

Understanding Basic Rehabilitation Techniques



Transfers Practical Workbook

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This workbook is the result of a collaborative effort by the following members of the Physiopedia Team:

1. Naomi O'Reilly, MOOC Manager
2. Carin Hunter, Learning Architect
3. Robin Tattchi, Course Presenter

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Observational and Reflective Checklist

Observation	Yes / No	Comments
Introduction and Preparation for the Transfer	Was the environment properly prepared for the transfer ? e.g. pillows, safe environment etc.	
	Did the therapist introduce themselves?	
	Was the patient comfortable?	
	Was an explanation for the transfer given?	
	Was the explanation clear and succinct?	
	Was consent obtained?	
Performing the Skill	Were risk mitigation strategies put in place to reduce risk of falls during transfer?	
	Did the therapist assess the patient's capacity to participate (physical, cognitive etc.)?	
	Were the surfaces set at the right height for the transfer?	
	Was the therapist's posture compromised?	
	Were assistive devices used appropriately?	
Safe and Effective Performance of Technique	Was the procedure carried out with due care and attention?	
How would you rate the proficiency in the overall performance of the skill?	Excellent	
	Very Good	
	Good	
	Satisfactory	
	Borderline	
	Fail	

Considerations Prior to Transfer

Regardless of the type of transfer you are completing, you should always keep in mind the following safety measures to protect yourself, your colleagues and the person you are assisting with the transfers.

- Assess the environment.
- Assess the patient.
- Plan the transfer and explain the procedure to the patient
- Adjust the height of the transfer surfaces where possible to a comfortable level for work
- When using wheelchairs, line up the front swivel wheels with the back wheels when transferring clients and ensure the brakes are in place prior to completing a transfer.
- Allow the person being transferred to do as much as possible.
- Ensure appropriate clothing and footwear prior to completing a transfer.
- Use assistive devices such as a transfer belt to increase safety of the patient as required.
- During the transfer, where possible patients should always lead with their stronger side
- During the transfer, patients should not hold onto you around your neck. Instead, they can use your arm or the arm of the chair or to an assistive device for support
- Protect yourself by using good body mechanics.

Levels of Assistance

The level of assistance a patient requires during transfers depends on their size and physical, cognitive and medical capabilities.

Level of Assistance	Abbreviation	Clinician Effort	Patient Effort	Comments
Independent	I	0%	100%	Patient Requires No Assistance. No Clinician Support Required.
Supervised	S or S/V	0%	100%	Clinician Should be in Room
Standby Assist	SBA	0%	100%	Clinician should stand next to Patient without contact.
Contact Guard Assist	CGA	0%	100%	Clinician Maintains Contact. "Hover Hands".
Minimal Assistance	Min Ass	1-25%	75-99%	Some Assistance Required
Moderate Assistance	Mod Ass	26-50%	50-74%	Clinician and Patient provide equal work.
Maximal Assistance	Max Ass	51-75%	25-49%	Clinician provide the majority of effort.
2 Person Assistance	x 2	Varies	Varies	x 2 Requires 2 People for Transfer
3 Person Assistance	x 3			x 3 Requires 3 People for Transfer
Mechanical Lift	Hoist	0%	0%	Patient is Dependent Requires 2 People for Transfer

Move Forward and Backwards in Sitting

The bottom shuffle transfer is useful for patients who need support to reposition in sitting. This transfer can be completed with anywhere from stand by assistance to maximal assistance. Figure 1 to 3 show a backward bottom shuffle and Figure 4 to 6 show a forward bottom shuffle both with minimal assistance of one person.

Bottom Shuffle Backwards



Figure.1 Start Position Moving Forward



Figure.2 Bottom Shuffle Backward



Figure.3 End Position

Bottom Shuffle Forwards



Figure.4 Start Position Moving Forward



Figure.5 Bottom Shuffle Forward



Figure.6 End Position

Procedure

1. The patient should sit on the edge of the bed with feet flat on the floor shoulder width apart with their hands next to them on the side of the bed (Figure.1 & 4).
2. The person assisting the transfers should stand, with a wide stance in front of the patient (Figure.4) placing an open and flat palm at the patient's hip on each side.
3. Instruct the patient to lean to the side, and slide the buttock forward or backward, depending on which direction you need to reposition to. (Figure.2 & 5). Repeat this for the other side (Figure. 3 & 6).
4. Repeat step.3 as many times as required either forwards or backwards on the surface to correctly reposition the patient.
5. Once repositioned ensure the patient is stable in a sitting position before removing your hands. (Figure.11).

Side-Lying to Sit Transfer

The side-lying to sit transfer is useful for patients who need support to reposition from lying in bed to moving into sitting on the edge of the bed. This transfer can be completed with anywhere from stand by assistance to maximal assistance. Figure 7 to 11 show a side-lying to sit transfer with minimal assistance of one person.



Figure.7 Start Position Sliding Board Transfer

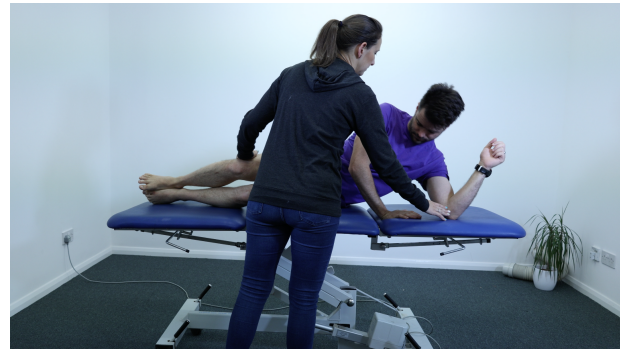


Figure.8 Sliding Board Transfer



Figure.9 Start Position Sit to Stand



Figure.10 Sit to Stand



Figure.11 End Position Sit to Stand

Procedure

1. The patient should be in a side-lying position at the edge of the bed (Figure.7).
2. The person assisting the transfers should stand, with a wide stance in front of the patient to reassure them they will not fall out of bed. (Figure.8)
3. Instruct the patient to push down with their upper arm to lift up their trunk and position their lower elbow and forearm on the bed to support their weight. (Figure.8)
4. Place an open and flat palm on the patient's upper shoulder and the other hand to grasp under the lower thigh at the back of the knee (Figure.9).
5. Slide the patient's legs forward towards your body, allowing the lower legs to slide off the bed as you help bring the trunk into an upright position (Figure.10).
6. Make sure the patient is stable in a sitting position before removing your hands. If a patient needs further assistance, leave hands in place to help them maintain sitting balance (Figure.11).

Sliding Board Transfer

The sliding board transfer is useful for patients who are unable to support their weight in standing but are able to use their arms to support them in moving from one surface to another. A sliding board is a piece of equipment that helps you transfer from one surface to another. For example, from bed to chair. The boards come in different shapes, colours and sizes. They are also sometimes known as banana boards or transfer boards.



Figure.12 Start Position Sliding Board Transfer



Figure.13 Sliding Board Transfer

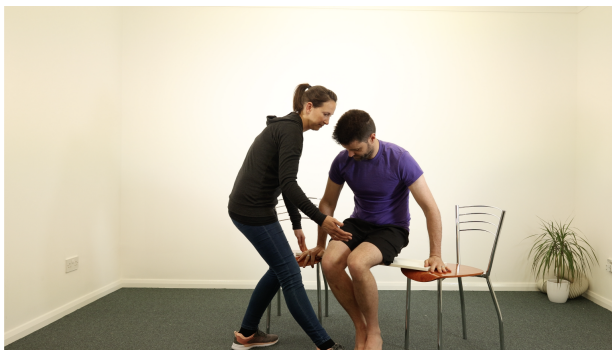


Figure.14 Sliding Board Transfer



Figure.15 End Position Sliding Board Transfer

Procedure

1. The patient should sit on the edge of the chair with feet flat on the floor shoulder width apart with their hands next to them on the side of the chair (Figure.12).
2. Position the chair directly next to the destination surface. A slight angle of 45 degrees is helpful (Figure.12).
3. Instruct the patient to lean to the side, away from the direction you are about to move in. Slide a quarter of the sliding board under your bottom and sit on it. (Figure.12)
4. The rest of the sliding board should be positioned over the surface you are moving towards (Figure.13).
5. Slide your bottom along the board pushing with your hands in short movements. Keep your hands flat on board. (Figure.14)
6. When the person transferring is on the new surface they are transferring to hold on to the chair or arm rest as they lean their body to the side and remove the transfer board from underneath their bottom. (Figure.15)
7. Readjust position in the chair as needed using a bottom shuffle.

Stand Pivot Transfer

The stand pivot transfer is useful for patients who can support most of their weight in standing on one or both legs but are unable to take steps to move from one surface to another. A pivot transfer can be performed in both a squat or full standing position based on how much the person can bear weight and can be completed with anywhere from stand by assistance to maximal assistance. Figure 16 to 19 show a stand pivot transfer with partial stand with minimal assistance.



Figure.16 Start Position Stand Pivot Transfer



Figure.17 Stand Pivot Transfer



Figure.18 Stand Pivot Transfer



Figure.19 End Position Stand Pivot Transfer

Procedure

1. The patient should sit on the edge of the chair with hands next to them on the side of the chair (Figure.16).
2. Position the chair directly next to the destination surface. A slight angle 45-90 degrees is helpful (Figure.12).
3. Angle the patient's heels in the direction of where they are transferring. Where possible have them adjust their own feet (Figure.16). If required, block the person's knees with your knee.
4. Support the patient with a transfer belt, at the waist, or behind the shoulders and guide them to shift their weight off their bottom and onto their feet.
5. Instruct the patient to push off the surface using their hands while shifting their weight over their feet, “nose over toes” can be a useful cue (Figure.17).
6. The patient should then swing their bottom around to the adjacent surface so their feet pivot (Figure.18).
7. If able to, have the patient reach their hand back to the destination surface and slowly lower back down onto the surface, guiding their hips as far back onto the surface as possible (Figure.19).

Sit to Stand Transfer

The sit to stand transfer is useful for reliable and predictable patients who can actively participate and who can support their weight in standing on one or both legs. Commonly used when preparing to mobilise. A sit to stand transfer can be completed with anywhere from stand by assistance to maximal assistance with one or two persons. Figure 20 to 23 show a sit to stand transfer with minimal assistance of one person.



Figure.20 Start Position Sit to Stand



Figure.21 Sit to Stand



Figure.22 Sit to Stand



Figure.23 End Position Sit to Stand

Procedure

1. The patient should sit on the edge of the bed with feet flat on the floor shoulder width apart with their hands next to them on the side of the bed (Figure. 20).
2. The person assisting the transfers should stand, with a wide stance, to the side of the patient (Figure.21).
3. Use your foot to block the patient's foot to stop this from slipping forward during the transfer (Figure.21).
4. Place your hands, open and flat, at the rear and front of the patient's shoulder for support (Figure.21).
5. Request the person look downwards while gently supporting the person to lean forward and push up with their arms into a standing position. Support them to complete the movement in a smooth, steady action (Figure.22).
6. When the patient is standing, continue to support them to maintain their balance (Figure.23).

Stand Step Transfer

The stand step transfer is useful for reliable and predictable patients who can actively participate, can support their weight in standing on both legs and can take steps with support. A stand step transfer can be completed with anywhere from stand by assistance to maximal assistance with one or two persons. This transfer can also be completed using an assistive device such as a rollator zimmer frame to assist with the stepping. Figure 24 to 27 show a stand step transfer without an assistive device with minimal assistance of one person.



Figure.24 Start Position Stand Step Transfer



Figure.25 Stand Step Transfer



Figure.26 Stand Step Transfer



Figure.27 End Position Stand Step Transfer

Procedure

1. The patient should sit on the edge of the chair with feet flat on the floor shoulder width apart with their hands next to them on the side of the chair (Figure. 24).
2. The person assisting the transfers should stand, with a wide stance, to the side of the patient (Figure.24).
3. Use your foot to block the patient's foot to stop this from slipping forward during the transfer (Figure.214).
4. Place one hand, open and flat, at the rear of the patient's shoulder (Figure.24). With the second hand you can support the patient at the front of the shoulder (Figure.24) or hold hand ensuring thumbs are not interlocked.
5. Instruct patient to look downward while gently supporting them to lean forward and push up with their arms into a standing position. Support them to complete the movement in a smooth, steady action (Figure.25).
6. When the patient is standing, they then take small steps to turn towards the destination surface (Figure.26).
7. Once the back of the legs are in contact with the destination surface, instruct the patient to look down reaching their arm back to the surface and lean forward while gently pushing the hips to sit on the surface.