

The Brain, The Body & You – Learning Series

WORKSHOP 3:
Mobility: Positioning and Transferring

- Powerpoint (see file)
- Workshop Schedule
- Reference Notes
- Resource List
- Evaluation Form

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WORKSHOP SCHEDULE

(4 hours)

10 minutes	Welcome, Introductions & Workshop Objectives
20 minutes	Review signs and symptoms of stroke and how to react to them ▶ VCR/DVD – Video #1 Recognize and React to the signs & symptoms of stroke for health care providers – use one of the vignettes Review Types of stroke Review risk factors for stroke (see detailed notes in workshop #1)
15 minutes	Factors Affecting Mobility for the Stroke Survivor
10 minutes	Guiding Principles for Safe / Effective Mobility & Body Mechanics
35 minutes	Bed Mobility – demonstration & practice - bridging - moving upper trunk - rolling - arm positioning - lie to sit
20 minutes	BREAK
20 minutes	Human Movement Lab
20 minutes	Demonstration: 1 and 2 person stand transfer
30 minutes	Transfer Practice
10 minutes	Demonstration: 2 person sit pivot transfer
25 minutes	Transfer Practice
15 minutes	Walking and Stair Video
10 minutes	Questions and evaluation

REFERENCE NOTES

The mobility workshop is best presented in a venue where there are hospital beds and wheelchairs available. A ratio of 1:3 (equipment to participant) is desirable.

Objectives for this Workshop

- Define a stroke
- Know the risk factors for stroke
- Recognize the signs and symptoms of a stroke and how to react to them
- Understand the philosophy of assisting the stroke survivor with basic mobility
- Participate in identifying the factors affecting mobility
- Understand the guiding principles for safe/effective mobility
- Observe and practice safe/effective techniques for:
 - Bed mobility, transfer: 1 and 2 person
- Understand the importance of the arm position during these tasks
- Recognize good sitting posture
- Observe practical tips for safe/effective assisted walking and stair climbing
- Understand the interprofessional approach to post-stroke care

Workshop Philosophy

- YOU are an integral part of the stroke care team
- These techniques are designed for:
 - The safety of the stroke survivor
 - The safety of YOU, the stroke care giver
- The effective interaction between YOU and the stroke survivor with the goal of maintaining or improving their level of function

Factors Affecting the Survivor's Mobility

- ▶ Using a flipchart or whiteboard, elicit the factors from the participants

Motor Loss

- Which side has been affected by the stroke?
- Ability to move each limb?

Sensation

- Can they feel their arm/leg?
- Do they know where it is positioned?
- Pain?

Fatigue

- A survivor may require more assistance at various times throughout the day

Muscle Tone

- Is the limb stiff and difficult to move or is it limp and floppy?

Balance

- Can they sit on their own?
- Can they stand without assistance?
- Do they stand on both feet?

Posture

- Sit and stand upright
- Do they push themselves over?

Perception

- Neglect to one side
- Visual problems

Cognition

- How alert?
- Ability to learn?
- Attention span?
- Impulsivity?

Communication

- Ability to follow instructions
- Ability to speak

Personality

- Anxiety and fear of moving/falling
- Impulsiveness

Non – neurological Physical Limitations

- Previous fractures
- Painful joints
- Contractures
- Amputations
- Obesity

Guiding Principles for Assisting with Mobility and Motor Function

- The goal of assistance is survivor safety and comfort, quality of movement, and as high a level of independence as is possible
- If you are having difficulty assisting an individual, seek the advice of your immediate supervisor
- Each person is different and a unique individual
- Move slowly and gently
- Talk with the survivor
- Encourage the survivor to participate as much as possible
- Never LIFT the survivor
- Never pull on the survivor's affected arm or under the survivor's shoulders

Use of Good Body Mechanics

- Centre of Gravity close to object/person you are moving
- Bend knees
- Straight back
- Weight transfer with movement

Bonus: These principles apply not only to the stroke survivor population, but also to people with any other medical conditions, i.e. M.S., Parkinson, Alzheimer, etc.

Assisting the Survivor Who Has Shoulder Problems

- When the survivor is sitting, support the affected arm
- Always be careful when handling the limb
- Seek the advice of a professional
- Never pull on a limb
- When using a lifting device (Hoyer, ceiling lift) ensure affected arm is positioned inside the sling. Never let the arm hang outside the sling.

► **Bed Mobility:** have a participant lie on the bed, then talk through and demonstrate the following:

Bridging

Encourage the Survivor:

- To bend knees up
- Keep feet flat on bed
- Lift hips off bed
- To move from side to side in bed shift hips to the left or right
- To move up in bed push with both legs

Movement of the Upper Trunk

Encourage the survivor:

- Support affected arm
- Lift head and shoulders
- Shift head and shoulders to the left or right
- Move in small increments

Rolling onto Side

Encourage the survivor:

- To bend knees up before rolling
- Not to forget the affected arm
- To look towards the direction of the roll

Moving from Lying to Sitting Position

Ask the survivor to:

- Bend both knees up
- Lift and turn head to look in the direction of the roll
- Roll completely onto the side, without forgetting the affected arm
- Draw knees toward the chest
- Slip both feet over the edge of the bed
- Push up with her arm (s), looking up as she pushes up
- Sit up tall
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▶ **STOP: HAVE ALL PARTICIPANTS PRACTICE**

▶ **Human Movement Lab:**

Have participants pair off: 1 behind the other

Walk – starting with opposite feet (person in front starts with left foot, person in back with right foot)

Walk – starting with same feet

Have participants sit in their chairs:

- have them slouch and try to stand
- have them sit upright and stand
- have them slouch and raise both their hands above their head
- have them sit upright and repeat the hand exercise

Discuss with participants how they felt during these exercises and why all movements are more effective if correct body mechanics / positioning are utilized for the client.

Moving – Sitting to Standing

This is not a LIFT

Ask the survivor to:

- Slide hips forward to the edge of the bed/chair
- Sit up tall
- Position feet correctly
- Bend forward at the hips
- Bring shoulders forward
- Keep weight equally distributed over both legs
- Stand up tall

General Principles of a Safe Transfer

- This is a problem solving approach based on individual factors
- Prepare the survivor and yourself for the transfer
- Make sure that wheelchair brakes are applied, arm rests removed and foot rests are up and swung out of the way
- Assist the survivor to bring their buttocks closer to the edge of the wheelchair by shifting one side forward at a time
- If the survivor overuses the unaffected side, have them stop and correct their position before proceeding
- Position yourself as close to the survivor as possible, without blocking the direction of movement or the survivor's vision of the path of movement
- When assisting the person's body, place your hands around their upper back (shoulder blades) or pelvis
- Never hold onto clothing
- If the transfer requires two people to assist, communicate clearly with each other as well as the patient, this will ensure a coordinated effort
- Bend your knees when assisting the survivor with the transfer. Keep your back in normal alignment.
- Shift weight from front foot to back foot as you assist with the transfer
- Avoid pulling the person's affected arm
- Do not lift the survivor by placing your hands under their arms

Transfer Set-Up

- Lower the bed so that the survivor's feet can rest on the floor. Lock the bed brakes, if the bed has casters.
- Adjust or remove the wheelchair's footrests and the armrest on the side closest to the bed.
- Place the wheelchair next to the bed at a slight angle and lock the brakes.

One Person Pivot (Stepping) Transfer

- Stand in front of the survivor, supporting the shoulder blades or pelvis
- Tell the survivor in which direction the movement will occur
- Shift the survivor gently forwards and guide them to standing
- Position your feet on each side of the survivor's affected foot once the survivor has risen to standing
- Assist the survivor to transfer weight to one leg and assist the unweighted leg to step/pivot. Continue stepping until the person is positioned directly in front of the chair
- Assist the survivor to bend forward and to place buttocks down and back on the new surface
- Reposition the survivor so that he is comfortable
- Replace the foot rests and arm rests on the wheelchair

Car Transfer

- Follow the basic principles for the one – person standing stepping transfer
- There will be other variables to consider for this type of transfer including the type of vehicle, door opening, environment (rain and snow), ground surface, etc.
- Ideally the Physiotherapist/Occupational Therapist will be responsible for demonstrating the best method
- Contact your immediate supervisor if you are having difficulty

Two Person Pivot (Stepping) Transfer

- This transfer is for the survivor who bears weight through the legs but is heavy or unreliable. The technique requires two caregivers, with the taller of the two positioned behind the survivor
- Lower the bed so that the survivor's feet can rest on the floor
- Lock the bed brakes, if it has casters
- Adjust or remove the wheelchair's footrests and the armrest on the side closest to the bed
- Place the wheelchair next to the bed at a slight angle and lock the brakes

- ▶ Demonstrate:
 - sitting to standing
 - one person pivot transfer
 - two person pivot transferNOTE: You may also wish to demonstrate a “two person sitting pivot transfer.”

- ▶ These transfers are all available on “Tips and Tools for Everyday Living: Putting Into Practice” video series: # 5 – Mobility.
<http://profed.heartandstroke.ca/ClientImages/1/CSSTipsandTools%5B1%5D.pdf>

- ▶ After each demonstration, allow the participants time to practice.

- ▶ Use green painter tape to identify the affected arm / leg on the participant.

- ▶ Walking – Demonstrate support positions for walking and, if available, stair climbing.

RESOURCE LIST

Heart and Stroke Foundation of Ontario

For more information or to order any of the following resources please visit the Heart and Stroke Foundation of Ontario website at <http://profed.heartandstroke.ca>

- Heart and Stroke Foundation of Ontario (2002) Tips and tools for everyday living: A guide for Stroke Caregivers. Heart and Stroke Foundation of Ontario: Toronto online at <http://profed.heartandstroke.ca>.
- Stroke Network of Southeastern Ontario (2006). Tips and tools for everyday living: A guide for stroke caregivers: “Putting it into practice” video series online at www.strokenetworkseo.ca
 - Video #1 Recognize and React to the Signs and Symptoms of Stroke
 - Used in all 5 workshops
 - Video #2 Communication
 - Used in workshop #5 Communication and Behaviour
 - Video #3 Meal Assistance & Hydration
 - Used in workshop #4 Nutrition, swallowing, feeding and hydration
 - Video #4 Cognitive, Perceptual & Behavioural Problems
 - Video #5 Mobility
 - Used in workshop #3 Mobility
- Risk Assessment: online at www.heartandstroke.ca/assess
- Ontario Best Practice Guidelines for Stroke Care. Online at <http://profed.heartandstroke.ca/>
- Canadian Best Practice Recommendation for Stroke Care: 2006 online at http://www.canadianstrokestrategy.ca/eng/resourcestools/best_practices.html
- Let’s Talk About Stroke and other patient education resources
 - Heart and Stroke Foundation of Ontario Health Information Resource Catalogue online at http://www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.3829047/k.91D8/Health_Information_Resource_Catalogue.htm

Additional Resources

- Stroke Network of Southeastern Ontario: www.strokenetworkseo.ca
 - Visit this site for additional educational resources and popular resource links
- RNAO (2005) Best Practice Guideline: Stroke Assessment Across the Continuum of Care. Online at www.RNAO.org

Journal Article: Rosemarie King & Patrick Semik. (April 2006). Stroke Caregiving: Difficult Times, Resource Use and Needs During the First 2 Years. Journal of Gerontological Nursing, 32(4), 37-45. online at www.JOGNOnline.com

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WORKSHOP 3: Mobility: Positioning and Transferring

Participant Evaluation Form

1. Using the following scale (1-9), please rate your level of knowledge / skill / experience **BEFORE** today's workshop and **AS A RESULT OF** today's workshop for each of the following statements.

NONE or MINIMAL Knowledge/Skill/Experience			SOME Knowledge/Skill/Experience			EXTENSIVE Knowledge/Skill/Experience		
1	2	3	4	5	6	7	8	9

Enter a number in the boxes below

How would you rate your:	BEFORE the Session	AS A RESULT OF the Session
a. Ability to recognize the possible 5 signs and symptoms of a sudden stroke		
b. Understanding of how to react to the sudden signs and symptoms of a sudden stroke		
c. Ability to identify risk factors for having a stroke		
d. knowledge of how to position the weak or still arm for comfort and safety		
e. knowledge of the roles and functions of the interprofessional team members		
f. ability to perform the following mobility techniques with a stroke survivor:		
• Moving into side-lying position		
• Moving across or up in bed		
• Moving from lying to sitting		
• Moving from sitting to standing		
• Positioning in a chair		
• One person stand transfer		
• Two person stand transfer		
• Two person sit pivot transfer		
• Assist with walking		

2. Was the amount of information presented...

_____ Too much _____ About right _____ Not enough

3. The length of time for the workshop was...

_____ Too much _____ About right _____ Not enough

4. What did you find most helpful about the workshop?

5. What did you find least helpful about the workshop?

6. What is your overall rating of the workshop?

_____ Excellent _____ Good _____ Fair _____ Poor _____ Very Poor

7. Any other comments:
