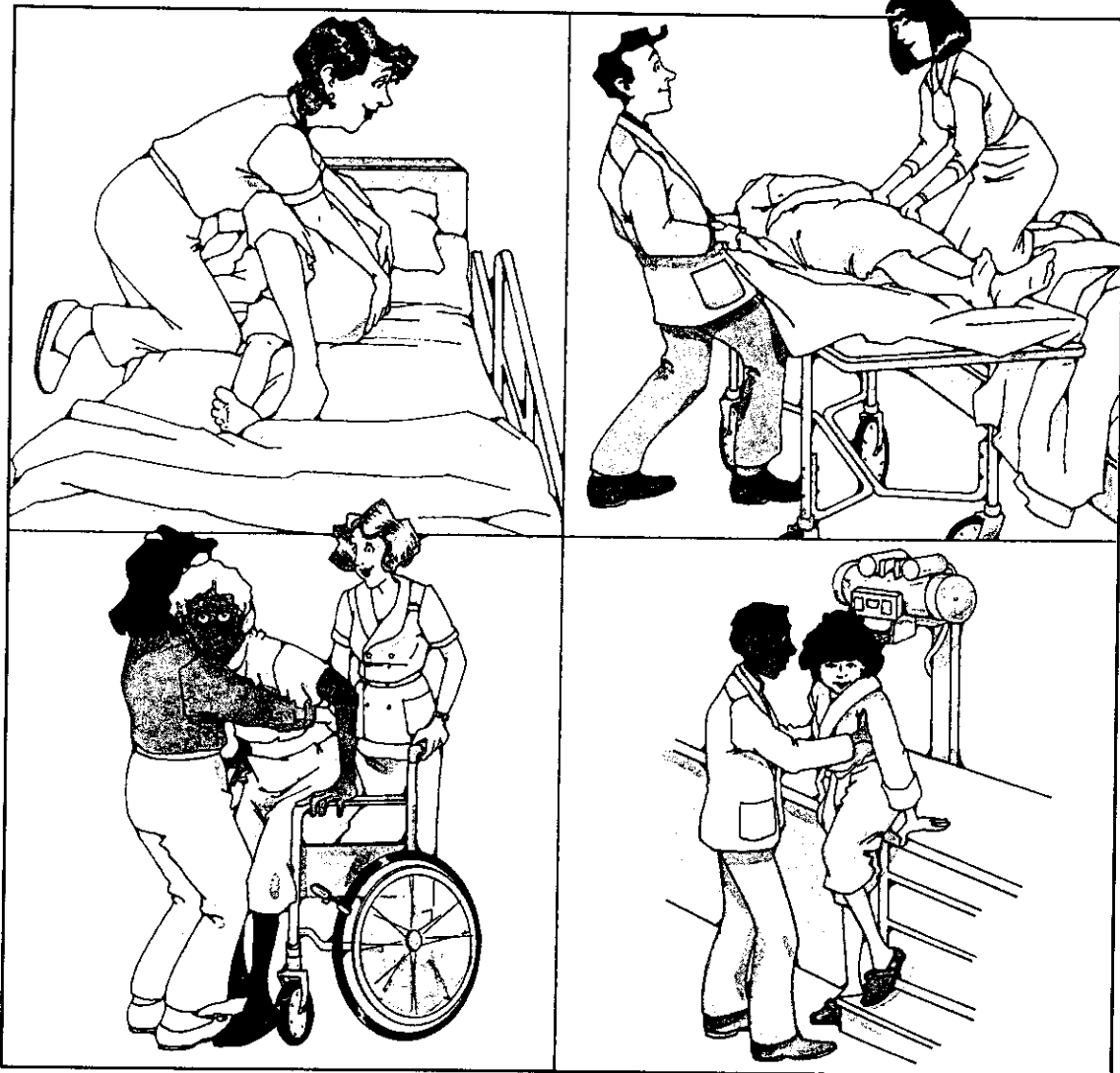


CARE FOR THE



CAREGIVER

LIFTING AND MOVING PATIENTS



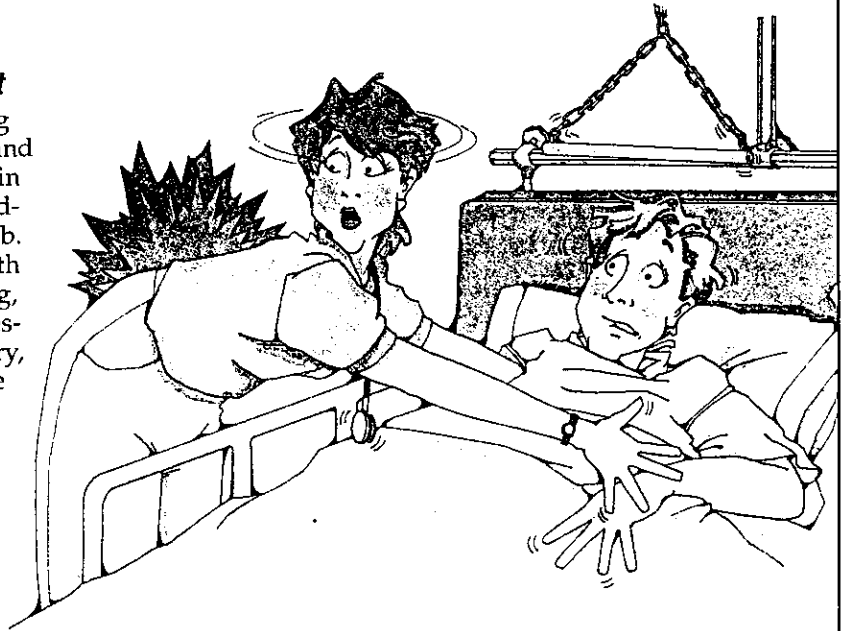
**Simple Ways to
Protect Your Back**

MOVING PATIENTS WITH CARE

As a health care worker, you may spend a good part of your day lifting and moving patients. It's not an easy job. Not only do you carry a heavy load; you also may shoulder concerns about the patient's safety. Fortunately, you can learn simple ways to ensure the patient's safety and yours, as well. Using the right moving techniques, you can protect your back throughout each day.

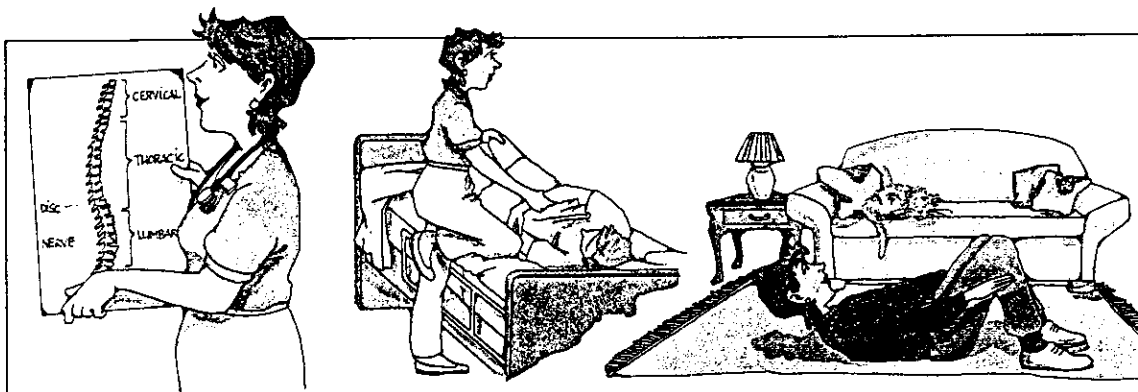
Back Pain: A Common Complaint

Back pain is epidemic among health care workers who lift and move patients. But back pain doesn't have to be an unavoidable "side effect" of your job. The problem really starts with improper lifting and moving, which often leads to unnecessary stress on your back, injury, and chronic pain. Then, once you've injured your back, reinjury is much more likely.



Reduce Your Risk of Back Pain

Lifting patients may be an athletic activity, but big biceps aren't the key to safe lifting. Protecting your back depends on working smarter, not harder. When you learn to move safely and efficiently, you reduce your risk of back pain and improve patient care at the same time.



Understand your back

Understanding your back helps you keep its three natural curves balanced so you can move safely and efficiently with good body mechanics.

Learn proper techniques

When you learn proper lifting and moving techniques, you reduce your risk of back pain and injury — no matter how complicated or difficult the move.

Use self-care

Daily self-care techniques such as back exercises help reduce your chance of back injury and prevent or minimize mild back pain and fatigue.

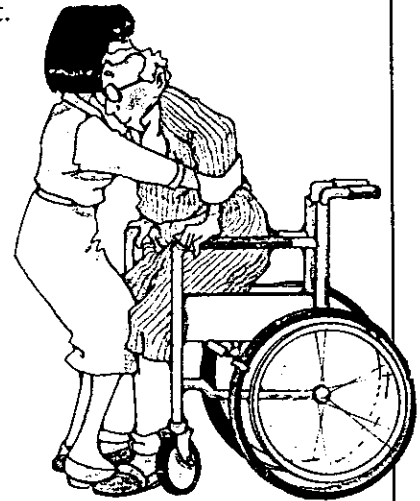
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ARE YOU AT RISK?

Lifting and moving patients exposes your back to potential injury every day. But the level of your risk depends more on how consistently you use the right techniques than on how often you move patients. Do you know how high your risk is? Take a minute now to assess your risk of injury and back pain. Once you know your risk level, you can take steps to reduce it.

Back Anatomy and Body Mechanics

- Do you always maintain your spine's three natural curves?
- Do you know which muscles to use when moving patients?
- Do you use your body weight—not your back—to move patients?
- Do you hold patients close to your body as you move them?



Lifting and Moving

- Do you ask for help when you need it?
- Do you organize the steps in your head before you move?
- Do you know how best to move patients with special needs?
- Do you know how and when to use assistive devices?



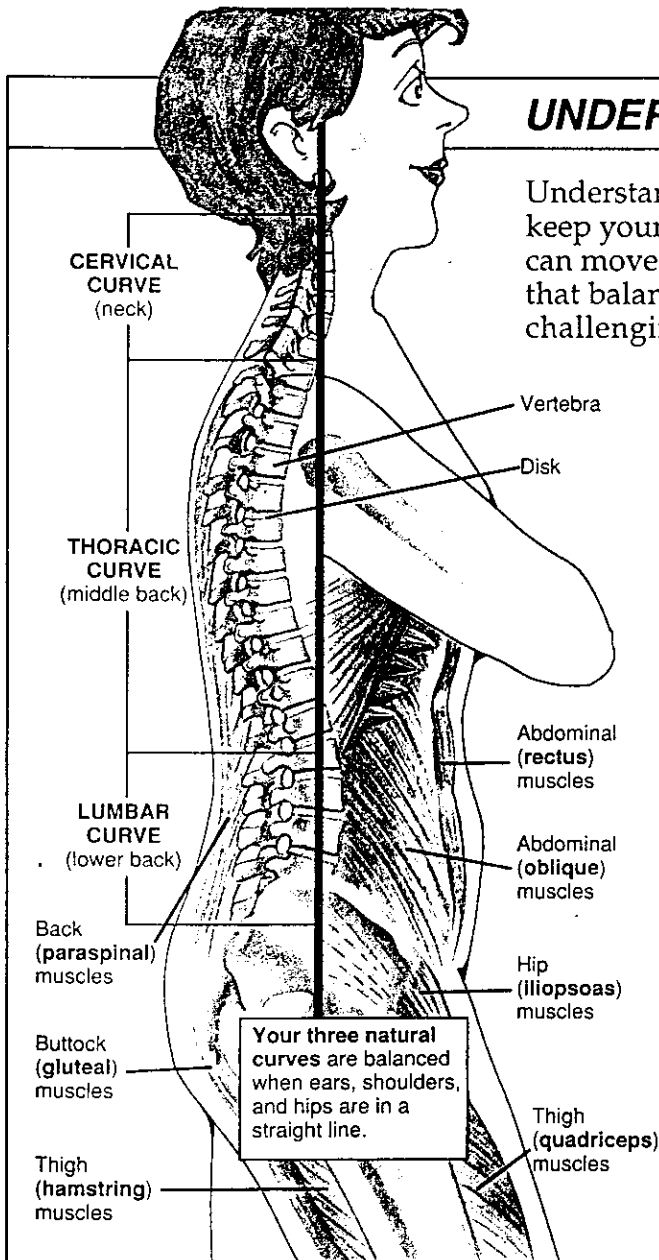
Self-Care

- Do you use back exercises to protect your back?
- Do you stretch your muscles before work?
- Do you take regular breaks and use relaxation techniques?
- Do you know what to do if you have mild back pain?
- Are you involved in a regular conditioning exercise program—such as walking, swimming, or bicycling?



If you can't answer "yes" to all of these questions, there's definitely room for improvement. Although your back may be at increased risk, preventing injury is within your control. First, a "refresher course" in back anatomy will remind you how your back works. Then you can learn the right lifting, moving, and self-care techniques.

UNDERSTAND YOUR BACK



Understanding your back anatomy helps you keep your three natural curves balanced so you can move safely and efficiently. But maintaining that balance throughout the day may feel as challenging as walking a tightrope. Strong,

Balanced Spine

A balanced spine is made of bones (vertebrae) and pads of cartilage (disks) arranged in three natural curves. Your neck (cervical curve) supports your head. And your middle back (thoracic curve) is supported by your rib cage. But your lower back (lumbar curve) carries more than its fair share, balancing your entire upper body. This extra load and the mobility of the lumbar curve make it the most susceptible to injury.

Strong, Flexible Muscles

Strong, flexible muscles help keep your three natural curves in their normal, balanced alignment. Strong abdominal and back muscles can act like a brace to support your lower back. And if thigh, hip, and buttock muscles are strong and flexible, they can do more of the work of lifting and moving, taking some of the stress off your back.

Your three natural curves are balanced when ears, shoulders, and hips are in a straight line.



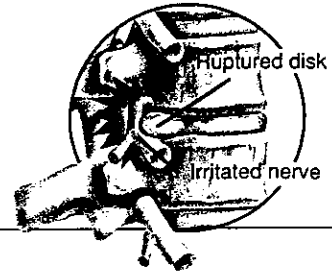
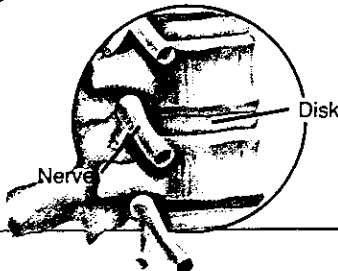
How poor posture hurts your back

Poor posture wreaks havoc with your back by destroying its balance. This strains your muscles and adds stress to your spine, endangering your soft, vulnerable disks. Over time, your disks may even rupture, irritating nerves and causing more pain.

Good posture keeps your spine and muscles balanced, protecting your disks, nerves, and the rest of your spine from injury.



Poor posture destroys the balance of your spine and muscles, allowing injury to your muscles, disks, and nerves.



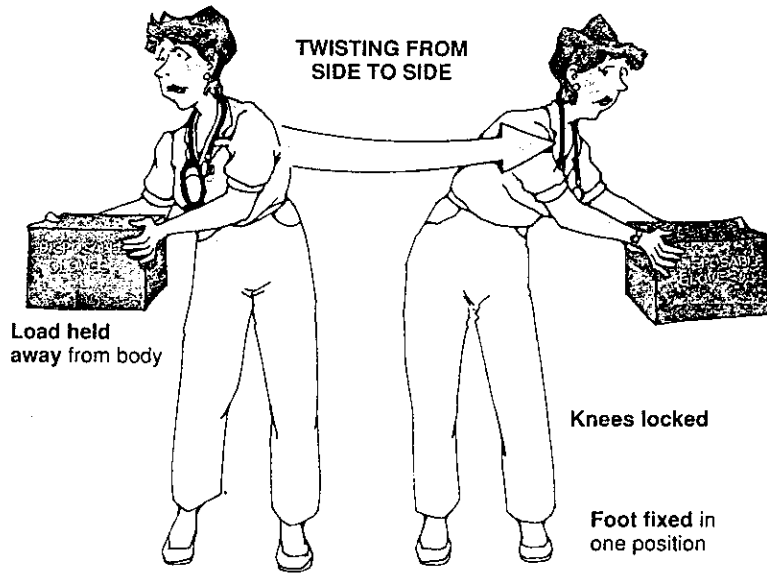
flexible muscles can provide much of the support you need to stay balanced. And learning good body mechanics—skillful movement—helps you use your body in a coordinated, balanced way so your back carries no unnecessary stress. Just as a tightrope walker learns to walk those difficult steps without injury, you, too, can lift and move heavy loads without injury to your back.

Body Mechanics: Maintaining a Balanced Spine

Moving your body correctly is a skill that requires your constant attention. How well you perfect the skill can mean the difference between a fatigued or injured back and a healthy back.

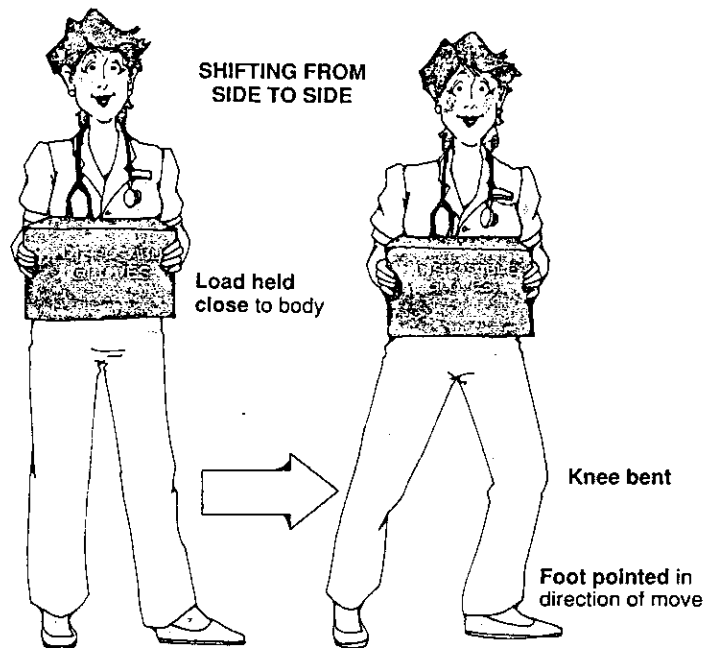
Poor body mechanics

Poor body mechanics is uncoordinated movement that eliminates the balance of your three natural curves, making your spine vulnerable to injury. This often happens when you hold loads far away from your body. Another way it happens is when you keep your feet fixed and twist your spine as you move. Keeping your legs straight also makes your back work harder. All types of poor body mechanics increase the stress on your back and your risk of back pain.



Good body mechanics

Good body mechanics keeps your spine balanced during any kind of movement—even lifting heavy patients. Holding loads close to your body can minimize the effect of their weight. To prevent twisting injuries, move your torso—from your shoulders to your hips—as one solid unit. And if you keep your knees bent, you'll make your legs work harder, reducing the stress on your back.

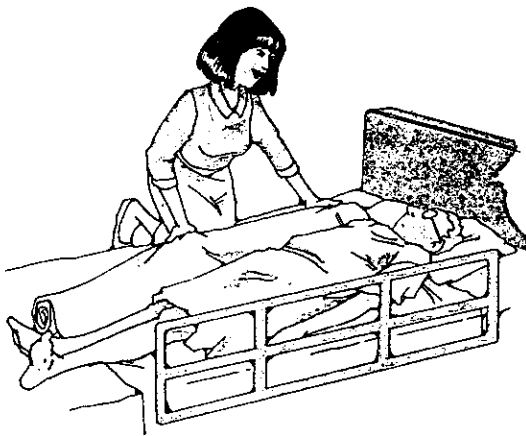


HOW TO USE ASSISTIVE DEVICES

A variety of assistive devices can make your job a little easier. They are especially helpful when lifting or moving patients who have difficulty moving at all. Assistive devices can reduce friction, help the patient assist you, and provide you with a handhold—all of which reduce the stress on your back.

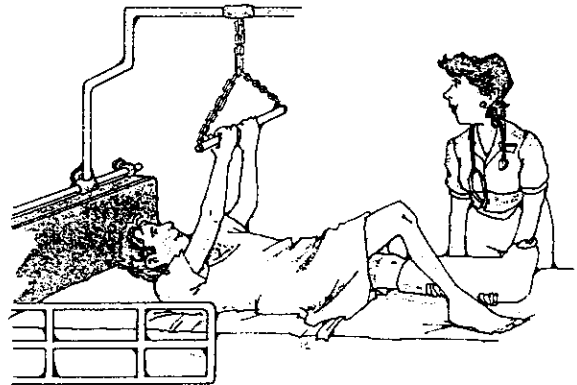
Draw-sheets

Draw-sheets allow you to move patients easily in bed without actually standing or kneeling right next to them. Made of sturdy, heavy cotton, these sheets also protect the patient's skin by reducing friction. When using draw-sheets, make sure the patient is supported from thigh to shoulder.



Trapezes

A trapeze allows patients to assist moves in bed. This metallic triangle, suspended from an overhead frame and connected to posts, is attached to the bed. Adjusting the length of the chain so patients' elbows are slightly bent when grasping the trapeze helps them lift more easily.



Slide Boards

Slide boards reduce friction so patients can "glide" from one flat surface to another. The long, flat, plastic board extends the length of the bed. You can use garbage bags in much the same way. Before the transfer, be sure to scoot enough of the board or bag under the patient.



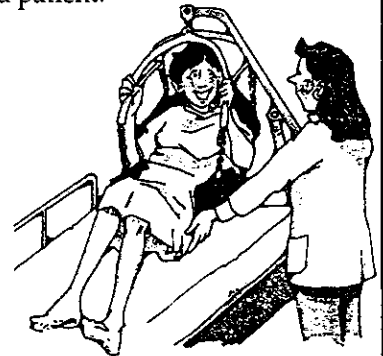
Transfer Belts

When moving patients, it's a good idea to use a transfer belt, especially during wheelchair transfers. Transfer belts fit snugly around the patient's waist to help provide you with a handhold. A canvas belt with a strong buckle or Velcro attached is one type of transfer belt.



Mechanical Lifts

If patients are incapacitated or obese, you may need a mechanical lift to move them. This hydraulic lift uses a pumping action to raise patients as they sit in a sturdy "sling." Be sure to read the operating instructions and to practice with the lift before moving a patient.



MOVING PATIENTS WITH SPECIAL NEEDS

You probably lift and move patients with special needs every day. These moves require more forethought than usual and are often more difficult because the patient has even less control. Learn how to adapt to protect your back. In most cases, you'll need extra help or the help of assistive devices.

Frail

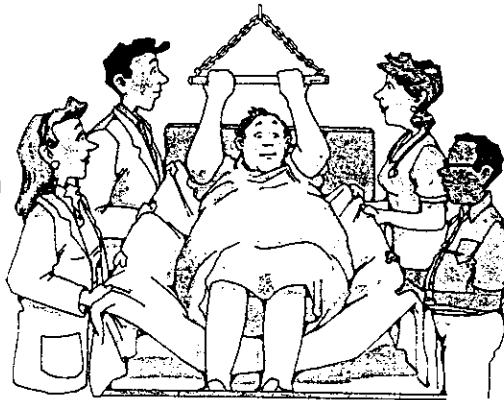
With these frail, fragile patients, take your time planning and talking through transfers. This will ease the patient's anxiety and help you use smoother, more controlled movements. Remember to give the patient time to rest.

PLACE YOUR HANDS ON THE CHAIR BEHIND YOU.



Obese

Because they're heavier, obese patients are much more difficult to turn in bed; their extra weight also puts you at greater risk for injury. Have the patient help you as much as possible and use stronger sheets or double sheets as a precaution.



Paralyzed

Have a partially paralyzed patient help, if possible. A paralyzed patient often can't help. Move one part of the body at a time to limit stress on your back. Have the taller person, who has more leverage, lift the patient's torso—the heaviest part.



Tubes

Moving patients with tubes can be awkward. You can make it easier by working as a team with the people helping you. Have one person responsible for moving the tubes and others for moving the patient.

IS EVERYONE READY TO MOVE HIM?

ON THE COUNT OF 3...



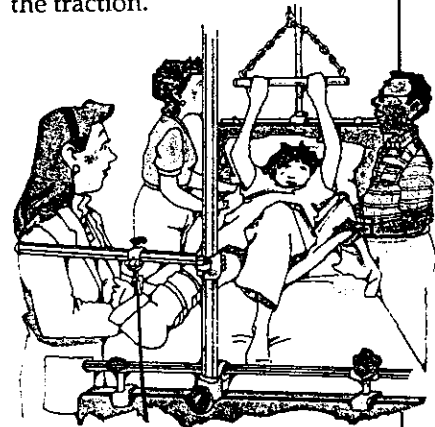
Casts

Casts add extra weight and extra stress to your back. Have one person move the cast—holding it close—while others move the rest of the patient. Patients may also help by pulling themselves up with a trapeze.



Traction

For a patient in traction, a transfer can be painful. Minimize the pain by using slow, controlled movements. Lift the patient with the traction intact. And don't lift the weights; that could readjust the traction.

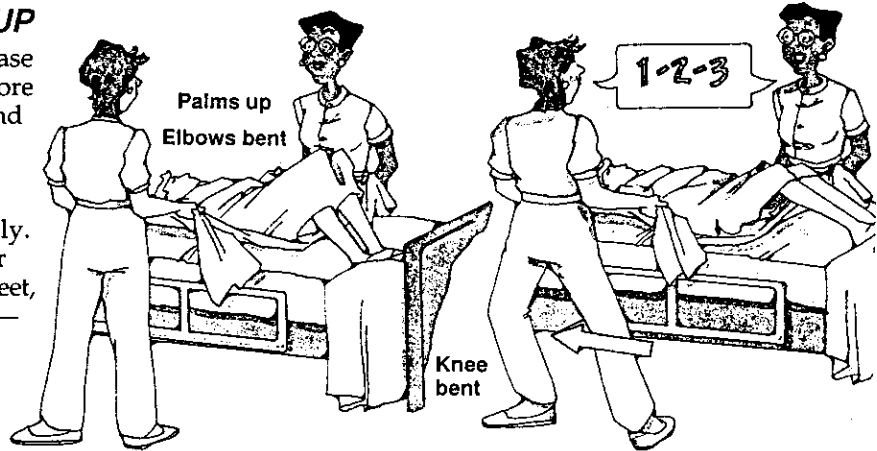


MOVING PATIENTS IN BED

If you know the right techniques, moving patients in bed can be safe and simple. Although these moves are less complicated than some, don't overlook the risk involved. If you move patients in bed several times a day, you often may try to do it alone or too quickly. That can increase your risk of back injury, especially if you

PULLING A PATIENT UP

Think of ways you can decrease friction to make this move more comfortable for the patient and to reduce the stress on your back. Two people using a draw-sheet can slide the patient up in bed more easily. And patients can bend their knees, push down with their feet, and pull up with a trapeze—a device overhead.



REMEMBER THIS:

Putting a pillow under your patients' feet helps them push down, making it easier for you to pull them up.

1 Grasp the Draw-sheet

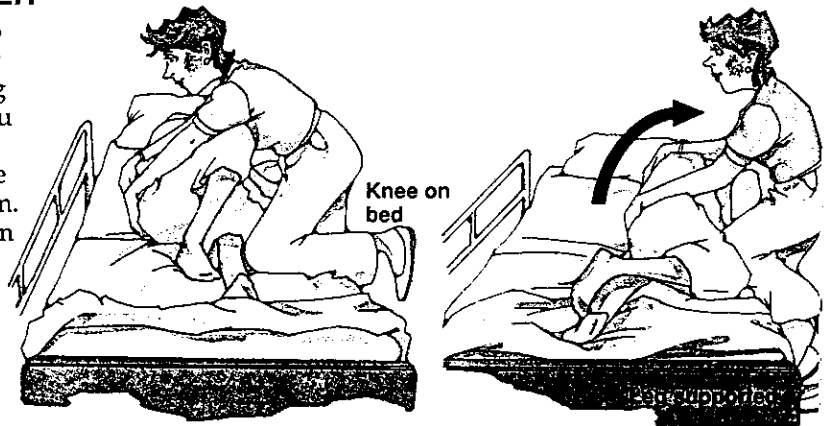
- Put the head of the bed down and adjust the top of the bed to waist- or hip-level of the shorter person.
- Grasp the draw-sheet, pointing one foot in the direction you're moving the patient.

2 Pull Up

- Lean in the direction of the move, using your legs and body weight.
- On the count of three, lift and pull the patient up. Repeat this step as many times as needed to position the patient.

TURNING A PATIENT OVER

It's difficult to get close enough to patients in bed to turn them over safely, so concentrate on putting your body as close to theirs as you can. This will help balance your three natural curves and keep the stress on your back to a minimum. Usually one or two people can turn a patient safely. And the patient can sometimes help by pushing down with a heel. Start the turn with the patient on the side of the bed opposite the direction he or she will be rolling.



1 Cross Arms

- Put the bed rail and head of the bed down; adjust the top of the bed to waist- or hip-level.
- Cross the patient's arms on his or her chest; bend the leg farther away from you.

2 Turn the Patient

- Put one hand behind the patient's far shoulder.
- Put your other hand behind the patient's hip.
- Turn the patient, supporting the patient's leg with your knee.

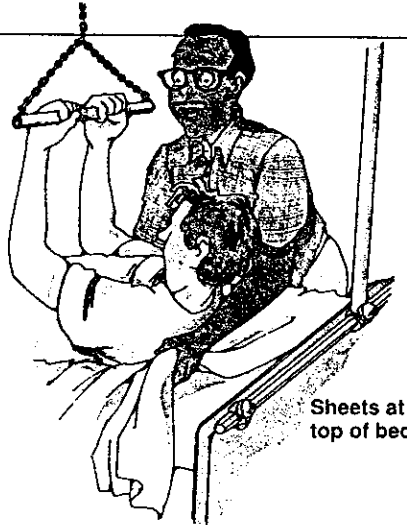
REMEMBER THIS:

Putting one knee on the bed gets you closer to the patient, so you pull more with your body and less with your back.

don't use good body mechanics. Be sure to take your time and ask for help if you need it. When pulling patients up, try to decrease the stress on your back by reducing friction between the patient and bed. Also, get close to patients when turning them, and make the bed by breaking up the move into several steps.

MAKING THE BED

Making the bed from top to bottom requires several steps, so take a break whenever you or the patient needs one. Start by assessing how much the patient can help. Depending on the patient's strength, you may need **two to four people** to make the bed. The patient may help by pushing down and pulling up, using a trapeze. When you make the bed from side to side, simply turn the patient over.



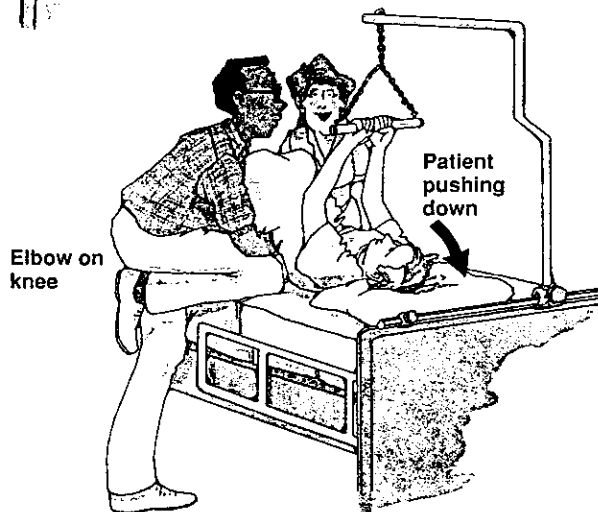
1 Lift the Head

- Put the head of the bed down and adjust the top of the bed to waist- or hip-level of the shortest person.
- Untuck the dirty sheets and unfold the clean sheets at the top of the bed.
- As the patient lifts his or her head up, roll both dirty and clean sheets under the patient's neck.
- Tuck in the clean sheets.



2 Lift the Upper Body

- Put one knee on the bed and support the patient's shoulders as the patient pulls his or her upper body off the bed.
- Have a helper roll dirty and clean sheets down to the patient's waist.
- Put the patient back down.

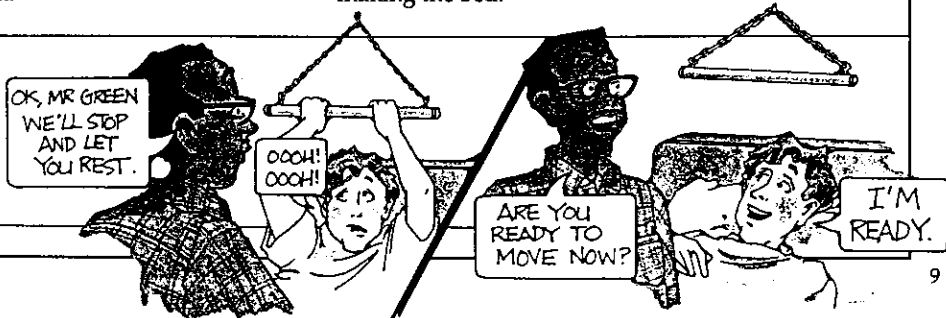


3 Lift the Buttocks

- Have the patient push feet down and pull up, lifting buttocks off the bed.
- Support the patient's buttocks and lower back as your helper pulls the dirty and clean sheets underneath the patient's buttocks.
- Put the patient back down and finish making the bed.

REMEMBER THIS:

The patient can help you more easily if you use slow, smooth movements and take breaks when needed.



MOVING PATIENTS FROM BED

Patient safety is often the main concern when moving patients from bed. Transferring patients out of bed can cause worries about potential falls or the patients' comfort. But remember not to lift or move at the expense of your own back. You can make these transfers safe for both you and the patient. Reduce your risk of

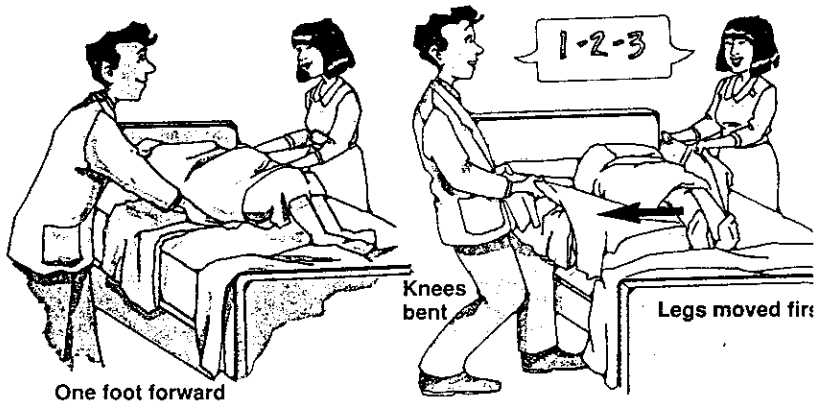
BED TO STRETCHER

The sliding motion of this transfer creates extra friction, increasing the stress on your back. But it helps to use gravity whenever you can: Position the bed slightly higher than the stretcher, so you'll move patients downhill. You can also use a garbage bag or plastic slide board, so patients will "glide" from one surface to another. Two people usually can do this move safely. The leader, who pulls, should be the stronger of the two. The helper holds the draw-sheet, neither pushing nor lifting. Patients can lift their heads and fold their arms.



REMEMBER THIS:

If you move patients' legs first, you can decrease the stress on your back by as much as a third.

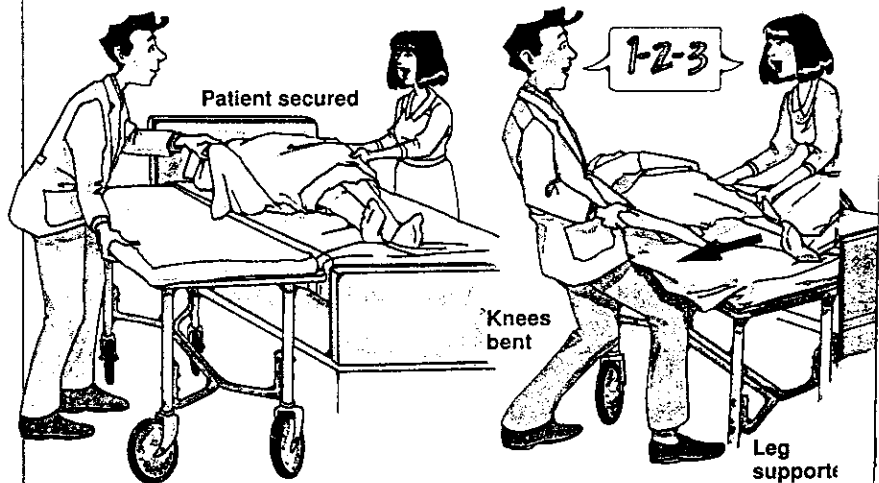


1 Prepare to Move

- Put the head of the bed down and adjust the bed height.
- Put a garbage bag between the sheet and draw-sheet, beneath one edge of the patient's torso.
- Move the patient's legs closer to the edge of the bed.

2 Pull to Edge of Bed

- Grasp the draw-sheet on both sides of the bed.
- On the count of three, lean back and shift your weight, sliding the patient to the edge of the bed. The helper holds the sheet, keeping it from slipping.



3 Position Stretcher

- Have the helper "cradle" the patient in the draw-sheet while you retrieve a stretcher.
- Adjust the bed and position the stretcher, locking it in place.
- Move the patient's legs onto the stretcher.

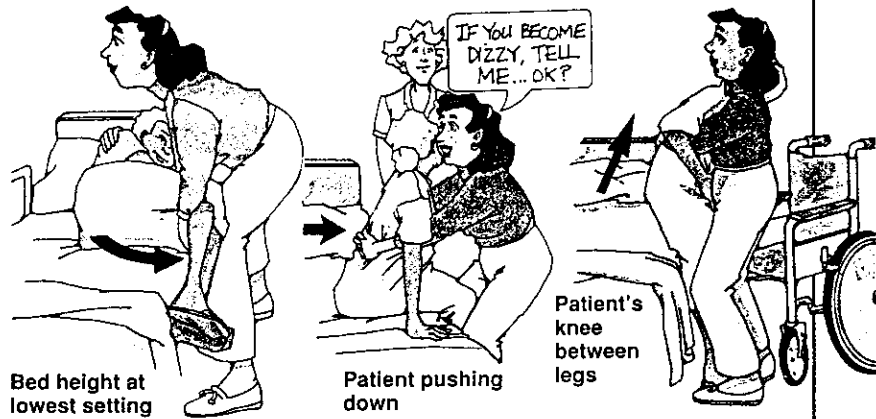
4 Slide onto Stretcher

- Have the helper kneel on the bed, holding onto the draw-sheet.
- On the count of three, grasp the draw-sheet and slide the patient onto the stretcher. You may need to repeat this step.

injury by reducing friction, keeping the patient close to you, and getting help when you need it. Reduce the risk of patient falls by securing beds, stretchers, and wheelchairs. You'll also find that talking to your patients will reassure them and help coordinate your movements, making transfers go more smoothly.

BED TO WHEELCHAIR

This transfer often requires patients' help, so clear communication is essential. Explain the steps of the move, tell patients they can rest when they need to, and ask patients when they are ready to move. Also assess their ability to help you. If they can't help much, you'll need two people. You may also use a transfer belt to provide a firm handhold, rather than clasping your hands behind their backs. Have patients use their arms to push off the bed and reach for the chair.



Bed height at lowest setting

Patient pushing down

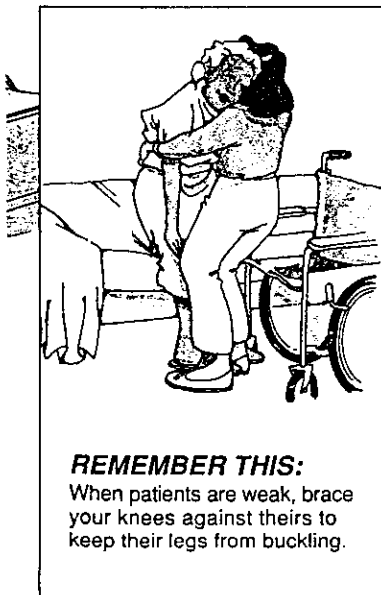
Patient's knee between legs

1 Sit the Patient Up

- Position and lock the wheelchair close to the bed.
- Remove armrest nearest bed and swing away both leg rests.
- Help the patient turn over.
- Put an arm under the patient's neck with your hand supporting the shoulder blade; put your other hand under the knees.
- Swing legs over the edge of the bed, helping the patient to sit up.

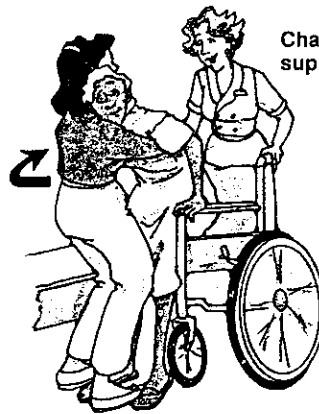
2 Stand the Patient Up

- Have the patient scoot to the edge of the bed.
- Put your arms around the patient's chest and clasp your hands behind his or her back.
- Supporting the leg farthest from the wheelchair between your legs, lean back, shift your weight, and lift.

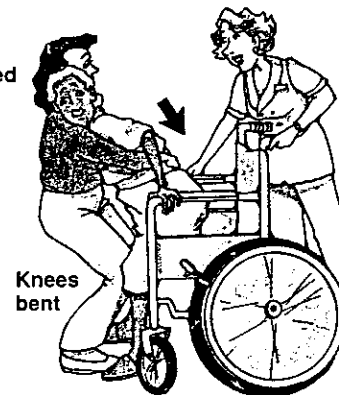


REMEMBER THIS:

When patients are weak, brace your knees against theirs to keep their legs from buckling.



Chair supported



Knees bent

3 Pivot Toward Chair

- Have the patient pivot toward the chair, as you continue to clasp your hands around the patient.
- A helper can support the wheelchair or patient from behind.

4 Sit the Patient Down

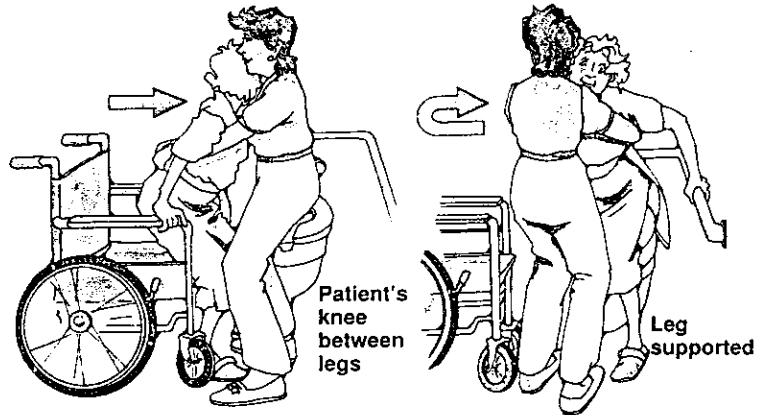
- As the patient bends toward you, bend your knees and lower the patient into the back of the wheelchair.
- A helper may position the patient's buttocks and support the chair.

MOVING PATIENTS FROM WHEELCHAIRS

Patients in wheelchairs are often weaker and have less strength or control. Whether you're moving them to a toilet, treatment table, or tub, remember to use slow, controlled movements to minimize the chance of a fall and to protect your back. Since the patient usually participates in these moves, clear communi-

WHEELCHAIR TO TOILET

It's understandable to hurry sometimes when moving patients to the toilet. Try to minimize the rush (and the risk of injury) by regularly taking patients to the bathroom. First, make sure there's enough room in the bathroom for the wheelchair. One person can usually perform this move safely, especially if using a transfer belt. The patients can often help by sliding to the edge of the chair, pushing up, and taking some weight onto their arms. A patient who has leg weakness may need a raised toilet seat.



1 Stand the Patient Up

- Lock the wheelchair. Fasten the transfer belt.
- Help the patient slide to the edge of the wheelchair.
- Position the patient's feet directly under his or her body.
- Lift the patient, grasping the back of the transfer belt.

2 Move onto Toilet

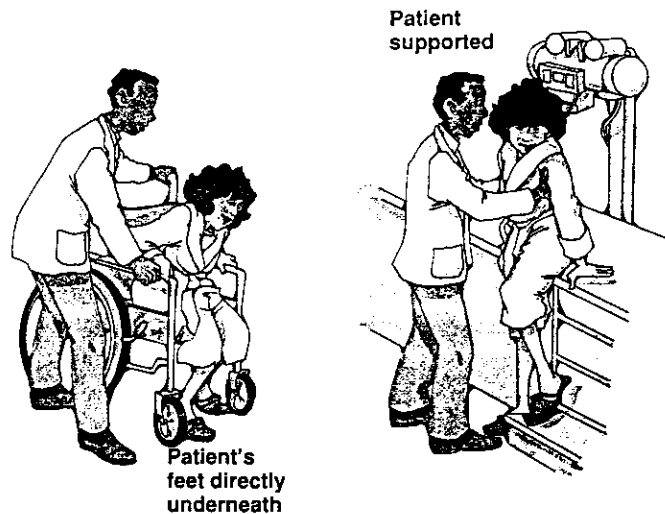
- Help the patient pivot around in front of the toilet, keeping the patient's knee between your legs.
- Have the patient grasp each of the safety rails as you slowly and gently sit the patient down onto the toilet.

REMEMBER THIS:

Talking the procedure through with the patient helps you use more controlled movements.

WHEELCHAIR TO TREATMENT TABLE

Patients moving onto a higher surface, such as a treatment table, need to have more strength and control. Give them time to rest and mobilize their strength before the transfer. Use a footstool or sliding stairstep to help patients onto the table. One person can usually perform this move safely. Have patients tell you if they become tired and need to rest.



1 Help the Patient Stand

- Lock the wheelchair.
- Have the patient slide to the edge of the wheelchair.
- Support the wheelchair as the patient stands up or assist if needed.

2 Help the Patient Up

- Have the patient slowly pivot and step backward onto the stairstep or stool.
- Support the patient as he or she pushes up onto the table.

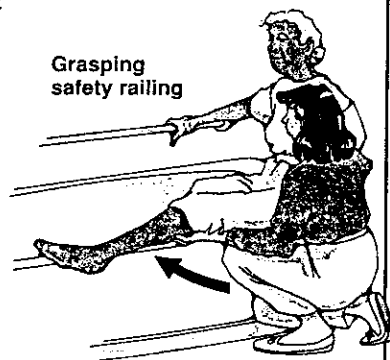
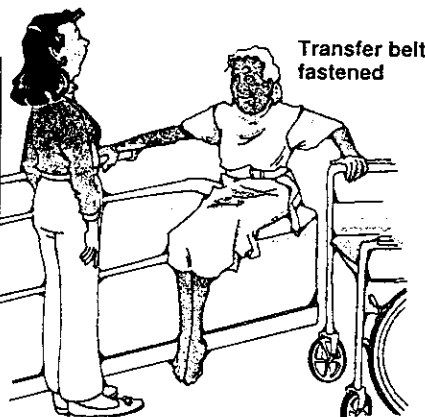
REMEMBER THIS:

Have patients use the stronger leg to push off the footstool or stairstep.

caution about the transfers can help reassure your patient and make the move go more smoothly. Staying close to the patient throughout the move not only reduces the chance of a fall, but also decreases the stress of the patient's weight on your back, making injury less likely.

WHEELCHAIR TO TUB

Since your ability to maneuver may be hampered by working within a small space, do what you can to "break up the steps" and to enlist the patient's help. If the patient is fairly strong, one person can handle this move. Patients can help by grasping safety railings and taking some weight onto their arms. Using a tub transfer seat can make the move easier by allowing patients to scoot over the tub. It also works well to have patients sit on the edge of the tub before moving the rest of the way into the tub.

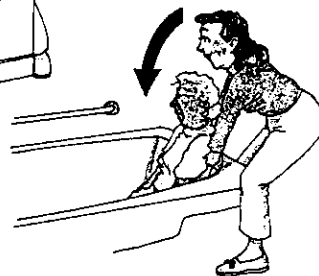
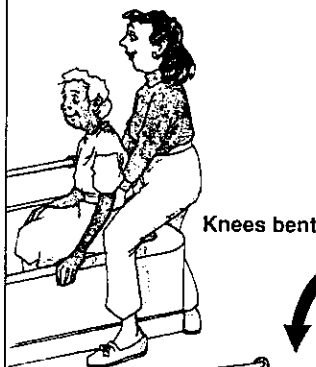


1 Move to the Edge

- Fill the tub with water.
- Position the patient's legs directly underneath and give support as the patient stands up.
- Have the patient sit on the edge of the tub or transfer seat.

2 Lift Legs In

- Move the wheelchair out of the way.
- Take the patient's legs and swing them into the tub—one at a time—as the patient holds onto the safety railing.

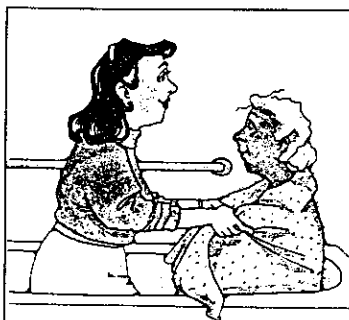


3 Slide Patient into Tub

- Brace your legs against the tub and grasp the transfer belt at the patient's sides.
- Slowly slide the patient into the tub, making sure not to round your back.

4 Lift Patient out of Tub

- Let the water out, dry off the patient, and put a gown back on the patient.
- With one foot in the tub, grasp the transfer belt, and lift the patient onto the side of the tub.



REMEMBER THIS:

Wet patients are slippery. After the bath, it's safer to dry them off before trying to move them.

IF A PATIENT FALLS

When a patient begins to fall, your instinct may be to try to catch him—a difficult and dangerous thing to do. Once the momentum has started, it's almost impossible to stop the fall. And by trying to do so, you can injure your back. Instead, guide the patient to the ground; then get help to move the patient back to a bed or stretcher.

GUIDING THE FALL

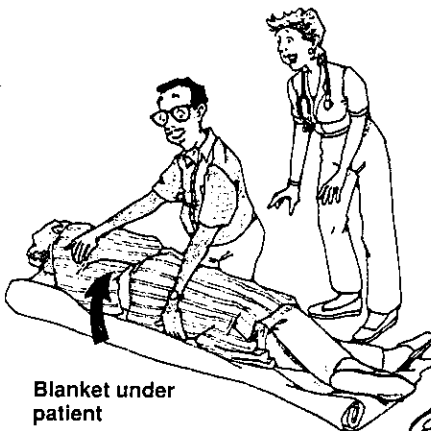


Help falling patients to the floor with as little impact as possible. If you're near a wall, gently push the patient against it to slow the fall. If you can, move close enough to "hug" the patient. Focus on protecting the patient's head as you move down to the floor. Then call for help. Remember: Always put transfer belts on weak patients or those more likely to fall.

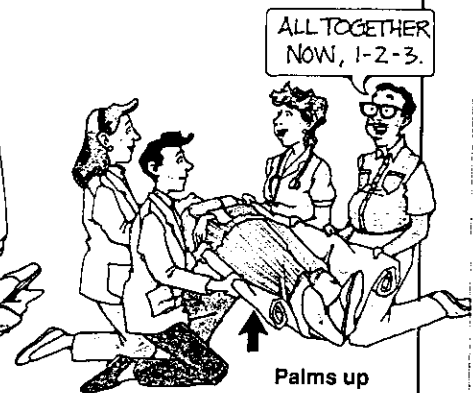


MOVING A FALLEN PATIENT

Patients who've fallen may feel dizzy or faint. Reassure them as you determine whether they've been injured. If so, tend to the injury before doing anything else. If the patient isn't injured, you can prepare for the move back to a bed or stretcher. Get help. Four or more people may be needed.



Blanket under patient



Palms up

REMEMBER THIS:

You can't do it alone. Teamwork is necessary for moving a patient off the floor.

1 Roll onto Blanket

- Roll the patient onto his or her side.
- Put a blanket under the patient and roll the patient onto it.
- Position two or more people on each side of the patient.

2 Lift from Floor

- Kneel on one knee and grasp the blanket.
- On a count of three, lift the patient and stand up.
- Move the patient onto a bed or stretcher.

SELF-CARE: A DAILY DOSE OF PREVENTION

You can use self-care—along with the right lifting and moving techniques—to keep your back healthy and help prevent injuries. Back exercises, one type of self-care, build strength and flexibility. And relaxation techniques can help you reduce stress, which often aggravates back problems. Try other self-care techniques to relieve fatigue or an aching back.

Back Exercises

Even just a few minutes of daily back exercises can help you prevent back injuries. They strengthen and stretch muscles that support your back and warm up your body, preparing it for the strenuous activity of lifting and moving.

For strength

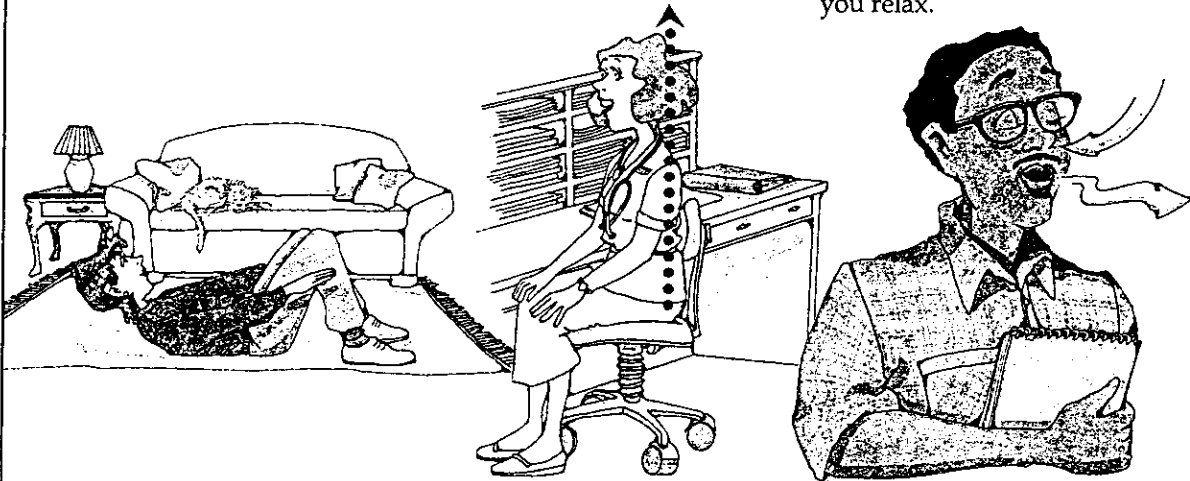
When your muscles are strong, they can support your spine, keeping your three natural curves balanced. A partial sit-up is one of the best exercises for strengthening your stomach muscles.

For flexibility

Flexible muscles are less likely to tear because they lengthen as you move your body. Stretching up helps loosen back and shoulder muscles, improving your flexibility.

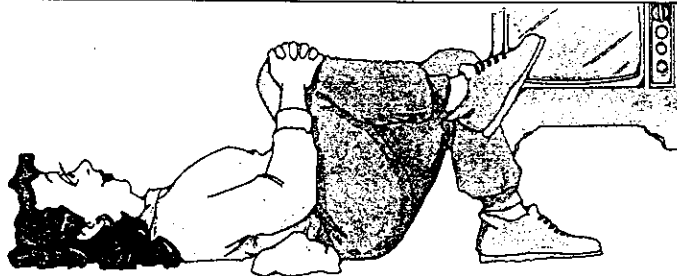
Relaxation Techniques

A variety of relaxation techniques can help you counteract stress and stay flexible. Deep breathing is one technique that helps in these ways; it also can “clear your head,” so you can concentrate on your work. Breathe in deeply through your nose, letting your belly expand; then exhale all your air through your mouth. Visualizing a peaceful scene may also help you relax.



If your back aches...

There are a number of things you can do to minimize mild back pain you may experience. Reduce pain, swelling, and stiffness with rest, ice, and slow stretches. An anti-inflammatory and pain reliever, such as aspirin, may also help. When pain is reduced, you can begin strengthening exercises. If pain persists or is severe, see your doctor.



Rest

Rest and refrain temporarily from activities like lifting to help reduce pain. Lie on the floor with your three natural curves balanced.

Ice

Ice helps reduce pain and swelling after the first onset of pain. Apply ice packs for 30 minutes, several times a day.

Stretches

Gentle stretches can prevent stiffness and increase your range of motion. Do slow stretches every hour or two.

TEAMWORK LIGHTENS YOUR LOAD

Regardless of your strength or size, lifting and moving patients can be difficult. So when in doubt, ask for help: it can only make your life easier. Not only are other health care workers part of your team, but your patients, too, can often help. With teamwork and assistive devices, you can lighten your load and help protect your back from injury and back pain.



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This product also available in Spanish

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