

❖ Wheelchair Transfer with Maximum Assistance

This is one way to transfer a patient between surfaces of equal height with maximum assistance.

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

Starting Position

The patient is seated in a wheelchair. 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.
2. Remove the patient's 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.
4. 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 weight forward from their hips to their feet. Your foot in back should be toward the bed (from the side you are transferring toward).
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 successfully. 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 bend down and forward (over the strong side) as far as possible. As you do this, support the upper trunk to decrease the fear of falling forward. I like to position the 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. With your upper arm, hug the patient next to you, helping them feel more safe and secure.
9. Before moving 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, pivot the patient to the bed. Do not attempt to pivot the patient until the hips have cleared the chair.
13. Lower the patient onto the bed.

Variations

There may be many reasons to modify your transfers. Secondary complications such as orthopedic limitations or medical conditions may not allow the patient to bend forward. Environmental factors (such as wheelchair armrests that aren't removable, discrepancy in surface heights, or too much distance between surfaces), may require a stand-pivot transfer. Problem solve with each individual patient and determine the safest and most therapeutic transfer for each.

Common Mistakes

- 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 therapist tries to "lift" the patient with their arms and back. Your elbows should be almost "fixed" as you use your weight to bring them forward.

⌘9 Pause and Practice with a Partner

Practice a maximum assist transfer with a partner. Help with corrections and/or modifications as necessary.

Notes
