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## Amounts of assist to provide<sup>2</sup>

- **Min A** - The patient performs 75% or more of activity
  - **Mod A** - The patient performs 50-74% of the activity
  - **Max A** - The patient performs 25-49% of the activity
  - **Dependent** - The patient requires total physical assistance
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## Weight bearing status<sup>2</sup>

- **Non-Weight Bearing (NWB)** - Patient should not put any weight through affected limb
  - **Toe Touch Weight Bearing (TTWB)** - Patient able to use foot for balance without supporting weight through affected limb
  - **Partial Weight Bearing (PWB)** - Anything greater than NWB but less than FWB
  - **Full Weight Bearing (FWB)** - Patient can put 100% of body weight on affected limb
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## Transfer precautions<sup>2</sup>

- **Post Op Sternal** - Avoid patient reaching both hands above head and both hands pushing down on chair to get up. Log roll in bed while hugging pillow
  - **Post Op Hip** - Operated hip should not be adducted or rotated, flexed more than 90°, or extended beyond neutral flexion-extension
  - **Post Op Lumbar Fusion** - BLT: No bending, lifting, twisting
  - **Lines and Tubes** - Ensure that all lines and tubes are adequate length before transfer to ensure they are not pulled out during transfer. Position them on the side of transfer
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## Set up prior to transfer<sup>2</sup>

### Be Aware of:

- Use of a gait belt for transferring
- Bed height and position
- Locked wheels - Lock all wheels on wheelchair, bed, or gurney
- AD placement –
  - Obtain all equipment required before transfer
  - Position wheelchair as close to bed as possible (angled at 45°) to close gaps
- Lift with your legs and avoid twisting
- Avoid trunk flexion and rotation
- Position you Center of Gravity (COG) as close to patients COG as possible
- Increase your base of support

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## **Benefits of patient assisted transfer:**

While transferring a patient from one surface to another, it is important to encourage them to participate in their transfer as much as they can if possible. This will provide the patient an opportunity to train in the transfer and enhance independent function.<sup>1</sup> The importance of the healthcare staff contributing to patient's physical wellbeing cannot be understated as strength, mobility and function gained from therapy can regress without continued attentiveness to challenging patients appropriately during transfers, bed mobility and general care.<sup>3</sup> Safety for both patient and caregiver is most important. Be sure to use best judgment prior to any transfer.

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# TRANSFER REFERENCE GUIDE



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## Supine to edge of bed transfer<sup>4</sup>

### Part I (rolling)<sup>4</sup>

- Have patients roll to one side of their bed towards you
- Do this by encouraging them to reach across their body with their upper extremity and pushing off bed with their lower extremity of the same side
- Patients can reach for and use bed rail to assist
- You can help facilitate the roll at patients shoulders and hips pulling them towards yourself

### Part II (sitting up)<sup>4</sup>

- Patient's legs will come off bed, assist as needed
- Have the patient push off bed with arms to raise body up
- You can assist here with hand placement on patient's shoulder and hips
- Once the patient is sitting on the edge of the bed, keep a hand on the patient to ensure they can sit upright and lower the bed, so patient's feet are flat on the ground



## Sitting on the edge of bed to standing<sup>4</sup>

- It is best to use a gait belt for this transfer
- Encourage the patient to scoot their bottom close to edge of bed
- Scooting will require the patient to lean to one side while you help support the shoulder on that same side
- Your other arm will help scoot the patients opposite hip forward
- Repeat moving in increments until patient's bottom is close to edge of bed
- Patient feet will then need to be positioned flat on the floor and slightly behind their knees
- If a patient needs an assistive device, make sure it is in the correct opposition prior to standing (AD ex: FWW, WBQC, Hemi walker, etc.)
- When standing, patient will lean forward and use arms on bed and legs on floor to push and raise bottom off bed, assist patient as needed with use of gait belt or hands on patient's hips/glutes region to reach standing up right posture



## Scouting up/down in bed<sup>2</sup>

### Scouting down in bed

- Heels should be 8-12" distal to buttocks
- Elbows are bent and positioned next to the trunk and scapulae depressed to provide WB and assist legs in movement downwards
- If patient needs increased assistance, elevate the head of the bed for leverage
- Execution of transfer: Patient bridges hips, pushes into elbows and back of head while pulling with both legs to move downwards

### Scouting up in bed

- Elbows are bent and positioned next to the trunk and scapulae depressed to provide WB and assist legs in movement downwards
- Ensure head of bed is flat and if there is a tilt feature in bed for a bariatric or deconditioned patient, let gravity assist transfer
- Execution of transfer: Patient bridges hips, pushes into elbows (or using rails), tucks chin and if additional assistance needed, utilize hands underneath scapulae to reduce friction



## Slideboard/scooting Transfer<sup>2</sup>

- Educate patient on head hips relationship and appropriate use of extremities
- Position wheelchair at an angle next to bed so there is little to no space between the two, remove armrest nearest to bed
- Assist patient in long sitting or EOB, apply gait belt
- Apply one end of the slide board under the patient's buttock/upper thigh and the other end on the chair seat
- Position yourself in front of the patient to properly guard the patient
- Assist patient in moving across board to the seat and instruct on proper weight shifting
- Once the patient is in the w/c, remove the slide board and ensure proper posture and equal weight bearing through the sacrum
- Wheelchair to bed: Ensure bed is lower than w/c to let gravity assist transfer



## Standing pivot transfer<sup>4</sup>

- Position and secure wheelchair or seat at a 45\* angle to bed
- Position yourself in front of patient and slightly to one side to guard
- Patient initiates transfer with forward momentum (toes over noes)
- Patient uses upper and lower extremities to rise to standing position
- Patient stands briefly to establish balance and acclimate to standing position
- Patient turns and pivots toward object they are transferring to
- Patient contacts the object using upper and lower extremities before lowering onto object
- Adjust patient position in transfer object to ensure comfortability and upright posture



## Dependent stand pivot transfer<sup>4</sup>

- Position wheelchair close to bed at 45\* angle with minimal/no gap
- Stand in front of patient, flex your hips and knees, and position your knees and feet on outside of patient's knees and feet
- Flex the patient's trunk so their head is to the side so their body faces away from transfer
- Fold patients' hands into their lap or draped over your shoulders
- Grasp transfer sling, towel, sheet, or buttocks on each side of patient
- Lift patient from chair and pivot your body by moving feet and turn patients buttocks onto transfer object
- Position patient in transfer object for comfortability

