

## ❖ Transfers with Moderate Assistance

*The following guidelines may need to be modified depending on the height of the patient, the heights of the surfaces, if medical conditions interfere, or if the patient has already developed tightness or contractures.*

### Starting Position

Patient is sitting in a wheelchair. As in all transfers, position the chair close to the bed, swing the footrest out of the way, and remove armrests, if possible.

### Handling

1. Stand in front of the patient, weak side toward the bed.
2. Remove the weak foot from the footrest and place both feet flat on the floor.
3. Your feet should be staggered, one in front and one in back. This enables you to shift your weight from your front foot to your back foot as the patient shifts their weight from their hips to their feet. Position your back foot toward the weak side. As you transfer the patient you'll be pivoting on this foot.
4. Ask the patient to either place their hands on their thighs or clasp their hands together. (This helps the patient remember the arm, stay more symmetrical, and it keeps them from grabbing onto everything in sight.)
5. Help the patient lean forward (not down) with trunk extension.
6. Reach over the patient's back and place your hands securely along the scapula and onto the rib cage. Do not grab under the patient's arms as this can cause injury to the patient's shoulders.
7. Do not lift the patient into standing. Instead, rock their weight from their hips forward onto their feet. At the same time, rock your weight onto your back foot, keeping your elbows extended.
8. As their hips come off the surface of the chair, swing their hips toward the bed, facilitating through the upper trunk.
9. Use the verbal commands "come forward," "turn," and "sit down" to assist the patient. Using the common "one, two, three" command does not help the patient learn how far forward to come and when to pivot.
10. Lower the patient back onto the bed.



## Tips

- Don't stand so close to your patient that you block their ability to come forward. Give them room. Also, remember to help them forward by shifting your weight from your front foot to your back foot. Do not pull them forward using your biceps. This will take all of the stress off of your back.
- Also, slow down the transfer and teach the patient controlled movements. Break the transfer into three parts: "come forward" (and pause for half a second), "turn" (pause for half a second), and "sit down". It is safer and the patient learns to move when the weight shift is correct. The bigger the patient, the stronger my grasp and the further forward the patient moves to unweight their hips.

## Variations

- There may be many reasons to modify your transfers. Secondary complications such as orthopedic limitations may not allow the patient to bend forward.
- Environmental factors may require a stand-pivot transfer; bathrooms are often too small or the sink might be in the way. Wheelchair armrests that aren't removable, discrepancies in surface heights, or distance between surfaces can also require a stand-pivot transfer.
- Problem solve with each individual patient and determine the safest and most therapeutic transfer for each.

## Common Mistakes

- Lifting the patient into standing, instead of shifting the weight forward over the feet.
- Standing too close to the patient, not allowing enough room for them to shift their weight forward.
- Pivoting the patient from one surface to the other before the hips have cleared the chair.
- Hand placement under the arms instead of along the scapula and rib cage.
- Pulling the patient forward using arm strength, instead of the shifting your weight from the front foot to the back foot.

**⌘11 Pause and Practice with a Partner**

## Notes

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