

6.3 Transfers and Repositioning

There are many considerations that are crucial to promoting safety and optimizing recovery when working with people who have had a stroke. The TACLS Quick Reference Guides were developed from the TACLS resource and can be used as quick reference to help *support healthcare providers* and informal caregivers who may not typically work with and care for people who have had a stroke.

We recommend reviewing the full **TACLS resource** for more complete information:
strokebestpractices.ca/resources/professional-resources/tacsl

Quick reference guide highlights:

- **Always follow the current care plan for the person that you are working with.**
- The way people are transferred and repositioned may vary from one site to another. Be aware and always follow your employer's safe work procedures and safe client handling guidelines.
- When assisting a person with a stroke, there are additional factors to consider to help maintain your safety and the safety of the person you are assisting.
- A stroke can affect a person's ability to move their body, transfer from one place to another and increase their risk of falls. Unsafe transfers and repositioning can result in injury to you or the person you are assisting.
- **Definitions:**
 - A **transfer** is when someone moves from place to place (e.g., bed to chair).
 - **Repositioning** is when someone changes position on the same surface (e.g., changing position on a bed or in a wheelchair).
- An occupational therapist (OT) and/or physiotherapist (PT) will assess each person and determine the most suitable methods/techniques, equipment requirements and number of people to assist. Always check and follow the care plan.
- Consult **TACLS – Transfers** for additional information on transfers and repositioning.

Before you transfer or reposition

- Check the care plan for the correct methods/techniques to use. Be sure that the information is up to date (e.g., ensure there have been no changes in the person's physical or cognitive status and abilities, so safety is not compromised).
- Gather all prescribed equipment (e.g., arm sling, transfer belt, cane, walker and mechanical lift and sling).

- Assist the person to put on any brace or sling (e.g., ankle-foot orthosis, arm sling).
- **Never pull on the affected arm** or grab under the shoulders/armpits.
- Know how to protect and support the affected arm and leg.
- If transferring, check the care plan to determine if the person should be transferring towards their right or their left. Note: it is typical for a person with a stroke to transfer towards their stronger (unaffected) side. Support the affected arm/leg as recommended.
- Ensure you and the person you are assisting are wearing non-slip footwear.
- If you are ever unsure how to complete safely, ask for help. Consult with the OT and/or PT if you are unsure of a person's ability to transfer or reposition, how to apply or position the sling/brace, use prescribed equipment, or you need a demonstration of the transfer and/or repositioning methods.

When transferring

- There are many different types of transfers including a one-person manual assist, a two-person manual assist and transfers that use a mechanical lift. The OT and/or PT will determine the most appropriate method for the person.
- **Set the environment up for success**, prior to beginning the transfer. For example:
 - Set up transfer surfaces to be near equal height (just above the person's knee height or wheelchair seat surface).
 - Ensure that the surface the person is transferring to is set up and positioned correctly (e.g., when transferring from bed to wheelchair, place wheelchair close to the bed, parallel or at a slight angle).
 - Apply brakes on the bed, wheelchair, gait aid or commode.
 - Ensure a clear and safe path in the areas that you assist.
- Communicate clearly before, during and after the transfer.
- **Use good body mechanics** to promote safety for all involved in the transfer:
 - Position yourself close to the person (so that you are not overreaching) and face their affected side. This will allow you to be in a good position to brace their affected knee using your leg as needed to prevent buckling.
 - Bring your shoulders to neutral position. Tighten abdominal muscles (engage your core) to protect your back.
 - Keep elbows tucked into your sides and bend your hips and knees. Maintain a sturdy and wide base of support. You want to use your legs to complete most of the work.
 - When ready, weight shift with your legs to assist the person to transfer their weight.

When repositioning

- Follow your employer's guidelines and the care plan for repositioning someone in bed, in a wheelchair or other surface. This task can be very specific to each person.
- Repositioning may require equipment such as a friction reducing device (slider) or a mechanical lift, and may require one, two or more staff to complete. Always practice good body mechanics.

Note: This information represents some of the priorities of care related to transfers and repositioning; always consult with OT and/or PT for questions or concerns. Always follow the current care plan.

References:

1. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca, **Rehabilitation and Recovery following Stroke**, 6th Edition, Sections 6.1 and 6.3
2. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) – **Transfers and Repositioning**

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