

❖ Transfers to Similar Height Surfaces

Analyzing Normal Movement During Transfers

Before we begin, remember that our therapeutic methods are based upon normal patterns of movement. To fully understand the therapeutic value of each technique, we will observe and analyze the normal components of movement necessary to transfer from one surface to another and reposition in the chair. The better you are at observation and the analysis of your observations (of both normal and abnormal movement), the better you will be at identifying and treating your patient's key problem areas. Rather than say "normal," perhaps it is better to say "typical movement patterns" or "common patterns of movement," since there is a great variety of normal movement components in the general population. A variation on "normal" does not necessarily mean "abnormal". In the following section, the underlying factors which can influence normal movement patterns are discussed.

I have taught this transfer method literally hundreds of times over the past twenty years. Before I teach the therapeutic method, I have the class observe the normal movement components necessary for the task, just as I do when I teach any facilitation method. I can ask someone to "roll," "scoot," or "stand up," but the word "transfer" isn't in our usual vocabulary. So when observing normal movement, instead of asking someone to "transfer", I simply put two chairs next to each other and ask them to "move" from one chair to the next. I have observed over 100 people do this and it rarely varies.

- The person prepares for the transfer (moving from one chair to the other) by positioning the foot slightly toward the empty chair.
- Next, the person often reaches toward the empty chair, lightly resting their hand on the chair.
- The person comes forward, shifting their weight from their hips to their feet, keeping their center of gravity low.
- In somewhat of a "squat" position, the person moves from one chair to the other by swinging their hips from one seat to the next.
- After changing chairs, the feet are slightly repositioned under the knees.

⌘8 Pause and Practice

Self Experience

It might be interesting for you to pause and observe your own personal patterns of movement, as well as others. There are several factors which influence just how each of us moves, whether we've had a stroke or not:

- height and build
- joint flexibility
- strength
- previous injuries or orthopedic limitations
- environmental factors (such as the height of the chair, the distance between the two chairs, and whether or not the chair has armrests)

Notice

- Your own foot placement, what feels comfortable.
- How far forward you lean as your hips clear the chair.

Try

- Placing your feet an inch or two forward from your "normal" foot placement. What do you notice?
- Placing the chairs a foot or more apart.
- How does this affect your "transfer"?

Observe and Analyze Others

Note variations in movements and sequences of movements.

