

Attention All Caregivers!

***The Importance of Proper Body Mechanics in Preventing Injuries**

Musculoskeletal disorders – soft tissue injuries: potential hazards:

Bending, stretching, reaching, force, heavy lifting, frequency/repetition of motions, awkward posture, kneeling, squatting, twisting

Body Mechanics: How one lifts, pushes, pulls, or carries objects – basic principles:

- Remain close to object
- Use largest and strongest muscles
- Widen base of support
- Avoid twisting
- Maintain center of gravity
- Push, roll, or slide
- Utilize tools and assistive devices whenever possible

Assistive Devices:

- Non-slip shoes – reduce chance of slips/falls
- Gait belt – fits around client's waist, provides firm grasping surface if client able to bear weight; tighten to where you can fit 2 fingers between belt and client; have layer of clothing between belt and client.
 - *Do Not Use: if client cannot bear weight, is light-headed/confused, has skin disorder or rash, fractured rib or surgery, is too heavy or uncooperative
- Hospital bed – allows you to make adjustments (raise, lower, reposition)
 - Railings – prevent falling out of bed
- Bath boards – transfer, bathe safely
- Grab bars – help client get up or sit down, decrease fatigue from standing
- Trapeze bar – enables client to raise/reposition self in bed; enables caregiver to transfer client more easily and assist with repositioning
- Toilet seat riser – reduces distance to toilet and amount of physical exertion; assists caregiver to easily transfer client and assist with toileting
- Hoyer lifts – electronic, pump, and crank types; used to safely lift and transfer clients; decreases number of lifts and amount of physical exertion

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Assess environment and Plan for Transfer:

- Remove clutter and obstructions
- Make sure enough light and room for transfer
- Check for animals, slip hazards (loose rugs, electric cords, uneven surfaces)
- Review client's Plan of Care, weight, medical conditions, assistive devices

Transferring of Client:

- First, prepare the client, ask if they are ready and explain to them what is going to happen.
- If from bed, lower client's legs over side of bed while helping them to sitting position; make sure the gait belt is fastened securely and clothing is between belt and client.
- Prepare your body – position feet shoulder width apart with 1 foot slightly forward (=broad base of support and firm footing)
- Get as close to client as possible, keep back straight, let your legs do the work
- Transfer client: stabilize their legs, squat or bend your knees; divide weight between 2 hands for balance; have client place their hands on your shoulders (not around your neck); keep close to body; use rocking motion to build momentum to stand; pivot with feet (do not twist at trunk); allow client to rest for a moment

Ambulation:

- With walker – stand behind client yet off to side; walk on client's weaker side at same pace and pattern as client.
- With gait belt – keep 1 hand on belt and other on client's back.
- If client starts to fall, slide your arm under client's arm, pull client against your body; if continues to fall, guide them to floor with 1 foot in front of the other (using large muscles of legs).

Repositioning a Client in Bed:

- First communicate with client to make them aware of plan.
- If hospital bed, elevate bed to minimize bending.
- Whichever direction you roll client, place that arm across chest (e.g. right arm if going to right) and bend client's opposite knee; roll over by placing your closest hand on client's knee and other on client's shoulder.
- To sit up in bed – use draw sheet to pull client toward head of bed. If client can assist, have them bend knees and push with legs; if family member can help, it makes job easier.
- To use Hoyer lift – if hospital bed, raise bed to minimize bending. Place sling at edge of bed with lift nearby, making sure that route is clear of obstruction. Roll client away from you on their side; push sling directly behind client's back, then roll client back toward you and flatten out sling from other

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side; roll client onto back on top of sling. Roll Hoyer lift as far under bed as possible and spread base (the attachment bar should be directly above client); if needed lower attachment bar so you are able to connect sling. Connect Hoyer chains or straps to bar (with longer at bottom and shorter at top); use lever to slowly raise client to sitting position until buttocks is just above bed; slowly turn client until legs are facing the edge of bed; move lift away from bed using steering handle. Move client over wheelchair, making sure that wheels are locked on wheelchair and lift; hold release tab on lift and lower client slowly into wheelchair. Ensure client is stable before removing sling from lift. **Never** leave client in Hoyer lift unattended! Remove sling if client is going to be sitting for a long period of time. **Never** attempt to use equipment that is not functioning properly! Report concerns to Office immediately! Do not use if not comfortable using or don't recall how to use it; report to Office in order that training can be done.

If Client Falls:

- Stay calm, don't panic! Ask client if they are OK and if they can try to get up.
- If client cannot get up – call 911 for assistance; **Never** attempt to lift client off the ground if they cannot assist. **Never** leave client before assistance arrives.
- If client is able to get up – roll client on side slowly and have them crawl over to and pull themselves up on stable piece of furniture while bending strongest knee and keeping the other knee on floor. Have them slowly turn around and sit for a few minutes to recover.
- If client is injured, call 911 and report incident to Office.