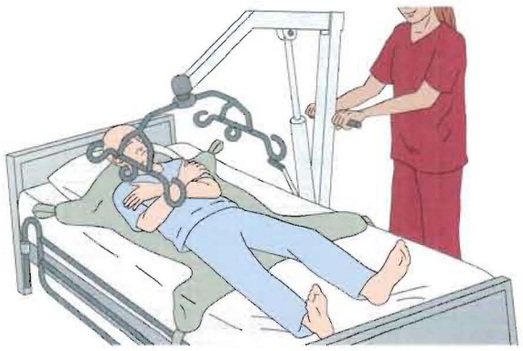

Fig. 12-23. *Position the overhead bar directly over the client.*

9. With the client lying on his back, attach one set of straps to each side of the sling and one set of straps to the overhead bar. If available, have a lifting partner support the client at the head, shoulders, and knees while the client is being lifted. The client's arms should be folded across his chest (Fig. 12-24). If the

device has S hooks, they should face away from client. Make sure all straps are connected properly and are smooth and straight.

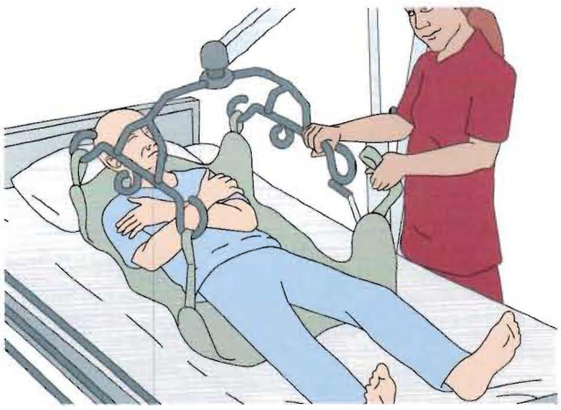

Fig. 12-24. *With the client's arms folded across his chest, attach the straps to the sling.*

10. Following manufacturer's instructions, raise the client two inches above the bed. Pause a moment for the client to gain balance.
11. Have the lifting partner help support and guide the client's body while you roll the lift so that the client is positioned over the chair or wheelchair (Fig. 12-25).

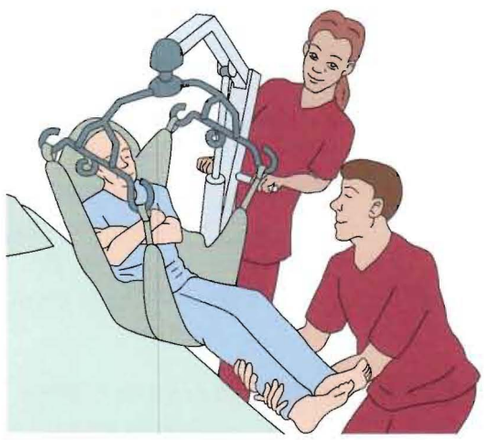

Fig. 12-25. *Having another person help to support and guide the client promotes safety during the transfer and reduces the chance of injury.*

12. Slowly lower the client into the chair or wheelchair. Push down gently on the client's knees to help the client into a sitting, rather than reclining, position.
13. Undo the straps from the overhead bar to the sling. Remove the sling or leave in place for transfer back to bed; follow the care plan.
14. Be sure the client is seated comfortably and correctly in the chair or wheelchair.
15. Wash your hands.
16. Document the procedure and any observations. How did the client tolerate the transfer? Were there any problems? Did the equipment operate properly?

A stand-up, or standing, lift is used when a person can bear some weight on his legs but has poor leg strength and/or balance (Fig. 12-22). The client must be able to stand and have some arm strength in order to use this lift. There are different types of stand-up lifts, including manual and battery-powered. The stand-up lift consists of both user and operator support bars (the user support bars may consist of two vertical bars or one crossbar), padded swivel swing-out seats (and/or straps, vest, or belt for some models), knee pads, a platform base with foot plate, and four small wheels with locking brakes.

If using a stand-up lift, the home health aide should be sure that the brakes are locked before beginning the transfer. The client should begin in a sitting position and place his feet firmly on the foot plate of the platform, with knees pressing against the knee pads. The client should grasp the support bar(s) and gently pull himself to a standing position, using his own strength. Then the HHA can lower both sides of the padded swing-out seat into position. The HHA should adjust straps, vest, or belt if these are used. The client should slowly lower himself onto the seat while holding the support bars and pressing knees against knee pads. The HHA should unlock the wheel brakes and use the operator bars to transfer the client to the location desired and then perform these steps in reverse order to release the client from the lift.

3. Discuss how to safely ambulate a client

Ambulation means moving or walking, with or without an assistive device. A client who is **ambulatory** is one who can get out of bed and move or walk. Many older clients are ambulatory but need assistance to walk safely. Several tools, including transfer belts, canes, walkers, and crutches, assist with ambulation. The HHA should check the care plan before helping a client ambulate. It is important to know the client's abilities, limitations, and disabilities. Any time an HHA helps a client, she should communicate what she would like to do and allow the client to do what he can.

Assisting a client to ambulate

Equipment: transfer belt, nonskid shoes for the client

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust the bed level to its lowest position. If the bed is movable, lock the bed wheels.
5. Assist the client to a sitting position, making sure his feet are flat on the floor. Adjust the bed height if needed (if possible). Let the client sit for a few minutes to adjust to the change in position.
6. Put nonskid shoes on the client and fasten them securely.
7. Stand in front of and face the client. Stand with feet about shoulder-width apart. Bend your knees. Keep your back straight.
8. Place the transfer belt around the client's waist over his clothing (not on bare skin). Grasp the belt securely on both sides, with hands in an upward position.
9. Always allow your client to do whatever he is able to do for himself. If the client is unable to stand without help, brace (support) the client's lower extremities. This can be done by placing one of your knees against the client's knee, or it can also be done by placing both of your knees against both of the client's knees (Fig. 12-26). Or you can stand toe to toe with the client. Bend your knees. Keep your back straight.

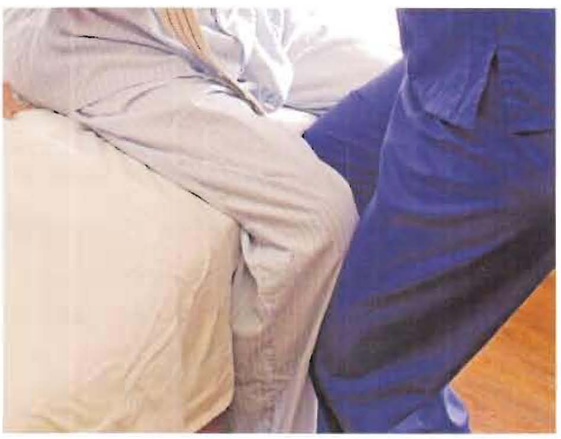

Fig. 12-26. *If the client has a weak knee, brace it against your knee.*

10. Hold the client close to your center of gravity. Provide instructions to allow the client to help with standing. Tell the client to lean forward, push down on the bed with his hands, and stand on the count of three. When you start to count, begin to rock. On three, with hands still grasping the transfer belt on both sides and moving upward, rock your weight onto your back foot and slowly help the client to stand.
11. Walk slightly behind and to one side of the client for the full distance, while holding on to the transfer belt (Fig. 12-27). If the client has a weaker side, stand on the weaker side. Use the hand that is not holding the belt to offer support on the weak side. Ask the client to look forward, not down at the floor, during ambulation.

Fig. 12-27. *Walk behind and stand on the weaker side, while holding onto the transfer belt, when assisting with ambulation.*

12. Observe the client's strength while you walk together. Provide a chair if the client becomes dizzy or tired.
13. After ambulation, return the client to the bed or chair and remove the transfer belt. Make the client comfortable. Leave the bed in its lowest position.
14. Wash your hands.
15. Document the procedure and your observations. How far did the client walk? How did the client appear or say he felt while walking? How much help did you give?

When helping a client who has a visual impairment walk, the HHA should be beside and slightly ahead of the client. The client should be able to place his hand on the HHA's elbow. The HHA should walk at a normal pace and let the client know they are about to turn a corner or when a step is approaching. The HHA should state whether they will be stepping up or down.

Falls

If the client starts to fall during a transfer or while walking, the HHA should widen his stance. He can bring the client's body close to him to break the fall. The HHA should bend his knees and support the client as he lowers her to the floor (Fig. 12-28).

He may need to drop to the floor with the client to avoid injury. The HHA should not try to reverse or stop a fall. Doing this can cause worse injuries.

If the client has fallen, the HHA should call for help if a family member is around. He should not attempt to get the client up or move the client after the fall. Many agencies do not allow helping a client up after a fall until the client has been evaluated by a nurse. Each agency's policies and procedures should be followed. The HHA must report the fall to the supervisor immediately. An incident report will need to be completed.

Fig. 12-28. *Do not try to reverse or stop a fall. Bend your knees and support the client as you lower her to the floor.*

Clients who have difficulty walking may use assistive devices, such as canes, walkers, or crutches, to help themselves. Canes help with balance. Clients using canes should be able to bear weight on both legs. If one leg is weaker, the cane should be held in the hand on the stronger side.

Types of canes include the C cane, the functional grip cane, and the quad cane. The **C cane** is a straight cane with a curved handle at the top. It has a rubber-tipped bottom to prevent slipping. A C cane is used to improve balance. A **functional grip cane** is similar to the C cane,

except that it has a straight grip handle, rather than a curved handle. The grip handle helps improve grip control and provides a little more support than the C cane. A **quad cane**, with four rubber-tipped feet and a rectangular base, is designed to bear more weight than the other canes (Fig. 12-29).

Fig. 12-29. *A quad cane has four rubber-tipped feet and can bear more weight than other canes.*

A **walker** is a type of walking aid used when the client can bear some weight on both legs. The walker provides stability for clients who are unsteady or lack balance. The metal frame of the walker may have rubber-tipped feet and/or wheels (Fig. 12-30). When using a walker, the walker is moved first, then the weak leg, then the strong leg.

Fig. 12-30. *The photo on the left shows a standard walker. The photo in the middle shows a "Hemi Walker," which is a walker that is designed for people who have difficulty using an arm or a hand. The photo on the right shows a walker with a seat and basket.* (© MEDLINE INDUSTRIES, INC. 2020)

Crutches are used by clients who can bear no weight or limited weight on one leg. Crutches have rubber-tipped feet to prevent sliding. Some people use one crutch, and some use two.

Whichever device is being used, the home health aide's role is to ensure safety. The HHA should stay near the person, on the weak side. The equipment must be in proper condition; it should be sturdy, and it must have rubber tips or wheels on the bottom.

Assisting with ambulation for a client using a cane, walker, or crutches

Equipment: transfer belt, nonskid shoes for the client, cane, walker, or crutches

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust the bed level to its lowest position. If the bed is movable, lock the bed wheels.
5. Assist the client to a sitting position, making sure his feet are flat on the floor. Adjust the bed height if needed (if possible). Let the client sit for a few minutes to adjust to the change in position.
6. Put nonskid shoes on the client and fasten them securely.
7. Stand in front of and face the client. Stand with feet about shoulder-width apart. Bend your knees. Keep your back straight.
8. Place the transfer belt around the client's waist over his clothing (not on bare skin). Grasp belt securely on both sides, with hands in an upward position.
9. If the client is unable to stand without help, brace (support) the client's lower extremities. This can be done by placing one of your knees against the client's knee, or it can also be done by placing both of your knees against both of the client's knees. Or you can stand toe to toe with the client. Bend your knees. Keep your back straight.

10. Hold the client close to your center of gravity. Provide instructions to allow the client to help with standing. Tell the client to lean forward, push down on the bed with his hands, and stand on the count of three. When you start to count, begin to rock. On three, with hands still grasping the transfer belt on both sides and moving upward, rock your weight onto your back foot and slowly help the client to stand.
11. Assist as necessary with ambulation.

a. ***Cane***: Client places cane about six inches, or a comfortable distance, in front of his stronger leg. He brings his weaker leg even with the cane. He then brings his stronger leg forward slightly ahead of the cane (Fig. 12-31). Repeat.

Fig. 12-31. *The cane moves in front of the stronger leg first.*

b. ***Walker***: Client picks up or rolls the walker and places it about six inches, or a comfortable distance, in front of him. All four feet or wheels of the walker should be on the ground before client steps forward to the walker. The walker should not be moved again until the client has moved both feet forward and is steady. The client should never put his feet ahead of the walker.

c. ***Crutches***: Client should be fitted for crutches and taught to use them correctly by a physical therapist or a nurse. The client may use the crutches several different ways, depending on his weakness. No matter how they are used, the client's weight should be on his hands and arms. Weight should not be on the underarm area.

12. Walk slightly behind and to one side of the client for the full distance, while holding on to the transfer belt. If the client has a weaker side, stand on the weaker side.
13. Watch for obstacles in the client's path. Ask the client to look forward, not down at the floor, during ambulation.
14. Encourage the client to rest if tired. Allowing a client to become too tired increases the chance of a fall. Let the client set the pace. Discuss how far he plans to go based on the care plan.
15. After ambulation, return the client to the bed or chair and remove the transfer belt. Make the client comfortable. Leave the bed in its lowest position.
16. Wash your hands.
17. Document the procedure and your observations. How did the client feel or appear while walking? How far did the client walk? How much help did the client need?

4. List ways to make clients more comfortable

There are several things that promote the client's comfort and safety in and around the bed:

- Having plenty of pillows available to provide support in the various positions
- Using positioning devices, such as backrests, bed cradles or foot cradles, footboards, and handrolls

- Giving back rubs for comfort and relaxation
- Changing positions frequently (at least every two hours) and as directed in the care plan
- Maintaining the client's body alignment

Back rubs help relax tired muscles, relieve pain, and increase circulation. Back rubs are often given after baths. The care plan will contain instructions for when to give back rubs and for how long. After giving a back rub, the HHA should note any changes in a client's skin.

Giving a back rub

Equipment: cotton blanket or towel, lotion

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust the bed to a safe working level, usually waist high. Lower the head of the bed. If the bed is movable, lock bed wheels.
5. Position the client so he is lying on his side (lateral position) or his stomach (prone position). Many elderly people find that lying on their stomachs is uncomfortable. If so, have the client lie on his side. Cover the client with a cotton blanket, then fold back the bed covers. Expose the client's back to the top of the buttocks. Back rubs can also be given with the client sitting up.
6. Warm the lotion bottle in warm water for five minutes. Run your hands under warm water to warm them. Pour the lotion on your hands. Rub them together to spread it. Always put the lotion on your hands rather than directly on the client's skin. Warn the client that the lotion may still feel cool.
7. Place your hands on each side of the upper part of the buttocks. Use the full palms of your hands. Make long, smooth upward strokes with both hands. Move along each side of the spine, up to the shoulders (Figs. 12-32 and 12-33). Circle your hands outward. Move back along the outer edges of the back. At the buttocks, make another circle and move your hands back up to the shoulders. Without taking your hands off the client's skin, repeat this motion for three to five minutes.

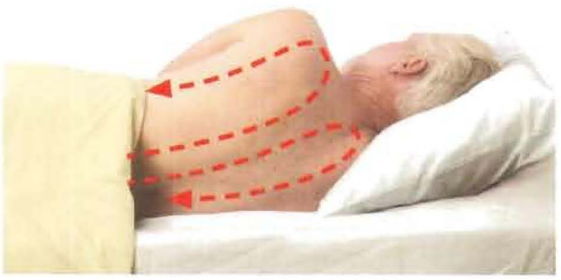

Fig. 12-32. *Move along each side of the spine, up to the shoulders.*

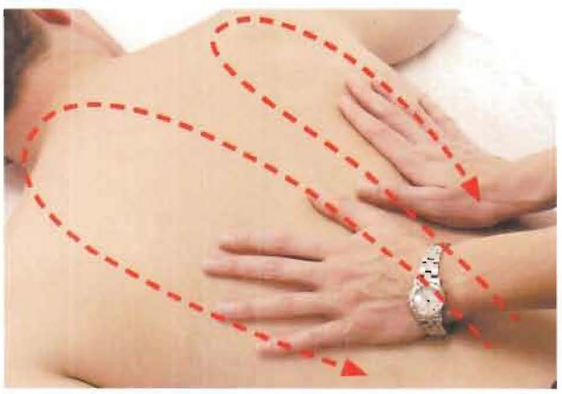

Fig. 12-33. *Long upward strokes help release muscle tension.*

8. Knead with the first two fingers and thumb of each hand. Place them at the base of the spine. Move upward together along each side of the spine, applying gentle downward pressure with the fingers and thumbs. Follow the same direction as with the long, smooth strokes, circling at shoulders and buttocks.
9. Gently massage bony areas (spine, shoulder blades, hip bones) with circular motions of your fingertips. Gentle massage stimulates

circulation and helps prevent skin damage. However, if any of these areas are pale, white, or red, massage around them rather than on them. The redness indicates that the skin is already irritated and fragile.

10. Let your client know when you are almost through. Finish with some long smooth strokes, like the ones you used at the beginning of the massage.
11. Dry the back if extra lotion remains on it.
12. Remove the cotton blanket or towel.
13. Assist the client with getting dressed.
14. Help the client into a comfortable position. If you raised an adjustable bed, return it to its lowest position.
15. Store the lotion and put dirty linens in the hamper.
16. Wash your hands.
17. Document the procedure and your observations. Report any changes in the client's skin to your supervisor. Did the client appear comfortable during the back rub? Did you observe any discolored areas or broken skin?

Many positioning devices are available to make clients more comfortable. Some can be inexpensively made in the client's home. Check with your supervisor on the use of positioning devices for each client.

Guidelines: Positioning Devices

- Backrests provide support and comfort for the back. They can be made of pillows, cardboard or wood covered by pillows, or special wedge-shaped foam pillows.
- Bed cradles or foot cradles are used to keep the bed covers from resting on clients' legs and feet. Sometimes simply the pressure of a sheet draped over the toes can eventually lead to pressure injuries. A cardboard box can be used as a bed cradle by placing the client's feet inside the box underneath the covers (Fig. 12-34). The box should be at least **two inches above** the toes.

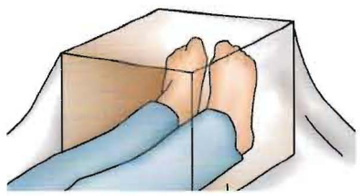

Fig. 12-34. An illustration of a homemade bed cradle.

- Bed tables are often used to keep food or frequently used items close to the client while he is in bed. They are available commercially. You can also make one by cutting openings in each of the longer sides of a sturdy cardboard box (Fig. 12-35).

Fig. 12-35. A bed table made out of a cardboard box.

- Draw sheets may be placed under clients to help move clients who are unable to assist with turning in bed, lifting, or moving up in bed. Draw sheets also help prevent skin damage that can be caused by shearing. A regular bed sheet folded in half can be used as a draw sheet.
- Footboards are padded boards placed against the client's feet to keep them properly aligned. They help prevent foot drop. **Foot drop** is a weakness of muscles in the feet and ankles that causes difficulty with the ability to flex the ankles and walk normally. Foot splints may also be used to help prevent foot drop. Footboards are also used to keep bed covers off the feet. Rolled blankets or pillows can also be used as footboards.

- Handrolls are cloth-covered or rubber items that keep the hand and/or fingers in a normal, natural position (Fig. 12-36). A rolled washcloth, gauze bandage, or a rubber ball placed inside the palm may be used to keep the hand in a natural position. Handrolls can help prevent finger, hand, or wrist contractures.

Fig. 12-36. *Handrolls keep the fingers and hand in a natural position, helping to prevent contractures.* (PHOTOS COURTESY OF NORTH COAST MEDICAL, INC., WWW.NCMEDICAL.COM, 800-821-9319)

- An **orthotic device**, or **orthosis**, is a device applied externally that helps support and align a limb and improve its functioning (Fig. 12-37). It may be prescribed by a doctor to keep a client's joints in the correct position. Orthoses also help prevent or correct deformities. Splints are a type of orthotic device. Splints and the skin area around them should be cleaned at least once daily and as needed.

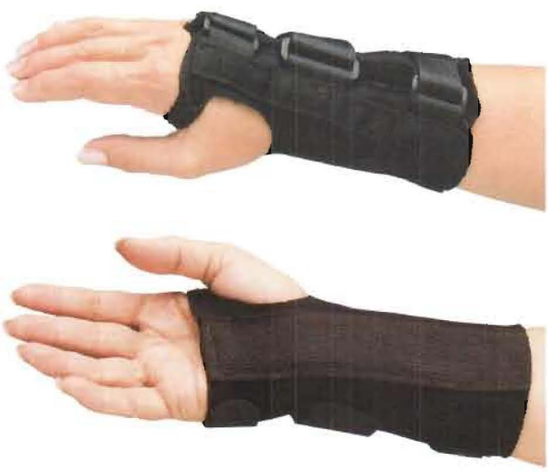

Fig. 12-37. *This is one type of orthotic splint.* (PHOTOS COURTESY OF NORTH COAST MEDICAL, INC., WWW.NCMEDICAL.COM, 800-821-9319)

- Trochanter rolls are rolled towels or blankets used to keep the client's hips and legs from turning outward.
- Abduction pillows/wedges/splints/pads or hip wedges keep hips in the proper position after hip surgery. Pillows between the legs from knees to ankles, while in the lateral position, can help keep the spine, hips, and knees in the proper position.

Observing and Reporting: Physical Comfort and Safety

An HHA's observations about clients' physical comfort and safety can be very helpful to the care team. Report the following:

- O/R How well the client tolerates positioning, transferring, and ambulating
- O/R Any signs of skin breakdown (pale, white, red, purple, or dark areas, rashes, or broken skin)
- O/R Changes that could be made in the home environment to improve comfort or safety
- O/R Any change in the client's ability

Chapter Review

1. What is positioning?
2. How often should bedbound clients be repositioned?
3. In which position is a client lying on his side?
4. In which position is a client lying on his stomach?
5. In which position is a client lying flat on his back?
6. In which position is a client lying on his left side with the lower arm behind the back and the upper knee flexed and raised toward the chest?

7. In which position is a client in a semisitting position (45 to 60 degrees) with the head and shoulders elevated?
8. What is a draw sheet?
9. What is shearing?
10. When is logrolling necessary?
11. How does dangling benefit a client?
12. Describe how a transfer belt is applied.
13. If a client has a weaker side, which side should move first in a transfer?
14. Before assisting a client into or out of a wheelchair, what should an HHA do?
15. List four guidelines for using a mechanical lift.
16. Define *ambulation*.
17. Describe what an HHA should do if a client has fallen.
18. How many feet does a quad cane have?
19. Which side should an HHA stand near when a client is using assistive equipment?
20. List four comfort and safety measures for a client who is in bed.
21. List five types of positioning devices that can make clients more comfortable.