

❖ Practice Lab

Bed Mobility: Sidelying to Sitting

The following guidelines may need to be modified if your patient has secondary complications or medical conditions interfere.

Starting Position

The patient is lying in bed on the involved side.

Handling

1. Place your patient's lower arm between your humerus and trunk. Maintain this support.
2. Slide your hand under the scapula and bring the involved arm into protraction and forward flexion, as close to 90° as possible.
3. Bring the upper trunk into flexion, closer to the edge of the bed. This will be better for your back and will also keep your patient from pushing back into extension.
4. Bring the hips and knees into as much flexion as your patient can comfortably tolerate. This will help to inhibit extension of the lower extremities and shorten the 'levers,' making it easier to control the taller patients.
5. Stand in front of your patient with a wide base of support.



6. Assist your patient to reach across with the less involved arm and ask them to 'push up' from the bed. This hand placement also helps keep them forward and discourages them from falling back onto the bed.
7. Slide your patient's feet off of the bed, keeping your leg in front of their feet. Don't allow their legs to fall as this can cause stress at the hip.



8. Place one hand on your patient's iliac crest, bringing the pelvis down and slightly back. This facilitates trunk activity on the less involved side.
9. At the same time, shift your weight from one leg (positioned toward the head of the bed) to the other leg (positioned toward the foot of the bed). This 'lunge' encourages use of your legs instead of your back.
10. Bring your patient's upper trunk upright into a sitting position, continually supporting the involved upper extremity.



Tips

Consider the following prior to sitting your patient at the edge of the bed.

- ability to follow directions
- level of alertness
- sensation and function of the less involved side
- lower extremity ROM

In addition, check for any indication of pain.

Common Mistakes

Don't forget to slide the feet off the bed (step #7) before coming to a sitting position. Facilitation of the pelvis (step #8) and the lunge weight shift (step #9) are extremely important so that you don't use your back to lift the patient.