

❖ Practice Lab

Bed Mobility: Scooting Side to Side

The following guidelines may need to be modified if your patient has secondary complications or medical conditions interfere. This method is useful for patients requiring moderate assistance.

Starting Position

The patient is lying in supine.

Handling

1. Have your patient bring the less involved leg into as much hip and knee flexion as comfortably possible, placing the sole of the foot flat onto the bed. Assist your patient, as needed.
2. Grasp the ball of the foot and bring the ankle into dorsiflexion with eversion.
3. Slowly bring the involved leg into hip and knee flexion.
4. Place the foot flat onto the bed.
5. Ask your patient to take care of the involved hand (if possible). Assist as necessary.
6. Reposition your hand onto the lower end of the femur, just above the knee.
7. Firmly bring the femur forward, bringing the knee over the foot and putting weight into the feet. It can be helpful to use your forearm, in addition to your hand, to give more input into the femur to bring the hips off the bed. This is especially true with larger or lower level patients.



8. With your other hand, support under the involved side, unweighting and extending the hips.
9. As the hips come off the bed, cue your patient's hip to scoot to the side.
10. Allow the hips to return to the surface of the bed.
11. Reposition both feet in alignment with the knees and femurs.



12. Assist your patient to lift the head and shoulders off the pillow (if your patient is unable to lift the head, you can support the head and shoulders with the pillow).



13. Scoot the head and shoulders and align over the hips.
14. Repeat the sequence until your patient has scooted as far as needed.



Tips

The following guidelines can help you determine how far to scoot the patient in bed:

- If you are having your patient scoot in order to be positioned in sidelying, scoot your patient as far to the edge of the bed as possible. This will be helpful in proper bed positioning.
- If you are scooting your patient over in preparation to come from sidelying to sitting, measure the length of the femur. This is approximately the distance that your patient should be from the edge of the bed.



Variations

Some patients need more assistance. It may be necessary for you to assist in bringing both femurs forward in order to bridge and scoot.

When passive handling is necessary, a draw sheet can be used to slide a patient over in bed or up in bed. Raise the height of the bed. With the assistance of two people, one on each side of the bed, grasp the draw sheet and slide the patient over in bed. When sliding up in bed, take care to protect your patient's skin.

Common Mistakes

Most patients have difficulty scooting from side to side for two reasons:

- First, they have difficulty bridging (lifting their hips off the bed.)
- Second, due to poor hip and knee control, they have difficulty maintaining position of the hip and foot.