

❖ Practice Lab

Mobility: Sit to Stand with Moderate Assistance

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

Starting Position

The patient is seated in a chair or wheelchair with feet flat on the floor.

In order to determine where to position the feet and how much forward flexion is necessary for your patient, observe the following:

- Is your patient short or tall?
- Is your patient large (will bending forward be difficult)?
- What is the height of the surface? Is it higher or lower than normal?
- Does your patient have any secondary condition or diagnosis (hip replacement, back injury, Achilles tightness) that makes leaning forward difficult?

Handling

1. Stand on the involved side, next to your patient.
2. Position both feet flat on the floor, parallel and about shoulder width apart.
3. Make sure the distal 1/3 of the femur is unsupported. Scoot forward in the chair, if necessary.
4. Position the feet behind the knees. Remember, the taller the patient, the further back the feet should be positioned. Tip: As you bring your patient forward, observe the less involved foot. If the patient repositions the strong foot, position the involved foot symmetrically.
5. Ask your patient to place their hands on their thighs or clasp them together. This helps your patient to be more aware of the involved arm and move more symmetrically.
6. Position yourself so that your shoulder is behind and in contact with your patient's involved shoulder. This will help cue your patient to come forward and, at the same time, keep your patient from pushing back into extension.
7. Place your hand around your patient, onto the less involved hip. Your forearm will be along your patient's lumbar spine.
8. Place your other hand firmly on the femur, just above (not on) the involved knee. Give your patient a cue to bring the femur forward and put weight into the involved foot.



9. Cue your patient to come forward at the shoulder and at the hips, just until the hips leave the chair. As the hips clear the chair, don't give any more forward information.
10. As your patient stands, slide your hand along the femur and place your hands firmly on the iliac crests of the pelvis.
11. Move your body closer to your patient, making contact along the involved hip.



Tips

Patients who learn to stand up by shifting their weight forward (instead of using a grab bar or pushing off the armrests of the chair) will eventually become more independent with self-care skills. However, if your patient needs equipment at home for safety, make sure that they have it.

If your patient is unable to clasp their hands due to arthritis or edema, this is a nice alternative. Have your patient place the thumb in the palm of the involved hand and support the wrist



Common Mistakes

The therapist does not give enough cues from the shoulder, hips and femur to bring the patient forward. As the patient stands up, watch the toes. If the toes come up from the floor, the patient needs more information to shift their weight forward.

The feet are not in the correct position (not far enough behind the knees). Remember: the taller the patient and the lower the surface, the further the feet should be positioned behind the knees.

Avoid pulling the patient up by the involved arm. This can cause traumatic impingement that can take weeks or months to heal.