Repositioning in the Wheelchair with Maximum Assistance

The following guidelines may need to be modified if your patient has already developed tightness or contractures or if medical conditions interfere.

Starting Position

Patient is poorly positioned in the wheelchair.

Handling

- 1. Stand in front of the patient.
- 2. Remove the foot from the footrest and place both feet flat on the floor.
- 3. With your knees together, position yourself in front of the patient's weak side.
- Your feet should be staggered, one in front and one in back. This way you'll be able to shift your weight from your front foot to your back foot as the patient shifts their weight from their hips to their feet.
- 5. The "V" space between your knees will be positioned on each side of the patella at the condyles. This correct position is extremely important and plays a key role in the method working. Your point of contact should not be on the patella nor should it be up on along the femur. These are very common mistakes and should be avoided.
- 6. Help the patient to bend down and forward (over the strong side) as far as possible. As you do this, support their upper trunk so that they don't feel like they are falling forward. I like to position their shoulders on the outside of my leg, if possible. This allows me to get closer to the patient.
- 7. Reach over the patient's back and place your hands securely under the trochanters of the hips. Do not grab onto their belt loops or the waistband of their pants. This can be dangerous as well as uncomfortable for the patient.
- 8. "Hug" the patient next to you, helping them feel more safe and secure.
- 9. Before you move the patient, flatten your back. This should not put a strain on your back, if done correctly.
- 10. Do not lift the patient. Instead, rock their weight from their hips forward onto their feet. At the same time, rock your weight onto your back foot, keeping your back flat. This is done using leverage, not lifting!
- 11. Approximate the knees by giving input with your legs into their condyles, just on each side of their patella. The force of your input should help to bring their hips up and off the surface of the chair. The larger the patient, the more approximation you will need to give.
- 12. As their hips clear, push their hips back into the wheelchair with your legs, not your hands.
- 13. Lower the patient back into the chair. You may need to do this a couple of times if your patient isn't all the way back into the wheelchair.

Common Mistakes

The two most common mistakes made are as follows:

- The patient's hips don't come off the chair. This is usually because there wasn't enough force in approximation at the knees or because the therapist tried to lift instead of shifting the weight forward onto the patient's feet.
- The patient "plops" back into the chair and the therapist feels like they are "falling" forward over the patient. This is usually because the therapist uses their hands to reposition the patient's hips instead of using their knees to place the hips back into the chair. Be sure to keep your center of gravity low.

Other Common Mistakes Include:

- 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.
- Placing your hands under the arms instead of along the scapula and rib cage.
- Pulling the patient forward, using arm strength, instead of shifting your weight from the front foot to the back foot.

#16 Pause and Practice with a Partner

Notes