

Geriatric Physio

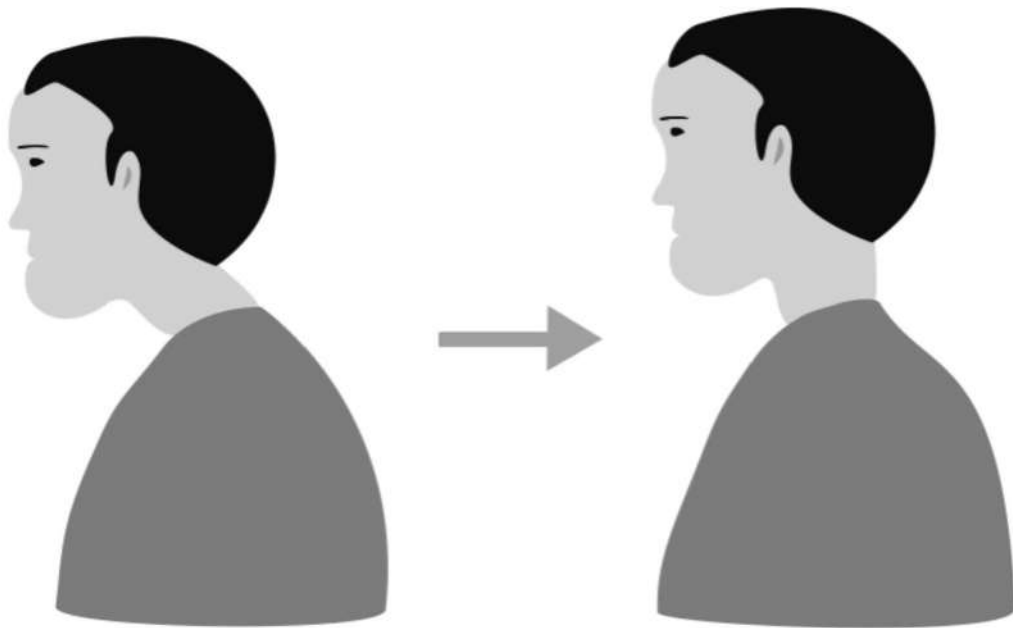
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Comprehensive Guide to Safe Transfer
Practices in Long-Term Care: Choosing

the Right Transfer Aids for Geriatric Patients

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Transfer assessments and the appropriate use of transfer aids are essential in ensuring the safety and dignity of residents in long-term care settings. Proper selection of transfer aids can reduce the risk of injuries for both residents and caregivers while promoting functional mobility and independence during transfers. This article provides a comprehensive guide for conducting transfer assessments and selecting appropriate aids such as walkers, pivot discs, sit-to-stand lifts, transfer boards, and full mechanical lifts, among others, to match the resident's abilities and support needs.

Pre-Assessment Preparation

Before starting a transfer assessment, a thorough review of the resident's medical history and current care plan is necessary to identify potential risks, limitations, and baseline functional status.

1. Review Resident's Medical History:

- **Neurological Conditions:** Conditions like Parkinson's disease (PD), cerebrovascular accidents (CVA), and other neurological impairments can significantly impact mobility, balance, and coordination.
- **Musculoskeletal Conditions:** Assess for conditions such as osteoporosis, osteoarthritis, joint deformities, or previous fractures that may limit range of motion or cause pain during weight-bearing activities.
- **Cardiovascular Conditions:** Conditions such as hypertension, heart failure, or arrhythmias can cause dizziness, fatigue, or decreased endurance during transfers.
- **Medication Review:** Some medications can impair balance, cognition, or muscle tone, influencing transfer decisions and strategies.

2. Chart Review and Staff Interviews:

- **Review Past Assessments and Incident Reports:** Check for any history of falls, recent changes in mobility, or behaviors that may complicate transfers.
- **Interview Staff and Caregivers:** Gain insights into the resident's current mobility behaviors, level of cooperation, pain with movement, and special considerations.

Key questions to ask:

- What is the resident's typical transfer pattern or assistance needs?
- Are there any recent changes in functional mobility or behaviors?

- Does the resident show signs of pain, discomfort, or fear during transfers?

Key Factors to Assess

1. Cognition:

- Determine the resident's ability to follow instructions and comprehend safety precautions. This can be evaluated through simple one-step commands like "stand up" or "shift your weight."
- **If the Resident Cannot Follow One-Step Commands:**
 - Assess sitting balance and quadriceps strength through observation (e.g., demonstrating or assisting the resident in kicking their legs or using a ball to encourage kicking motion). If there is potential for weight-bearing, determine if assisted standing is possible and the level of assistance required.
 - If the resident cannot follow instructions and is non-weight bearing, consider a full mechanical lift for transfers.

2. Sitting Balance:

- **Good Sitting Balance:** If the resident has good sitting balance, proceed with other assessments such as grip strength, quadriceps strength, and standing balance.
- **Fair Sitting Balance:** If fair sitting balance is noted, consider using a gait belt for safety and continue with manual muscle testing (MMT) or other assessments.
- **Poor Sitting Balance:** Assisted transfers are unsafe for residents with poor sitting balance, especially in frail patients. A full mechanical lift should be considered.

3. Grip Strength:

- Assess grip strength using manual muscle testing. This helps gauge the resident's ability to hold onto assistive devices such as walkers or transfer rails.

4. Quadriceps Strength:

- **Strength Assessment:** Evaluate quadriceps strength using manual muscle testing or by observing active movement during sit-to-stand transfers.
- **Strength Guidelines:**
 - **Both Legs $\geq 3/5$:** The resident can safely stand with assistance.
 - **One Leg $< 3/5$:** Standard walkers are not safe for transfers. Consider pivoting to the strong side using assistive rails or a pivot disc. If the resident has good grip strength in at least one hand, a sit-to-stand lift may also be used for transfers.

5. Sit-to-Stand Transfer:

- Observe the resident's ability to rise from a sitting position. Assess for:
 - Ability to initiate movement.
 - Symmetry in movement (e.g., one side lagging behind).
 - Presence of compensatory strategies (e.g., pushing up with arms).

- Note the level of assistance required (e.g., one-person assist, two-person assist, or mechanical lift).

6. Turning Ability:

- Assess the resident's ability to turn and pivot safely when standing. Difficulties with turning increase the risk of falls and may require additional support or training.

Using Transfer Aids Based on Resident Abilities

The following guidelines outline the appropriate use of specific transfer aids based on resident capabilities and safety considerations:

1. Walkers

- **Purpose:** Supports standing and ambulation for residents with adequate lower extremity strength and cognitive ability to follow instructions.
- **Types:** Standard walkers, rolling walkers, or rollator walkers.
- **When to Use:**
 - Resident has good cognition and quadriceps strength $\geq 3/5$ in both legs.
 - Resident can maintain good sitting balance and can bear weight on both lower extremities.
 - Suitable for residents who have good endurance and minimal dizziness or falls.
- **When Not to Use:**
 - If one leg has strength $< 3/5$ or if there is frequent leg buckling.
 - If cognitive impairment limits safe walker use.

2. Transfer Pivot Disc

- **Purpose:** Assists with pivot transfers for residents who can stand but have difficulty turning or pivoting.
- **When to Use:**
 - Resident has weight-bearing capacity ($\geq 3/5$) on at least one leg and good grip strength in one hand to hold onto a rail or caregiver.
 - Good option for residents who require minimal to moderate assistance to stand and pivot.
- **When Not to Use:**
 - If the resident cannot stand safely or has poor sitting balance.
 - Severe lower extremity weakness or poor coordination.

3. Sit-to-Stand Lift

- **Purpose:** Supports sit-to-stand transfers for residents with moderate to severe mobility impairments.
- **When to Use:**
 - Resident has fair sitting balance and good upper body strength (grip strength $\geq 3/5$).
 - Can bear some weight but needs moderate to extensive assistance for standing.
 - Good option when the resident can participate in transfers but lacks strength to initiate a full stand.
- **When Not to Use:**
 - If the resident is non-weight bearing or has poor sitting balance.
 - If the resident cannot hold onto the lift handles due to poor grip strength.

4. Transfer Rails and Poles (e.g., SuperPole®)

- **Purpose:** Provides stability and support during transfers, particularly in bed mobility or sit-to-stand transfers.
- **When to Use:**
 - Resident has good grip strength and can use the rail to assist with pulling into a sitting or standing position.
 - Ideal for residents who need support for balance during transfers.
- **When Not to Use:**
 - If grip strength is poor or cognitive impairment limits safe use of the rail.
 - If the resident has significant weight-bearing issues or lower extremity weakness.

5. Transfer Boards

- **Purpose:** Assists with seated transfers for residents with limited lower extremity strength but good upper body strength.
- **When to Use:**
 - Resident can maintain a sitting position independently and has sufficient arm strength to perform a lateral slide.
 - Useful for transfers between bed, wheelchair, or chair.
- **When Not to Use:**
 - If the resident has poor sitting balance or lacks the strength to perform the slide safely.

6. Full Mechanical Lift (e.g., Hoyer Lift)

- **Purpose:** Safely transfers residents who cannot bear weight or have severe cognitive or physical limitations.

- **When to Use:**
 - Resident is non-weight bearing or has severe weakness (<3/5 in both lower extremities).
 - Resident has poor sitting balance or is unable to follow instructions.
 - Use with residents who are completely dependent on assistance for transfers.
- **Types:** Sling lifts (mobile or ceiling-mounted), designed for full dependence.
- **When Not to Use:**
 - If the resident can bear weight and perform transfers with minimal assistance.

7. Gait Belt with Handles

- **Purpose:** Provides caregivers with a secure grip during assisted transfers.
- **When to Use:**
 - Resident can follow instructions and perform some weight-bearing.
 - Safe to use when combined with another aid like a walker.
- **When Not to Use:**
 - If the resident cannot bear any weight or has severe agitation or resistance to transfers.

8. Sliding Sheets and Draw Sheets

- **Purpose:** Assists in repositioning residents in bed and reducing friction during lateral transfers.
- **When to Use:**
 - Resident needs to be repositioned in bed or transferred with minimal friction.
 - Use with residents who have some mobility limitations but can follow instructions.
- **When Not to Use:**
 - If the resident requires full lift support or is uncooperative.

Follow-Up and Reassessment

1. Documentation and Care Plan Update:

- Document the findings of the transfer assessment, including the resident's abilities, limitations, and the level of assistance required.
- Update the resident's care plan and transfer log as necessary to reflect changes in their functional status and support needs.

2. Education and Training:

- Educate the resident, family members, and staff on safe transfer techniques and any new protocols or equipment to be used.
- Provide training on using transfer belts, mechanical lifts, or other assist

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