

❖ Scooting Side to Side: Therapeutic Method

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

Starting Position

The patient is lying on the bed or the mat table in supine.

Handling

1. Have the patient bring the strong leg into as much hip and knee flexion as comfortably possible, placing the sole of the foot flat onto the bed.
2. Grasp the ball of the foot and bring the ankle into dorsiflexion with eversion.
3. Slowly bring the weak leg into hip and knee flexion.
4. Place the foot flat onto the bed.
5. Ask the patient to take care of their weak hand (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. It can be helpful to use your forearm, in addition to your hand, to help give more input into the femur to bring the hips off the bed. This is especially true with larger patients.
8. With your other hand, support under the weak side, unweighting and extending the hips.
9. When no longer weight bearing, cue the hip to the side or to the direction in which they are scooting.
10. Allow the hips to return to the surface of the bed.
11. Reposition feet in alignment with the knee and femur.
12. Assist the patient to lift the head and shoulders off the pillow (if the patient is very weak and needs maximal assistance, you can support the head and shoulders at the same time by using the pillow as a support).
13. Scoot the head and shoulders and align over the hips.
14. Repeat the sequence until the patient has scooted as far as needed.



Tips

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

- If you are having a patient scoot in order to be positioned in sidelying, scoot them as far to the edge of the bed as possible. This will be helpful in proper positioning.
- If you are scooting the 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 femur forward in order to bridge and scoot.

A draw sheet can be used to slide a patient from one side of the bed to the other, but because it is passive, the therapeutic value of this facilitation is lost.



Common Mistakes

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

- First, they have difficulty bridging (lifting their hips off of the bed).
- Second, the effort involved in trying to scoot can cause the leg to shoot out into extension. Sometimes the patients try so hard that the head and shoulders push deeper into the bed/pillow instead of lifting off the pillow. Proper handling, as previously described, will help to eliminate these problems.

⌘32 Pause and Practice with a Partner