



MOBILITY SAFE AWARENESS

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GUIDE AND INSTRUCTIONS FOR SAFE BED MOBILITY

This educational page is designed to provide practical information and instruction for caregivers assisting individuals experiencing difficulty performing bed mobility tasks. Please view additional resources at the end of this educational page for important tips on lifting techniques, safe patient handling, falls prevention, body mechanics, and ergonomics.

What is bed mobility?


The term bed mobility refers to activities such as scooting in bed, rolling (turning from lying on one's back to side-lying), side-lying to sitting, and sitting to lying down. It also includes scooting to sit on the edge of the bed when preparing to stand or transfer.

Why is bed mobility important?

People with limited mobility from illness, weakness, injury, or disability may have difficulty moving in and out of bed. There is an increased risk of injury for the caregiver when assisting patients with limited mobility. For the safety of the caregiver and the individual needing mobility assistance (here referred to as the patient), it is important that good body mechanics are always maintained.

How do I start?

The first step is to figure out how much help the patient needs and make sure that it could be provided safely and comfortably. Prior to assisting with bed mobility, consider the following important checklist and safety tips.



Transfer checklist

- Plan ahead. Clear the area and have needed equipment in reach. If there are any lines/tubes or catheter, ensure they would not interfere with the performed activity.
- Decide which side of the bed the patient should get out from based on their strength, comfort, and ease of transferring to a chair.
- Position yourself to that side of the bed. The patient would roll toward you.
- If the bed is adjustable, adjust the height to approximately your hips level.
- If the bed has rails lower the rail on that side.

Inform the patient what to expect; involve the patient as much as possible.

Give clear directions; sometimes counting 1, 2, 3 allows the caregiver and patient to work together.

Caregiver safety

Be as close as possible to the individual you are assisting. Always use your leg muscles to lift and not your back muscles. Remember to always bend at your knees, and keep your back straight.

Avoid twisting your back.

Patient safety

Avoid forcing or pulling on the individual's limb.

Assist the patient on their weaker side.

“Minimize shearing forces on the skin.”

If applicable, maintain all precautions set by the physician/therapist.

If you are ever unsure, get needed help.

What are the steps to accomplish safe bed mobility?

The following steps are for getting out of bed (from lying on the back to sitting on the edge of bed).

The leg closest to the edge of the bed can be straight or bent depending on which is more comfortable for the patient. Have the patient bend the opposite hip and knee. For example, you should bend the patient's right hip and knee if getting the patient out on the left side of the bed ().


Place your hands behind the patient's shoulder and hip or thigh on the far side. Have the patient reach with their opposite arm across their body, toward the side of the bed (). Important tip: the patient should always roll toward you not away from you.

Assist the patient in rolling toward you and have them use their opposite arm to reach across their body into a side lying position (**fig 3**).

The patient should place their arms in a position that is comfortable for them. However, having the arms positioned as pictured in , allows the patient to use their arms and upper body strength to help push up to a seated position. The patient should now be lying on their side with hips and knees bent (**see fig 4**).

Have the patient move their legs off the edge of the bed. If needed, you can assist the patient to move their legs from behind their knees (**fig 5**).

The patient can use both arms to push up to help achieve a sitting position. If needed, assist the patient to achieve a sitting position by placing one arm behind their shoulder. The other arm could be placed behind the other shoulder, supporting their trunk (as pictured) or on the patient's pelvis



(fig 6). Important tip: If assisting the patient, perform the activity in a continuous smooth motion. Always take your time, do not rush.

To help the patient move from a sitting position on the bed to a standing position first assist the patient to scoot to the edge of the bed. With you standing in front of the seated patient, the patient leans to one side while you support the shoulder on that same side. With your other arm help the patient shift the hip forward. This process would be alternately repeated on the opposite side **(fig 7)**.

Make sure the patient's feet are flat on the floor and he/she sits for a few seconds (or minutes, as needed) before leaning forward to be assisted to a standing position **(fig 8)**.


If the patient is preparing for standing, have them lean forward, keeping both their hands flat on the bed or on their lap to assist with pushing off the bed during the transition from sit to stand **(fig 9)**.

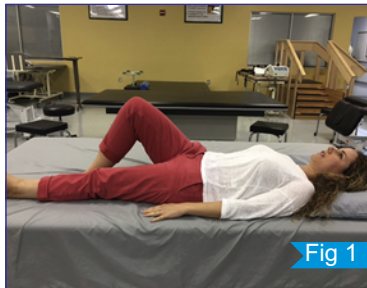
The steps to transition from sitting to lying (on the back) are as follows:

Have the patient sit on the bed (closer to the head of the bed) and away from the edge which allows for less repositioning once in bed.

Assist the patient as needed to get into side lying position.

Have the patient bend both knees and roll onto their back. Assist patient as needed.





SAFE TRANSFER TECHNIQUE

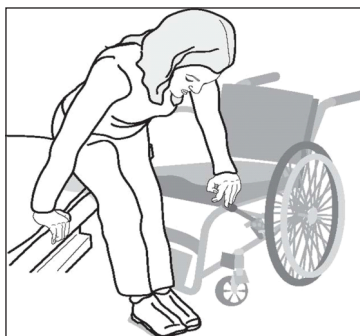
Transferring in and out of your wheelchair/bed puts higher stress on your arms and shoulders than anything else you do on a regular basis. Learning the correct way to transfer is extremely important in order to keep your arms functioning and pain free.

Get proper transfer training

- Everyone needs individualized transfer training to preserve function and avoid injury. Work with a physical therapist to learn the best transfer technique for you and your body.
- Your transfer technique may need to be readjusted as years go by. If you develop any problems or if your living circumstances (e.g. pregnancy) or activities change, go back to your therapist for advice.

Safe transfer rules and technique

- Frequency – Only transfer when necessary, keeping the number of transfers to a minimum.
- Transferring downhill is easier and, at modest height, safer than transferring uphill.
- Technique – Steps (These are general steps. Work with your therapist to fine tune them for you.):




Positioning/setup

- Get as close as possible to the surface you want to move to.
- Lock your wheels if transferring from a wheelchair.
- Put your feet on floor (unless your therapist tells you not to).
- Scoot to the edge of your chair.
- Get your arm rest out of the way on the side next to the surface you are transferring to.

Lean your trunk forward

- When transferring, your head should move in the opposite direction of your hips. This is known as a head-hips relationship and can help with movement and clearing obstacles.
- To protect your shoulders, keep your arms as close to your body as possible (about 30–45 degrees away from your body) while you are lifting your weight.
- To protect your wrists, try to grip an edge or grab bar with your fingers rather than laying your hands flat. Keeping your hands flat and putting your weight on your palms is a dangerous position that can lead to wrist problems such as carpal tunnel syndrome down the road.
- Lift-off
- Make sure you are clearing obstacles (not bumping or rubbing) to avoid shearing and pressure sores.
- If you cannot perform the transfer in one smooth movement while keeping your arms close to your body, move in several small
- “steps” and/or use a transfer board.
- Be careful sliding across the transfer board because the



motion can damage your skin. Use a pad or towel on the board when bare skin may come in contact with the board during the transfer.


- Alternate leading arms and direction of transfers to keep your arm muscles balanced and reduce strain on one side.
- Maintain ideal body weight. The more you weigh, the more weight you have to transfer and the more stress you put on your shoulders and arms.
- If you are unable to perform a transfer safely or are at risk for developing arm pain, you should strongly consider using one of the many kinds of patient lifts available.



PREVENT FALLING AT HOME

You can make your home safe from falls with just a few basic changes.

1. **Clean up clutter.** The easiest method for preventing falls is to keep your home neat and tidy. [Remove all clutter](#), such as stacks of old newspapers and magazines, especially from hallways and staircases.
2. **Repair or remove tripping hazards.** Sometimes home fixtures can contribute to falls, which can then lead to [back pain](#) and other injuries. Examine every room and hallway, looking for items such as loose [carpet](#), slippery throw rugs, or wood floorboards that stick up. Then repair, remove, or replace those items for more effective fall prevention.
3. **Install grab bars and handrails.** These safety devices are crucial for going up and down stairs, getting on and off the toilet, and stepping in and out of the bathtub without injuring yourself. [installing grab bars](#) by toilets and bathtubs and handrails in stairways and hallways. Have a handyman or family member help with this if necessary.
4. **Avoid wearing loose clothing.** You want to feel comfortable at home, but baggy clothes can sometimes make you more likely to fall. Opt for better-fitting and properly hemmed [clothing that doesnt bunch up](#) or drag on the ground.
5. **Light it right.** Inadequate lighting is another major hazard. To create a home that's more suitable for the elderly, install brighter light bulbs where needed, particularly in stairways and narrow hallways. Adding night-lights in bedrooms and bathrooms for better guidance at night.
6. **Wear non slippery shoes.** Socks may be comfortable, but they present a slipping risk. Preventing falls at home




can be as simple as wearing shoes. You can also purchase non-slip socks that have grips on the soles of the feet if shoes are too uncomfortable.

7. **Make it nonslip.** Bathtubs and showers, as well as floors in kitchens, bathrooms, and porches, can become extremely dangerous when wet. To prevent falls on slick recommends nonslip mats.
8. **Live on one level.** Even with precautions like guardrails, stairs can present a significant falling hazard. “If possible, live on one level.” If it's not possible to live on one level, try to limit the trips you take up and down the stairs.
9. **Move more carefully.** many people fall at home by moving too quickly from a sitting to a standing position and vice versa. Preventing falls like this is as easy as [taking your time](#). “All you have to do is pause after going from lying down to sitting and from sitting to standing,” he says. “Also take a pause before using the railing on stairs, whether going up or down.”

For the elderly, [fall prevention means injury prevention](#). Ask your caregivers ones to help you ensure that your rooms and stairways are clutter-free and well-equipped with lighting, handrails, grab bars, and nonslip mats to help you avoid falling — all of which can go a long way toward keeping you safe in your home.

Disclaimer

The information presented serves as general guideline and is not meant to be an exhaustive list of recommendations. It is not meant to replace the advice from a medical professional. Consult your health care provider regarding specific medical concerns or treatment. Also, notify your medical provider if you are experiencing any pain or problems/difficulties with these techniques.







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