

Mobility Techniques & Caregiver Tips

Due to physical decline and/or weakness, you may have limited mobility or only be comfortable when in bed. This section contains instructions for your caregivers that can help keep you—and them—safe from injury while they are helping you transfer from one position to another.

Universal tips for caregivers assisting a patient with mobility:

- Clear clutter to create a safer environment for movement.
- Transfer on the strong side of the person receiving assistance.
- When lifting or moving people, always face them, and keep them—as well as equipment and supplies—close to your body.
- Bend your knees and kneel or squat to lower your body to the height where you are working. Keep your back straight and distribute weight to your thighs and buttocks rather than your back.
- Do not twist when turning; pick up your feet and pivot your whole body in the direction of the move.

Using a gait belt to improve stability and balance:

When a person with balance problems needs help transferring from one position to another, a gait belt can be used to aid the patient's stability and balance, reduce the risk of falls, and improve safety for the caregiver. A gait belt should **not** be used to lift a person who is too weak to stand on their own for a brief period of time.

- Bring the belt around the middle of the patient's waist.
- The teeth of the gait belt buckle should be on the outside. Feed the belt through the teeth and tighten.
- Buckle the belt and ensure it is snug, with enough room for your hand to comfortably grasp the belt. Two fingers should fit snugly under the belt.
- Hold onto the belt to provide the patient extra support while moving.

Using a hospital bed:

- Make sure the brakes are locked at all times, except when moving the bed.
- Raise the bed to waist height when providing care, to avoid reaching and bending.
- Always put the bed in the lowest position when getting the patient out of bed.

Repositioning a patient in bed, from back to side:

- If necessary, give the patient a dose of pain medication before moving them.
- If using a hospital bed, lower the head of the bed, and raise the rail on the side toward which the patient will turn.
- Then, move to the opposite side of the bed; lower the rail, if applicable.
- If possible, slide the patient closer to you, so you can reach them without overextending your arms.
- Place your hands on the patient's closest shoulder and hip, and gently roll them away

from you, they may be able to assist by grabbing the opposite rail.

- Place a pillow behind the back for support, and add others between the legs, if needed to hold this side position. Move to face the patient, then pull their bottom shoulder slightly out and toward you.
- Adjust the head pillow for comfort and provide blankets.

- **If the patient cannot help in turning**, a friction reducing device (aka “FReD”) and a lift sheet can be used to help move them without pulling on their body. Your care team will instruct you on use of the “FReD” and lift sheet if those aids are needed.

Changing bed sheets with the patient in the bed:

- If using a hospital bed, have the patient grab the side rail to roll away from you, and position them with pillows for stability.
- Remove the dirty sheet and roll it under the patient.
- Attach the top and bottom corners of a clean sheet to the mattress.
- Smooth the clean sheet, and fold and tuck both sheets under the patient.
- Roll the patient back to the clean side, over the clean and dirty sheets.
- Pull out the dirty sheets. Pull the clean sheet tight and attach the corners.
- A lift sheet and/or bedpan can be added at this time while the patient is still on their side.

Assisting the patient from lying to sitting:

- Go to the side of the bed where the patient will sit.
- If possible, raise the head of the bed so the patient is in a sitting position.
- Roll the patient toward you, with their arm reaching for the side rail (if using a bed with rails) and with their legs by edge of bed. Use your body to prevent them from coming off the mattress.
- Ask the patient to push up with their arms and swing their legs over the edge of the mattress at the same time.
- If possible, lower the bed to the patient’s sitting height.
- Provide verbal countdown and cues. Keep your knees flexible and your back straight. To assist the patient, lift their shoulders with one hand and use your other hand to move their legs off the bed. Keep your body in front of the patient.
- Ensure the patient is stable before having them scoot forward so their feet can touch the floor.

Rising from sitting to standing position:

- Ensure that the patient is wearing non-skid socks or shoes.
- Put the gait belt onto the patient, and then stand facing them, as close as possible.
- Place one foot slightly behind the other for balance, with your weight equally distributed between both feet.
- Have the patient scoot forward until their feet are flat on ground.
- Bend your knees and keep back straight. Grasp the gait belt from underneath.
- Use a gentle rocking motion to take advantage of momentum to aid them to a standing position by pulling on the gait belt (not lifting). Use verbal cues such as “On three, I want you to push up with your arms from the bed/chair to stand.”

If you are moving to any type of chair after standing, incorporate the following steps:

- Place the chair to which the patient is transferring at a 90-degree angle on the patient’s strong side.
- While standing, rock back and forth in a dancing motion to pivot the patient until the back of their knees touches the surface of the chair.
- Have the patient reach back to hold the armrests. Lower them by bending your knees but keep your back straight. Remove the gait belt after they are seated.

Walking assistance:

- Put the gait belt onto the patient and allow them to stand for a few seconds to establish balance and reduce dizziness before walking.
- Support the patient by placing one arm around the waist and holding the gait belt. Walk alongside the patient and move at their pace, looking for signs of needed rest (breathing difficulty, unsteadiness).

Using a shower chair or a bath bench:

- When weakness prevents the patient from standing for long periods, a shower chair or bath bench can be used for safety when bathing.
- The patient should never use a shower chair or bath bench when alone if they are too weak to do so independently.

- Keep the path clear from items, including oxygen tubing. While walking, if you find that you can no longer manage assisting or if the patient feels like they are unable to remain standing, ease them to the floor slowly and get help.
- A patient should not use a walker or a cane *alone* until shown how to use it properly.

- Make sure a chair or a bench is secured in the tub and dry the equipment before use to reduce slipping.
- Placing a towel on the seat can help prevent the patient from sliding off.