

Chapter 7

Transfers



MOVING WITH HELP

At various stages in your life with ALS, transfers — moving you from one surface to another — may require no assistance, the assistance of one other person, the assistance of several people or the use of special equipment.

The degree of your weakness at each stage of ALS will determine the type of transfer necessary and the number

of people or type of equipment required to perform the transfer. It's imperative that your safety and the safety of your caregiver be the top priority in this process.

The instructions in this chapter are addressed more to your caregiver than to you, as the person with ALS, for self-evident reasons. Nonetheless, you'll want to be aware of these techniques so you'll understand the procedures, direct the transfers in some cases and anticipate the movements in the process.

(By the way, for simplicity's sake, this chapter often refers to the person with ALS as "he," but of course the same information applies whether you're a man or a woman.)

Transfer techniques should be taught to your primary caregivers by a physical or occupational therapist. The therapist will assist you and your caregivers in deciding upon the most appropriate transfer methods. Any time you're having trouble with transfers, your health care team can answer questions and help with techniques and equipment.

Keep in mind that all transfers take some practice. With experience, your caregiver soon will be able to do them with ease.

SPECIAL NOTE FOR CAREGIVERS:

The following descriptions are general guidelines. Review them with your health care team to be sure they apply to the person you're caring for. Transfer needs can vary among individuals, and for safety's sake you should let a PT or OT show you how to transfer your loved one.

INSTRUCTIONS FOR CAREGIVERS

Sliding Board Transfer

The sliding board transfer requires the use of a *transfer belt* or *gait belt* and a *sliding board* or *transfer board*. Your OT or PT can help you find this equipment. Use the sliding transfer when moving the person with ALS to or from a bed or chair into the wheelchair.

Position the wheelchair and lock it parallel to or at a slight angle to the bed.

When you're transferring the person with ALS *from* the bed to the wheelchair, you should remove the armrest on the side you're transferring to. He should



lean slightly and you should place the sliding board well under the buttocks, with the other end of the board over the wheelchair seat. Be careful not to pinch him between the board and the bed.

Stand in front of your loved one to block his knees. Grasp his transfer belt at the back and perform the transfer by a series of leaning and sliding movements until he's moved down the board into the chair.

When he's on the chair, remove the board and release him when he's sitting in a position he can maintain.

You can reverse this procedure when transferring him to a bed.

Standing Pivot Transfer Without Assistance

Here's a way of transferring someone from the wheelchair to the bed without a sliding board.

The person with ALS moves to the edge of the locked wheelchair and, using the arms of the chair, pushes to a standing position.

He or she *pivots* by moving the feet in small increments, and then reaches for the bed. Note: Reaching for the bed before pivoting may lead to a loss of balance.

The person sits by lowering himself to the bed.

Standing Pivot Transfer with Assistance

The person with ALS should assist as much as possible when being helped to the standing position. In this way you don't actually lift, but only help him into the upright position. This requires the use of good body mechanics and a transfer belt.

Remove the footrests from the wheelchair; then the person being transferred places his feet on the floor directly under the knees. He slides forward to the edge of the locked wheelchair.

Place your feet and knees to the outside of his feet and knees. He then places his hands on the armrests in preparation to assist in pushing to the standing position.

With your knees bent, grasp the person's transfer belt at the back and initiate a forward rocking motion.

Give the command to "stand" and straighten your knees to assist him to a standing position. Continue to grasp the transfer belt as he pivots toward the bed. A transfer pivot disc is often helpful in this process.

He lowers himself to the bed, but don't release him until he's in a position he can maintain.



SPECIAL TRANSFERS

When transferring your loved one with ALS to the toilet, car or bathtub, you should use the same techniques described above, with the following additional considerations:

Toilet

Position the locked wheelchair facing the toilet at a slight angle. After the person with ALS has achieved standing, assist him in partially disrobing. Then help him to sit on the toilet.

Bathtub

Position the locked wheelchair parallel to the tub and remove the footrests and the armrest nearest the tub. The person with ALS moves to the outside edge of the tub bench while you assist in maintaining his balance.

Place one arm around his shoulders and the other arm under the knees. With one movement, pivot him to face forward on the bench while swinging the legs into the tub.

Car

Position the locked wheelchair parallel to the car. Transfer your loved one to the outside edge of the car seat.

Place one arm around his shoulders and the other arm under the knees. With one movement, pivot his legs onto the floorboard of the car.

BODY MECHANICS FOR THE CAREGIVER

As you assume more responsibility for the care of your loved one with ALS, your risk of injury increases. The use of proper body mechanics will minimize this risk. Good body mechanics distributes the stress over several sets of muscles and uses the stronger muscles. General principles are as follows:

Lifting

Face the person with ALS squarely, with your feet shoulder width apart.

Position yourself as close to him or her as possible. Bend your knees and lift with the legs rather than the back. Keep your head up.

Pushing/Pulling

Keep your feet apart — one foot in front of the other. Shift your weight from your back foot to your front foot. It's usually safer to push than to pull.



Spotlight on Transfer Tips and Precautions

- To prevent back injury to you (the caregiver), bend at the hips and knees, not at the waist, as you prepare to lift someone; then straighten at the hips and knees as you lift.
 - Keep a wide base of support by spreading your feet apart. If you're transferring someone from one place to another, stagger your feet in a walking position, and shift your weight from front to back as you lift, while keeping the person as close to you as possible.
 - To avoid back injury: When turning, pivot on your feet or move them. Don't twist at the waist. For added back support, consider wearing a safety belt like those used by workers who frequently lift and carry items on the job.
 - Wear shoes with low heels, flexible nonslip soles and closed backs.
 - Plan ahead. Know where you're going and how you're going to get there, and make sure the person you're lifting also knows. Move everything out of the way, and make sure the brakes are engaged on any wheeled devices.
- Transfer him to even, stable surfaces; avoid low or overstuffed chairs and couches.
- If he starts to fall, ease him down onto the nearest surface — a chair, bed or even the floor. Don't stretch to complete the intended transfer. You're likely to lose your balance, strain your muscles, and injure both yourself and the person you're transferring.
 - Tailor your lifting and transferring techniques to the type and degree of weakness in the person with ALS. Needs may change over time as weakness progresses.
 - Use mechanical devices to help you whenever possible.
 - If the person you're transferring is using a wheelchair, be sure to stabilize it by securing the brakes. Remove the footrests and armrest on the side he's being transferred toward.
 - Don't be discouraged if a lift seems cumbersome or too difficult to use at first. Practice makes perfect!

DEPENDENT TRANSFERS

If the person with ALS is unable to assist in the transfer, a dependent transfer will be necessary. There are two major types of dependent transfers: dependent standing pivot and a two-person lift. You also may choose to use a mechanical or hydraulic lift (see page 94). A physical therapist will assist you in selecting the proper type of transfer and instruct you in how to do it.

Dependent Standing Pivot

When transferring someone from a wheelchair to a bed, place the locked wheelchair parallel to the bed and remove both footrests and the armrest nearest the bed. With the person's feet on the floor, move him to the edge of the seat by grasping under the knees and pulling forward. Place his feet outside your feet and block his knees.

Reach around the back of the person and grasp the transfer belt while he attempts to hold his arms together in front of the body.

Initiate a rocking motion and then straighten his legs to lift him out of the chair. The lift need be only high enough to clear the wheelchair.

In a swift motion, pivot toward the bed, rotating the person to the proper position for sitting. Lower him to the bed but don't release him until he's in a position that can be maintained.



Dependent Two-Person Lift

Position the wheelchair at a slight angle to the bed. Remove both footrests and the armrest nearest the bed. Caregiver #1 (generally the stronger person) should stand next to the chair, within the angle formed by the chair and bed. Caregiver #2 will stand in front of and facing the person you're transferring.

Have the person cross his arms in front of his chest. Caregiver #1 should reach under the arms and grasp the person's right wrist with the right hand and his left wrist with the left hand. Caregiver #2, with feet apart and knees

bent, should support the legs by placing both hands under the knees.

On command from Caregiver #1, raise the person to a height that will ensure that he clears all parts of the wheelchair. In one smooth motion Caregiver #1 should step to the side and lower him onto the bed.

MECHANICAL AND HYDRAULIC LIFTS

Lifts provide a method by which one person can transfer a person with ALS. This is especially useful if the person with ALS is larger than you.

There are two types of lifts: mechanical and hydraulic. The hydraulic lift, especially the battery-operated type, is generally considered easier to operate, putting much less stress on the caregiver. Some lifts are made to sit and roll on the floor; another type runs on a ceiling track and may help transport a person from room to room.

There are many types of slings available, including one with a head support. A sling may be lifted by means of chains or web straps.

SPECIAL NOTE: Lift transfers must not be attempted without proper instruction and demonstration. Consult with your PT!

The following demonstrates the use of a hydraulic lift (such as a Hoyer lift) using a sling lifted by means of web straps.

Position the sling under the person by rolling him to one side, positioning the

sling, then rolling him to the other side. To avoid pressure on his skin, position the seams away from him.

Check to be sure the valve locking device is closed.



Move the lift into position so the swivel bar hook is over the center of the person's abdomen. Attach the web straps to the sling by placing the S-shaped hooks through the holes in the sling. Make sure the tips of the hooks point away from the person.

Attach the shortest web strap through the hole for the back and head support part of the sling. This will ensure a sitting position when you raise the person. Finally, attach the top of the web straps to the swivel bar.

Place the base in the widest possible position before raising the person. Raise him slowly by pumping the jack handle, taking care to ensure that a safe sitting



position is attained. Move him into position over the seat of the locked wheelchair.

Lower him by pressing the jack handle inward toward the jack. Be sure to lower him slowly and guide the descent by slight pressure to his knees or thighs. This pushes him into the sitting position.

Once your loved one is seated in the wheelchair, close the valve by moving the jack handle away from the jack. Remove the web straps from the sling and move the lift away from the wheelchair.

BED POSITIONING

If the person with ALS is unable to move independently in bed, a bed-positioning program will promote his or her comfort and reduce the risk of skin breakdown.

SPECIAL NOTE: The skin over bony areas is the most susceptible to problems from pressure caused by staying in one position in a bed or wheelchair for many hours. The length of time that a person can tolerate pressure varies. Should skin breakdown occur, it's important to contact your ALS physician for proper wound management.

Bed positioning also will help to minimize the swelling associated with severe weakness. This swelling or accumulation of fluid under the skin, known as *edema*, occurs as a result of muscle inactivity and the effects of gravity on the limbs. It occurs most frequently in the hands and feet. Proper elevation of the limbs helps to reduce the swelling and encourages blood flow.

Bed positioning should:

- be comfortable for the person with ALS
- be changed frequently
- keep the person's head in line with his body, neither too flexed nor too extended
- prevent friction or compression between body parts by the use of pillows or other position devices

Spotlight on Recovering from a Fall

For the reader with ALS: Maneuver yourself over to a solid, stable object such as the sofa, a heavy chair or a locked wheelchair.

Get into a kneeling position. Bring your stronger leg in front and place the foot flat on the floor. Push up with your strong leg, using your arms to assist as much as possible.

If a caregiver is available, have him or her assist you to stand or sit.

There are two basic positions for lying in a standard bed — on the back and sidelying. The position should be changed at least every two hours from lying on the right side, to lying on the back, and then to lying on the left side.

If a hospital bed is available, the positioning options increase owing to the flexibility of the bed. If you notice a red-dened area that lasts longer than 20 minutes, you should increase the frequency of the turning schedule.

This need varies greatly from one individual to another. Consult with your PT, OT or nurse for specific instructions in bed positioning.

Sidelying

Place a pillow between the knees of the person in bed and wedge another pillow behind the back. Elevate the upper arm on a pillow.

Lying on the Back

Place a pillow under the knees and elevate both arms slightly with pillows.

Turning from the Back to Sidelying

Stand on the side of the bed that the person is to be rolled toward (i.e., if rolling him to the right side, stand on the right side of the bed). Face the bed squarely and grasp the end of the draw sheet (see page 25) farthest from you at shoulder and hip level. Keep your back straight and knees bent.

Lean back and pull the draw sheet to roll the person onto his or her side. Stabilize him at the shoulder with one hand while wedging a pillow behind his back with the other hand.

Bend his knees slightly forward and place a pillow between his legs. Position his head in proper alignment with the body. Elevate his upper arm on a pillow and place the call button within his reach.

To reposition the person on his back, reverse the technique.