POWERLIFT®
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BASIC ASSIST TO STAND

HANDBOOK PAGES: 28-34

To make your transfer easier and safer always begin with the **Basic Assist to Stand.**

1. Approach your load from a 45° angle, spread your feet wider than shoulder distance apart, and bend with your knees.

2. Get close to the load. Lift with your legs like an elevator rather than with your back like a crane. Place your foot in front of the "resident's" feet so that you bring the load to you rather than allowing the load to go away from you. You are protected if the 'resident' falls only if you maintain wide stance.

Remember that a **one person Assist To Stand** is done with the exact same technique as a **two person Assist To Stand.** Use **PowerLift®** for both one and two person Assists To Stand.

Know also the techniques for **Combativeness, Para Lift** and **Standing Stiff, Immobile Individuals.** These techniques are shown very clearly on the Long Term Care and Hospital DVD.

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LIFTING A RESIDENT FROM THE FLOOR

HANDBOOK PAGES: 99-100

Use **POWERLIFT®** and **Crab Walk** even in emergency situations.

The most important thing to remember in this situation is that you should never lift with a bend/twist or back maneuver even if the resident has fallen into a very cramped space. Even if the resident were to have fallen between the toilet and sink in the bathroom, there is usually room to place a foot so as to create a **POWERLIFT®** stance before assisting the resident.

Panic is the enemy of safe technique. If wide stance **POWERLIFT®** technique has become a habit for you, the chances of getting hurt in emergency situations is hugely diminished.

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REPOSITIONING

HANDBOOK PAGES: 46-49

Repositioning your resident is a task that is repeated over and over. It is not the one time of using your back to reposition that will injure you, but rather the **many times each month** we use our back like a crane that causes the injury. In other words, it is the **repetitive** nature of lifting that causes injury.

Practice all three of the methods of repositioning that are illustrated on the Long Term Care and Hospital DVD. You may develop a preference for one method over another. This is fine as long as you understand that each resident is an individual and that one technique may work better than another for a particular resident. You should choose the technique that works best for you and at the same time, is most comfortable for the resident.

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BASIC TRANSFERS

HANDBOOK PAGES: 36-38

To accomplish a safe transfer, combine the components of the **Basic Assist To Stand** with **Crab Walk** to keep yourself safe.

Make sure the transfer occurs by:

1. Approaching the "resident" from a **45° angle**, spreading your feet wider than shoulder distance and bending the knees.

2. Get **close** to the "resident".

3. Lift and hold the "resident" with the **legs like an elevator** rather than the back like a crane.

4. Remaining in wide stance **POWERLIFT®** position, use **Crab Walk** with slow, deliberate steps to turn the "resident" and sit them in the chair. You are **protected through every phase of the transfer** when utilizing this method. Understand that you do not have time to think when a resident fails and drops and that by keeping your legs in wide stance and the load close, you are protected automatically should the resident fall.

Also, remember to use **Blocking** techniques, where the resident's knee is blocked with the inside of your thigh or knee and blocking the resident's foot with your foot. Not all residents need to be blocked but those that do can be blocked very effectively using **POWERLIFT®** technique.

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BATH AND SHOWER

HANDBOOK PAGES: 83-84

You can make working with residents in the tub much safer and easier with just a few common sense strategies.

The first is to develop a technique of making transfers to the tub with a **foot in the tub** by letting the water out of the tub, covering the resident to keep them warm, placing a dry towel on the bottom of the wet tub to keep from slipping and finally, the actual **POWERLIFT®** transfer.

Remember that **Wheelchair to Shower Chair Transfers** are the same basic transfer as used from wheelchair to commode. Using a shower chair with removable arm rests will greatly facilitate the transfer.

If you use a **mechanical lift** or have a **walk in tub,** remember to keep yourself safe by always staying in wide stance and using your **POWERLIFT®** Transfer Techniques.

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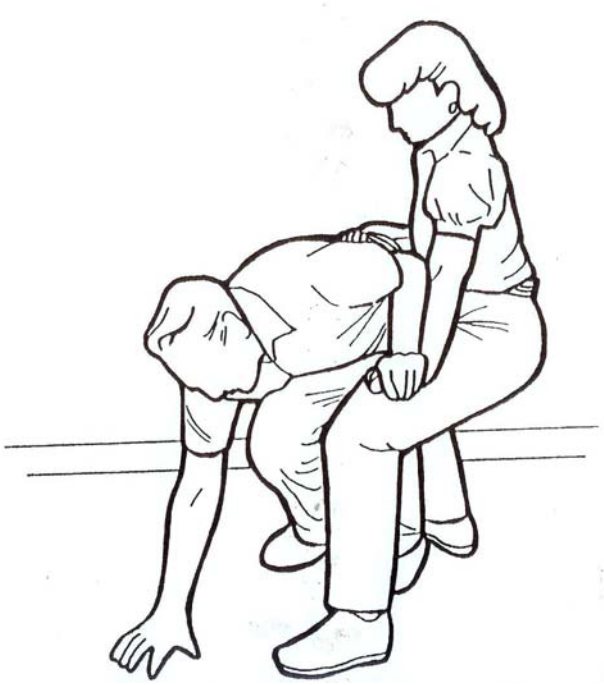

AMBULATION

HANDBOOK PAGES: 91-98

The fact is that residents will **fall unexpectedly** and to protect yourself you must remain constantly in a **wide stance position** with the **load close**. Using the **Modified Crab Walk** allows you to accomplish this.

With the modified crab walk, you never allow your **'inside'** foot (the foot closest to the resident) to move further forward than your **'outside'** foot. This way if the resident begins to fail you will not be pulled into a bend-twist position. Use this technique also when **pulling a wheelchair** along as you walk a resident, ambulating with a **walker** and with the **Parallel Bars.**

Get yourself into the habit of using wide stance even when **Weighing A Resident**. The reality of the situation is that we can't **predict** when a resident will fall, nor do we have to **time to think** once they do fall. You must remain protected at all times in a wide stance **POWERLIFT®** position.

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TRANSFERS TO AUTO

HANDBOOK PAGES: 104-108

When it comes to transferring in and out of vehicles it is important to have a policy for this task. A good policy is to transfer residents to the **front passenger seat only of a sedan type automobile.** The policy should forbid transferring into a van or pickup truck unless the resident is capable of self-ambulation.

Once this policy is in place, the next most important thing is to remember to **always put a foot inside the car** while reaching in for the transfer.

Also, practice placing the **Wheelchair In The Trunk** as this is often a part of the task. It is possible, even for short people, to easily get a foot in the trunk for this procedure as long as you use a **Golfer's Bend** to do so. Tipping and lifting the wheelchair may require a little practice. However, once the technique is learned it leads to an extremely easy lift of the wheelchair to the trunk.

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TRANSPORT VAN

HANDBOOK PAGES: 101-103

Maneuvering a wheelchair and positioning your resident in a van can be very challenging. It is here that we must be especially mindful of using all of our POWERLIFT® skills.

The DVD chapter on the Transport Van shows many different techniques to use in the van. Of particular help is the use of a **kneepad** to protect your knees and learning to use **'Wheelies'** when maneuvering the wheel chair. In addition, always remember to put your **knee up on the seat** and to use **POWERLIFT® and Crab Walk** when transferring to and from the wheelchair to van seat.

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RESIDENT POSITIONING IN BED

HANDBOOK PAGES: 85-90

There are several positions and techniques shown in the Long Term Care and Hospital DVD. It is important to **modify these techniques** to any particular policies your facility may have in regards to resident positioning.

We all know and appreciate that the goal of positioning is to find a position of comfort for our resident. But the most important element in positioning your resident as it relates to you is that you will find it easier to work over a bed with the **bed low** and a **knee up** as opposed to a bed high and at waist level. You will immediately feel the difference if you make a comparison. First work with the bed high, at waist level and both your feet on the floor. Then lower the bed and put your knee up to work. I think you will agree that the best position for the bed is low, knee up.

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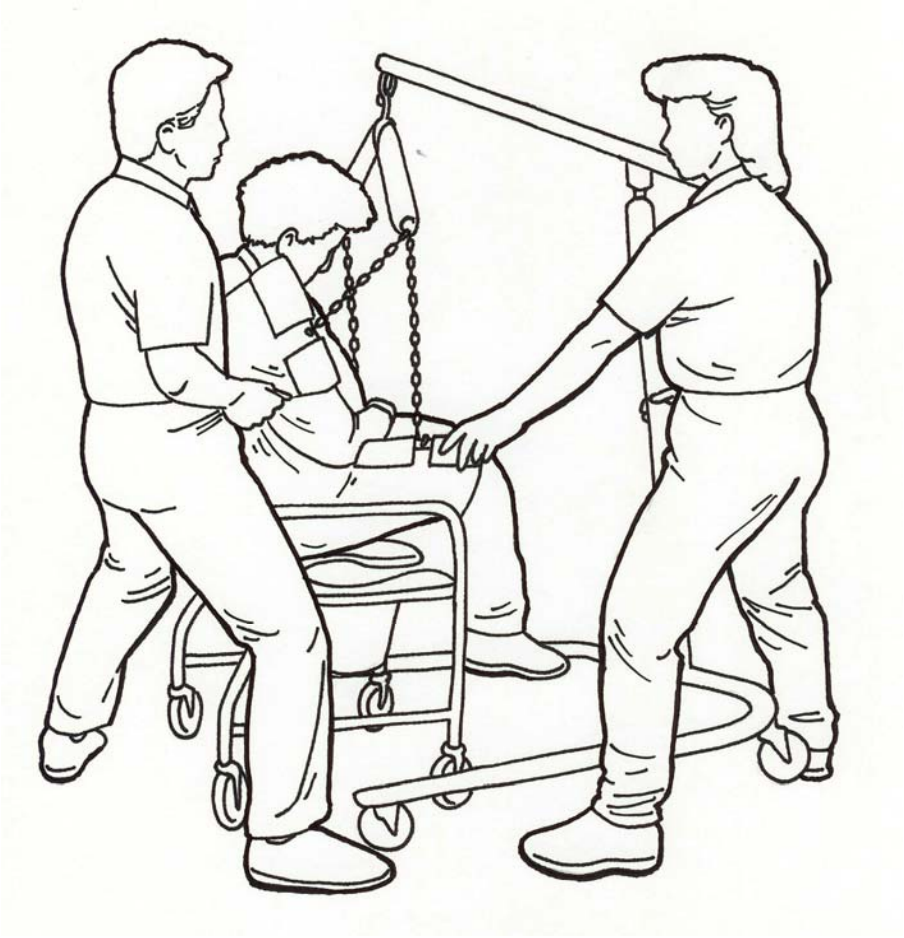

LIFTING ASSIST DEVICES

HANDBOOK PAGES: 44-45

Lifting assist devices are here to help make the job of transferring easier and safer. However, do not be fooled into becoming complacent, because you can use your back and become injured very easily using unsound technique.

When fitting the sling on the resident in the bed always keep a **knee up on the bed.** Stay in **wide stance** and use **POWERLIFT®** as you maneuver your resident in and out of bed, a chair, a tub or anytime you must use your strength to move the load. To pull a resident up and snug into a good sitting position while still in the sling remember to grasp and pull on the sling, not the resident. Turning, pulling and pushing a lift assist device can and will stress your back unless you constantly keep a wide stance and use **POWERLIFT®** technique.

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COMMON TRANSFERS

HANDBOOK PAGES: 39-44

There are many types of transfers we make on a regular basis. These include transfers to and from easy chairs, Geri chairs, the commode, the sofa or love seat, at the dinner table and to bed to name a few.

Always use the elements of the Basic POWERLIFT® /Crab Walk Transfer:

Approach from a 45 degree angle.
Get close to your resident.
Lift with your legs like an elevator instead of your back like a crane.
Use Crab Walk to move your resident.
Always move furniture and obstructions out of the way.

Use these components to make your workspace safer and to protect yourself as well as your resident.

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TOILETING

HANDBOOK PAGES: 76-82

Very often we need to work in bathrooms that are cramped and seem too small to use safe transfer methods. However, look at the problem from this point of view. Your bathrooms generally are **not too small** to **POWERLIFT®** and **Crab Walk** in, if in fact, **the wheelchair is kept out of the room.** Reviewing the DVD chapter on toileting will show you several methods of getting the wheelchair out of your way. Also, consider this: slipping your leg into a tight space when using **POWERLIFT®** is much easier than trying to squeeze your body into the same area.

If a resident, for whatever reason, is too difficult to handle in their particular bathroom, use a **commode or toilet them in a larger communal bathroom.** As always, be keenly aware of the resident's personal privacy in these situations. In addition, learn to maintain a wide stance **POWERLIFT®** position with the **load close** as you undress, dress and clean your resident and to use **Crab Walk** to move the resident.

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RELATED BED DUTIES

HANDBOOK PAGES: 58-59

There are many tasks we perform relating to beds. These include making the bed, moving the bed, cranking the bed into various positions, as well as raising and lowering side rails. These types of tasks tend to be **'automatic'** in that many times we really do them without conscious thought. The problem is that bad habits can easily slip into the job.

Protect your valuable back by making a wide POWERLIFT® stance an 'automatic' action also. You will be surprised to find that using wide stance will often let you squeeze into tight, cluttered areas where there is not much room to maneuver. Wide stance will protect you in nearly all circumstances if you simply try to make it an **automatic habit.**

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CRAB WALK

HANDBOOK PAGES: 35

Using Crab Walk to move a resident is the most effective and safe way to transfer besides using a mechanical lift. To use Crab Walk follow these simple steps:

1. Approach your load, if possible, from a 45° angle, spread your feet wider than shoulder distance apart, bend with your knees.

2. Get close to the load.

3. Lift and hold your load with your legs like an elevator rather than with your back like a crane.

4. Move with slow, deliberate steps in coordination with your lifting partner.

Crab Walk allows you to stay in a strong POWERLIFT® stance even while moving a resident.

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BASIC BED WORK

HANDBOOK PAGES: 50-58

The most important single action you can take to ensure your safety while working with residents who are in bed is to **put your knee up on the bed.**

Putting your knee up moves you much **closer to the resident**, will **increase your strength** and **keep your back safe.** Keep your knee up when repositioning, doing patient cares, doing range of motion, sitting the resident up, dressing the resident and putting the transfer belt on the resident just to name a few.

If infection control is an issue, use a towel under your knee to keep pathogens from being disseminated.

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TRANSFERS TO & FROM BED

HANDBOOK PAGES: 60 - 67

While transferring to and from a bed, it is vitally important to keep a **knee up** on the bed while working with the resident to position and to put the transfer belt on. Work as a team and **stay synchronized** when moving the resident. Always keep in **wide stance** and use **Crab Walk.**

You will feel immediately how much easier it is to work with the resident when one knee is kept up on the bed. Practice **counting off** before performing the transfer so you and your partner remain synchronized and move as a unit. Most importantly always keeping a wide stance and use crab walk. Residents can be **unpredictable** and we do not necessarily know when they will become unstable, forcing us to bear their weight. Make sure the wheelchair is positioned properly so it can be **pulled to the resident** rather than trying to move the resident to it.

To protect yourself, always **speak up and problem solve** with your coworkers. Find out what type of obstacles in the resident rooms are preventing the use of good **POWERLIFT®** technique. Always try to rearrange the resident room to accommodate safe transfers for both resident and for yourselves.

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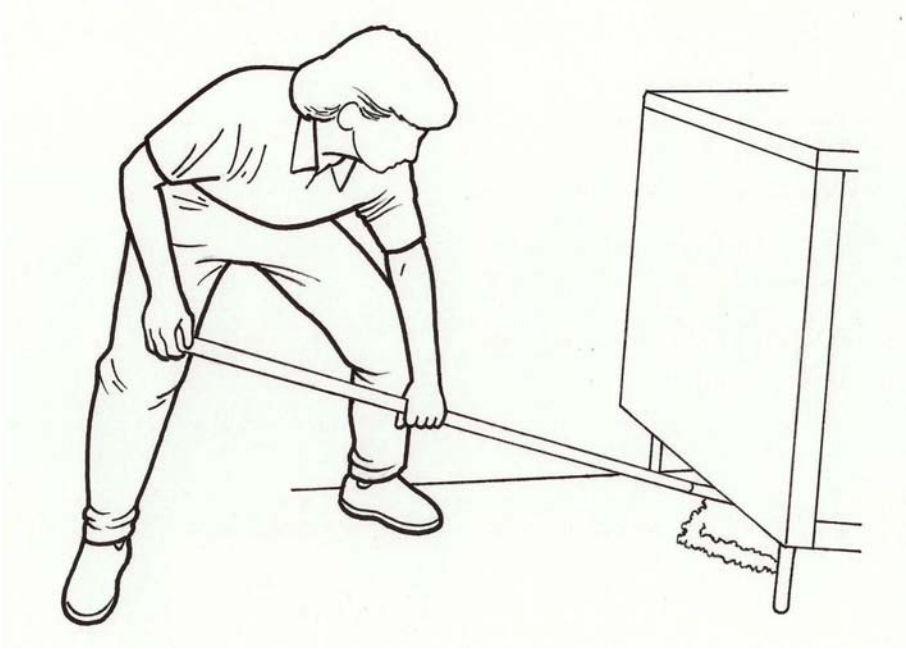

HOUSEKEEPING DEPARTMENT

There are an infinite number of tasks that must be performed in the **Housekeeping Department**. We can use **POWERLIFT®** for nearly all tasks. However, there are always problem situations that crop up where it is impossible to use good, safe technique. These are the moments when we need to **stop, think and get help**.

A large amount of time is spent **bending and reaching** to clean and maintain the facility. It is important to remember that one episode of bending and twisting will not hurt your back. Rather it is the constant, repetitive nature of these bad habits that will eventually wear your back down.

Look through the **Mini Sessions for Industry and Home** to review different scenarios reflecting both at **work** and at **home** housekeeping activities.

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DIETARY DEPARTMENT

There are an infinite number of tasks that must be performed in the **Dietary Department**. We can use **POWERLIFT®** for nearly all tasks. However, there are always problem situations that crop up where it is impossible to use good, safe technique. These are the moments when we need to **stop, think and get help**.

There are over 100 Mini Sessions depicting many different tasks that you may be faced with while performing tasks in the kitchen. Review them and learn to take your back out of the task with POWERLIFT®.

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TRANSFERS FROM BED TO GURNEY

HANDBOOK PAGES: 74-75

Have you ever found yourself helping transfer to a gurney when the EMT suddenly pulls the load away from you and onto the gurney? This is a very precarious situation and can easily result in a back injury.

To protect yourself, **be assertive** and insist that you are allowed to position yourself properly before the transfer is made. If possible, **adjust the height of the bed and gurney** to be on the same level. Use proper **knee up on the bed** technique when the transfer is made. Remember, it is your back you are protecting!

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LAUNDRY DEPARTMENT

There are an infinite number of tasks that you must do in the **Laundry Department**. We can use **POWERLIFT®** for nearly all these tasks. However, there are always problem situations that crop up where it is impossible to use good, safe technique. These are the moments when we need to **stop, think and get help**.

You probably spend a large amount of time **standing** to fold laundry. Try putting a foot up on a stool when standing to take the stress off your back. Remember, if standing on the **right foot** with the **left foot up**, the body should be turned slightly to the **right** with the **right thigh leaning** into the table. This is a very comfortable position and of course, the up foot can be switched between left and right for comfort.

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SUPPORT BELTS

No safety product has, in recent memory, created as much controversy as have Support Belts. Here are the pros and cons to wearing a support belt.

Support belt manufactures say that the belts supply support to the lower lumbar area of the spine and also to the abdominal area as workers lift. In addition, just the act of wearing the belt is a daily reminder to lift safely. Manufacturers however, never state that support belts will protect your back from injury 100% of the time.

On the negative side we have the "Girdle Effect". The girdle effect occurs simply because as back muscles are supported by external means over extended periods of time, they need no longer function themselves to support the torso and gradually suffer weakening due to loss of use. The girdle effect occurs primarily in workers who do not use the belts as instructed. Support belts are designed to be conveniently tightened just before executing a lift and to be loosened immediately following the lifting session. In practice, however, workers routinely wear support belts cinched up tight for the majority of the workday.

Another common problem cited with support belts is the "Superman Effect". Studies show that many workers who wear their support belts cinched tight most of the day will feel as though they are immune to a back injury. Falsely presuming that the belt will protect their backs in all situations, these workers tend to use poor body mechanics while lifting. They unfortunately learn the hard way that back injury can result, even with the aid of a support belt, if poor lifting techniques are used.

On a more positive note, however, experts do tend to agree that a combination of ergonomic workplace evaluation, worker training on **POWERLIFT®** Technique, coupled with the proper use of support belts, is a very positive move towards decreased worker injury. Although ergonomic work place design, worker education and training in lifting are felt to be the most powerful tools towards reducing worker injury, support belts can, if used correctly, be a complementary adjunct to your safety program.

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BENDING AND LIFTING

We bend down to lift many more times each day than we realize. Just getting dressed in the morning requires about **15 bend/lift motions.** Consider putting on your shoes and socks. We bend/lift for each sock x 2, each shoe x 2 and tie each shoe x 2 for a total of 6 motions. It is estimated that the average person does at least **5000** such bend/lift motions per month. Working in the Long Term Care or Hospital environments requires even more bending and lifting of sometimes small items. These can be bending to tie a patient's shoe, picking up linens, meds from the med cart, a pen you dropped and on and on.

Importantly, it is not the weight of these small items that will hurt you, but instead it is **your own body weight** that your back must lift that wears you down. Keep your body weight out of the lift by using one of the 5 Basic **POWERLIFT®** Techniques that you have learned for the lift.

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MAKING BEDS

HANDBOOK PAGE: 59

The problem with making beds is with the fact that as we **bend/twist** to lift the mattress we tend to give our backs a sudden extra insult as we push the sheet under the mattress. This is actually the most hazardous position we can put ourselves in. To remedy this, simply stay in **wide stance** and **bend your knees** which allows the hips to do the twisting and the legs to do the lifting instead of the back. You will feel much stronger when you let your legs do the work.

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LIFTING BULKY OBJECTS

Have you ever had to lift a sofa, easy chair, commode or any number of big bulky objects? Did you use your back or your legs?

Even though the object you wish to handle is large, you can still keep it close if you learn to approach from a **45˚ angle** and **tip the load**. This way you have a much better chance to get nice and close. Always tip the load **toward you** and not away from you. You will be surprised how much easier large bulky objects will be to handle.

Sometimes the load is too **tall** or too **large** to tip it toward you. In these cases learn to tip the load **away from you** but then **step around it** to get close. But remember, if the task is too much for you, get help before you get hurt instead of after.

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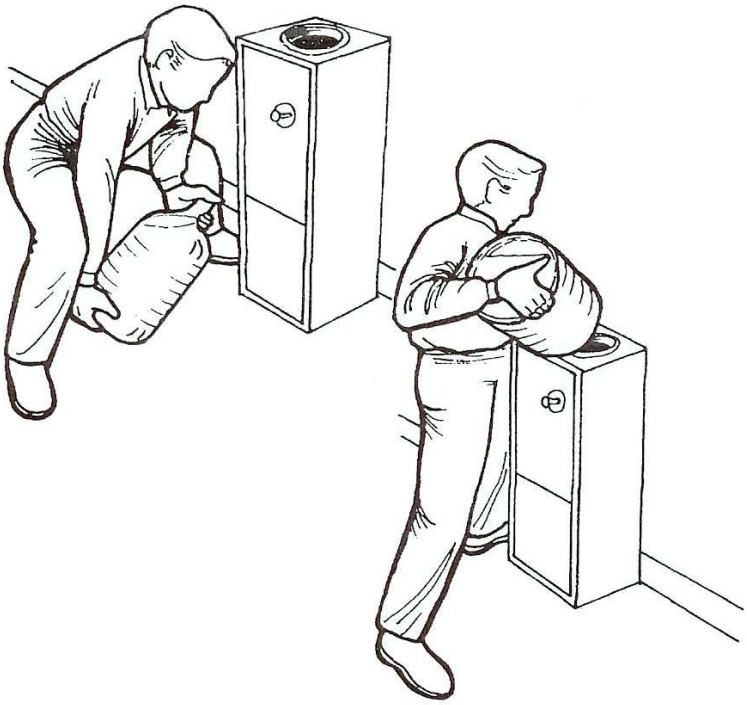

MAINTENANCE DEPARTMENT

There are **an infinite number** of tasks that must be performed in the **Maintenance Department**. We can use **POWERLIFT®** for nearly all tasks. However, there are always problem situations that crop up where it is impossible to use good, safe technique. These are the moments when we need to **stop, think and get help**.

A large amount of time is spent **bending and reaching** to fix equipment and maintaining the facility. It is important to remember that one episode of bending and twisting will not hurt the back. Rather it is the constant, repetitive nature of these bad habits that will eventually wear the back down.

There are over 100 **Mini Sessions** depicting many different tasks that you may be faced with while performing maintenance duties. Review them and learn to take your back out of the task with POWERLIFT®.

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ALTERNATE TRANSFER METHODS

HANDBOOK PAGES: 68-74

Always remain as **close as physically possible** to the load you are lifting. Having the resident too far away can result in a shoulder or upper back injury.

If using a **Slide Board,** remember that this transfer is made with more of a **slide** than a **lift**. With residents that are too heavy for you, get help. Going it alone does not pay and if you get hurt it will probably be the last time you will ever do it alone again. Don't get hurt to get smart!!

Become a **problem solver**. If, for instance, a particular resident is deteriorating and is becoming too difficult to transfer with one method, change the transfer method. Be sure to go through the appropriate chain of command for the suggested change and by all means, speak up!

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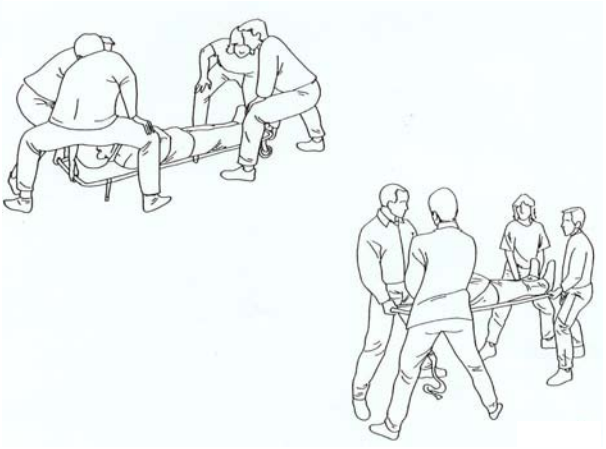

LIFTING THE GURNEY

EMPHASIS: Use the Tripod Lift and a **POWERLIFT®** and Bridge as you lift. Work as a coordinated unit.

METHOD: Review with your workers the Mini Session for Lifting a Gurney.
Then proceed with the following.

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LIFTING THE STAIR CHAIR

A very efficient device for evacuating an individual who has become disabled is by using a Stair Chair. The Stair Chair is especially useful if having to move an individual up or down a flight of stairs. Using this device however, can lead to a severe amount of back lifting unless proper technique is utilized while negotiating the stairs.

As seen in the illustration above, whether you are above or below the chair, it is vital that you keep one foot on the step above and one foot on the step below your position. This technique will allow you to maintain a wide stance and stay much closer to the load than while having both feet on the same step.

As you ascent or descend the stairs, keep your movements coordinated with your partner so that you are both stepping at the same time if at all possible. If you have an extremely heavy individual be sure to move the Stair Chair one step at a time. Begin by lifting off the step and then setting the chair on the next step, repositioning your feet to the next two steps, then lifting and moving the chair again. With this technique even very heavy individuals can be moved safely utilizing the Stair Chair.

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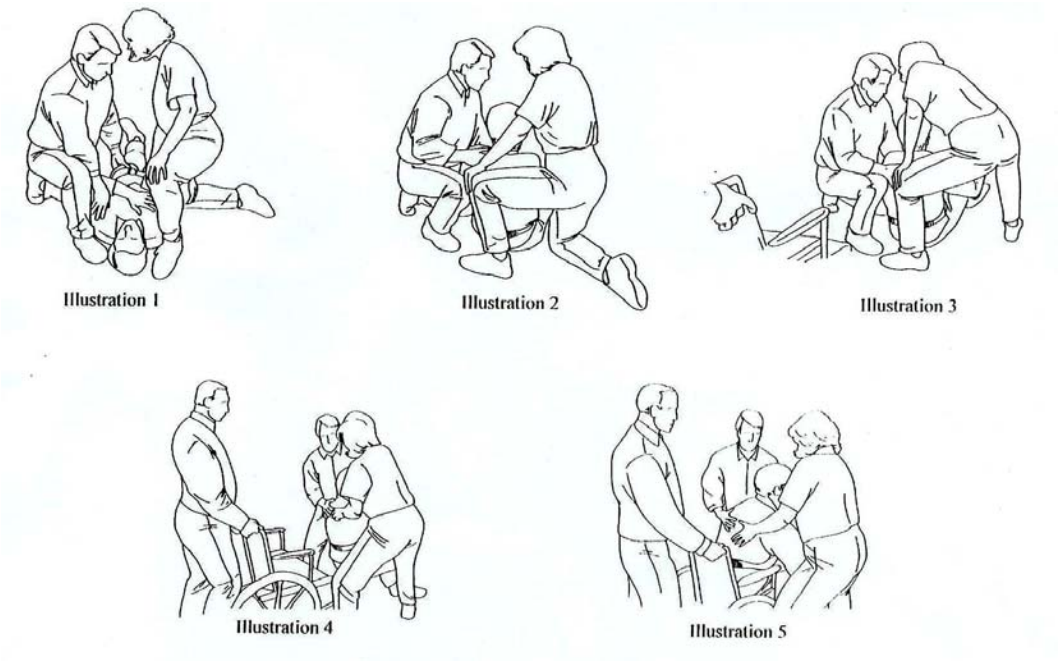

LIFTING A RESIDENT FROM THE FLOOR

HANDBOOK PAGES: 99-100

Use **POWERLIFT®** and **Crab Walk** even in emergency situations.

The most important thing to remember in this situation is that you should never lift with a bend/twist or back maneuver even if the resident has fallen into a very cramped space. Even if the resident were to have fallen between the toilet and sink in the bathroom, there is usually room to place a foot so as to create a **POWERLIFT®** stance before assisting the resident.

Panic is the enemy of safe technique. If wide stance **POWERLIFT®** Technique has become a habit for you, the chances of getting hurt in emergency situations is hugely diminished.

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TAKING A BLOOD PRESSURE

Taking blood pressure is a repetitive procedure that is usually done by bending over the resident, who may be in a chair or in bed. It is not the weight of the cuff and stethoscope that stresses the back but rather the **weight of the upper body** that is the stressor. If the resident is sitting for the blood pressure, use a **Tripod** position as shown above. If the resident is in bed, put your **knee up** on the bed to support your body weight. If the bed is high, consider lowering it so you can get a knee up and **leave it** in a low position for the next person. What ever you do, do not load up your back with your body weight.