

# FACILITATOR'S GUIDE

to accompany the  
**POSITIONING, TRANSFER & MOBILITY  
OF THE STROKE SURVIVOR VIDEO/DVD**

produced by:

THE SOUTH EAST TORONTO STROKE NETWORK

Ontario  
**Stroke** System  
*Fewer strokes. Better outcomes.*

**SOUTH EAST TORONTO  
STROKE NETWORK**

a partner in the **Ontario Stroke System**

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## INTRODUCTION

This Manual accompanies the “Positioning, Transfer & Mobility Video / DVD” developed by the South East Toronto Stroke Network. It is meant as a tool for facilitators to enhance the learning experience.

The Video / DVD is intended for a wide range of caregivers, therefore the content is presented at a basic level, appropriate for Nurses, Occupational & Physiotherapy Assistants, Personal Support Workers, Clinical Assistants, Home Support Workers, Volunteers, and family caregivers. The term stroke survivor is used throughout the video / DVD as it is appropriate to all settings.

The video is approx. 30 minutes in length and is comprised of the following sections:

<b>SAFETY</b>	1 min.
<b>POSITIONING</b>	9 min.
<b>BED MOBILITY</b>	6 min.
<b>TRANSFERS</b>	6 min.
<b>MOBILITY</b>	7 min.

The manual follows the sequence of the Video / DVD and is structured in a manner which allows the facilitator to engage the participants in active learning using adult learning principles.

Each section has been divided as follows:

- Text which appears in boxes reflects the graphics in the Video / DVD.
-  “Key Points to Reinforce” is important information the facilitator should highlight in the discussion portion of the training. This information could not be emphasized in the video due to time constraints and logistics.
-  “Questions for Discussion” encourages participants to express their view points, thus helping to integrate new ideas and skills with what they already know.
-  “Group Practice” allows participants to apply the ‘how-to’ techniques, which is a key step in integrating knowledge into practice.
- The Appendix contains handouts corresponding to each of the sections that can be photocopied, and given to the participants after the session.

It is suggested that the facilitator take each section at a time and follow this sequence of learning. A training session can then last approximately 30 min in length. This is only meant as a guide and the amount of training and material provided is up to the discretion of the facilitator taking into consideration the needs and background of the audience.

**I.0 MINIMAL MANUAL LIFT**

*(02:32 minutes into the video/DVD)*

- ◆ For safety, a minimum of two caregivers are required to operate the ceiling lift or mechanical lift.
- ◆ Before using a ceiling or mechanical lift, caregivers must have received training on the proper use of the equipment.

**KEY POINTS TO REINFORCE**

- ◆ Review Minimal Manual Lift Policy within your organization.
- ◆ Two staff are required to operate a ceiling or mechanical lift.
- ◆ Stroke survivors can differ in their energy level throughout the day. Fatigue plays a major role in the stroke survivors' ability to assist with transfers.
- ◆ The stroke survivor's emotional condition and behaviour need to be taken into consideration when determining how to transfer them.

**QUESTIONS FOR DISCUSSION**

- When would you use a ceiling or mechanical lift?  
What are the advantages or disadvantages of using a lift?



## PART TWO

## POSITIONING

## 2.0 POSITIONING THE STROKE SURVIVOR

(02:57 minutes into the video/DVD)

## KEY POINTS TO REINFORCE



- ◆ Main goals of positioning are:
  - ❖ To support the affected limb
  - ❖ To manage pain
  - ❖ To prevent spasms
  - ❖ To maintain skin integrity
  - ❖ To increase awareness of the affected side
  - ❖ To promote proper body symmetry / alignment
  - ❖ To increase comfort
  - ❖ To prevent joint and /or muscle restrictions to reduce stiffness
- ◆ Individuals who are not able to reposition themselves should be re-positioned every 2 hours, or more frequently if indicated, to reduce the risk of pressure sores.
- ◆ Pressure Points:
  - ❖ Back of head
  - ❖ Spine
  - ❖ Shoulder blade / shoulders
  - ❖ Elbows
  - ❖ Hips
  - ❖ Coccyx
  - ❖ Bony prominences of the knees
  - ❖ Inside of the leg (*if positioned with one leg rubbing against the other*)
  - ❖ Ankles
  - ❖ Heels
- ◆ Ensure that sheets are smooth and wrinkle-free to prevent skin breakdown.



## QUESTIONS FOR DISCUSSION

What tools can be used to monitor skin condition?

*Answers may include examples such as The Braden Scale.*

What should you report to the charge nurse to alert them of potential skin breakdown?

*Answers may include a discussion of the stages of skin breakdown and what they mean.*

When is it appropriate to request a consultation from a skin care or wound care expert?

In your organization who do you contact?

*Practices vary at each organization, discuss what is the practice at your facility.*

## POSITIONING

### 2.1 LYING ON BACK

(05:09 minutes into the video/DVD)

- ◆ Head in a neutral position
- ◆ Always use caution when positioning or moving the affected limb
- ◆ Never pull or tug on the affected limb
- ◆ Elbow crease faces ceiling
- ◆ Elevate affected hand to reduce swelling
- ◆ Keep fingers separated
- ◆ Use towels to level hips (*Precaution: ensure that towels are not cutting off circulation or causing pressure on the skin*)



#### KEY POINTS TO REINFORCE

- ◆ Stroke survivors are at risk for shoulder pain from poor positioning or handling, or from their neglect of the affected side.
- ◆ The shoulder is a ball-and-socket joint that is largely supported by muscles surrounding the joint. After a stroke, these muscles may be weakened, thus decreasing the stability of the joint. This results in poor joint alignment and increases the risk of further injury.
- ◆ Always support the limb prior to repositioning. This will minimize the stress to the soft tissue.
- ◆ Position arm slightly away from the body with elbow extended to prevent decrease range, and to prevent tightness from occurring as a result of abnormal positioning.
- ◆ When stretching the arm or leg through passive range of motion exercises, make sure that the shoulder or hip joints are at their most stable alignment. Ask the Physiotherapist or Occupational Therapist to demonstrate safe techniques for stretching.
- ◆ Never pull on a limb when assisting a stroke survivor to move in bed or when transferring.
- ◆ Seek professional advice from a Physiotherapist or Occupational Therapist as needed.

## POSITIONING

### DEMONSTRATIONS / GROUP PRACTICE



- ◆ Ask the participants to demonstrate on each other proper positioning techniques for Lying on Back. Ask those who are participating as “survivors” to give feedback to “caregivers”.
- ◆ Demonstrate to the group how to properly position the shoulder / arm without pulling on the arm. Allow participants to practice on one another.
- ◆ Demonstrate how you would change positioning if the stroke survivor was experiencing shoulder pain.



### QUESTIONS FOR DISCUSSION

**Why is it important not to pull on the stroke survivor’s affected arm?**

*Answer: This can cause damage to the shoulder joint.*

**Why is it important to separate the fingers when positioning the stroke survivor’s arm and hand?**

*Answers may include some of the following points: to prevent early onset of contractures, maintain integrity of muscles, protect joints, reduce swelling, increase stroke survivors awareness of where their weakened limb is, in order to address neglect.*

## POSITIONING

### 2.2 LYING ON BACK – KNEES BENT (07:13 minutes into the video/DVD)



#### KEY POINTS TO REINFORCE

- ◆ As a **temporary** comfort measure, and to take pressure off the heels, position the stroke survivor with the pillow on the edge or folded in half (supporting the knees, rather than the pillow lying flat).
- ◆ Emphasize that positioning the stroke survivor in the supine position (flat on their back) with feet flat on bed and knees bent can only be done as a **temporary measure** and not for extended periods because contractures will develop.
- ◆ Increased pressure on the back crease of the knee can cause increased risk for Deep Vein Thrombosis (DVT).
- ◆ When it comes to positioning it is important to take both comfort and potential risk into consideration, and to monitor the stroke survivor regularly. A team approach to positioning is best.

## POSITIONING

### 2.3 SIDE LYING ON AFFECTED SIDE (07:38 minutes into the video/DVD)

- ◆ Head in neutral position
- ◆ Always use caution when manipulating an affected limb
- ◆ Never tug or pull on affected limb
- ◆ Knees are slightly bent



#### KEY POINTS TO REINFORCE

- ◆ Frequent re-positioning (every two hours, or more frequently if indicated) is important.
- ◆ When the stroke survivor is positioned on his /her side, their knees should be slightly bent and a pillow should be placed between their legs for comfort.



#### DEMONSTRATIONS / GROUP PRACTICE

- ◆ Ask the participants to demonstrate on each other proper positioning techniques for Lying on Affected Side. Ask those who are participating as “survivors” to give feedback to “caregivers”.

## POSITIONING

### 2.4 SIDE LYING ON UNAFFECTED SIDE

*(09:59 minutes into the video/DVD)*

- ◆ Head in neutral position
- ◆ Keep pressure off the shoulder
- ◆ Elevate and support the affected arm to reduce swelling and pain
- ◆ Keep fingers separated
- ◆ Unaffected leg is straight and the affected leg is bent

#### KEY POINTS TO REINFORCE



- ◆ Proper positioning technique is necessary to support the affected limb by placing it on a pillow.
- ◆ Keep pressure off shoulder by positioning it forward.
- ◆ You must have a sufficient number of pillows and supportive devices to support the affected limb.



#### DEMONSTRATIONS / GROUP PRACTICE

- ◆ Ask the participants to demonstrate on each other proper positioning techniques for Lying on Unaffected Side. Ask those who are participating as “stroke survivors” to give feedback to those participating as “caregivers”.
- ◆ Demonstrate proper support of affected limb using pillows.
- ◆ Demonstrate proper positioning, keeping pressure off shoulder.



## PART THREE

## BED MOBILITY

## 3.0 BED MOBILITY/BED EXERCISE

(11:53 minutes into the video/DVD)



## KEY POINTS TO REINFORCE

- ◆ Assisting stroke survivors with bed mobility may require more than one person to prevent workplace injury. Use assistive devices such as sliding sheet or ceiling lift if the individual is not able to assist.
- ◆ It is important to encourage as much independent bed mobility as possible. Some individuals who have had moderate to severe strokes may require assistance to move in bed.
- ◆ Bed mobility is one of the building blocks for independent mobility e.g. transfers / standing, and is also important in relieving skin pressure.



## QUESTIONS FOR DISCUSSION

Why is it important to encourage stroke survivors to move in bed independently?

*Answers may include some of the following points:*

*So they can better assist with lower extremity dressing and toileting in bed.*

*Assisting with mobility will help the stroke survivor maintain strength, mobility and motor recovery.*

*This allows the individual to reposition themselves to increase comfort and to reduce risk of pressure sores, etc.*

## BED MOBILITY

### 3.1 BILATERAL BRIDGING

*(12:07 minutes into the video/DVD)*

- ◆ Bridging is useful when putting on pants or using a bedpan



#### KEY POINTS TO REINFORCE

- ◆ Proper bridging requires the stroke survivor to lift their buttocks while knees are bent and feet are flat on the bed.
- ◆ If the survivor's foot slips while bridging, the caregiver can assist by applying downward pressure on the knee while holding the ankle in position.
- ◆ Bridging helps to strengthen hips and legs and is used to shift body side to side in bed.
- ◆ Bridging is often seen as a precursor to functional levels of mobility and balance. It can give the caregiver a good sense of how much weight bearing the survivor can perform when standing or transferring.
- ◆ Bridging will help the individual move towards increased independence.

## BED MOBILITY

### 3.2 ROLLING OVER & SITTING UP

*(13:15 minutes into the video/DVD)*

- ◆ At edge of bed, make sure the survivor is steady



#### KEY POINTS TO REINFORCE

- ◆ If the survivor is rolling over to the weakened side, the affected arm has to be moved slightly to the side so that the stroke survivor does not roll over the shoulder joint.
- ◆ When sitting the stroke survivor at the edge of the bed, ensure that they feel secure, this is often a frightening activity for stroke survivors. If they feel that they are at risk of falling they may resist.
- ◆ Once seated at the edge of the bed, the bed must be adjusted so that the survivor's feet are flat on the floor. This will assist with sitting balance.
- ◆ The caregiver must ensure that they position themselves correctly to avoid injury while transferring the stroke survivor into the sitting position.

## BED MOBILITY

### 3.3 SHIFTING FROM SIDE TO SIDE (15:30 minutes into the video/DVD)

- ◆ Shifting from side to side while lying in bed



#### KEY POINTS TO REINFORCE

- ◆ Use bilateral bridging to shift from side to side. Reposition feet to the direction the survivor will be moving, then lift hips and shift the buttocks, then the body.
- ◆ After bridging is completed, ensure that the stroke survivor's body is properly aligned in neutral position to ensure comfort.
- ◆ Shifting side to side is a good activity to assist with independent bed mobility.

## BED MOBILITY

### 3.4 MOVING UP IN THE BED

*(16:34 minutes into the video/DVD)*

- ◆ Keep your back straight and knees bent



#### KEY POINTS TO REINFORCE

- ◆ Have the stroke survivor assist as much as they can; give them clear instructions i.e. push with heels.
- ◆ Two people are needed to assist the stroke survivor to move up in bed. When assisting the survivor, caregivers should shift their weight from one leg to the other in the direction they are moving the survivor rather than lifting the weight of the survivor.
- ◆ Use an assistive device if the stroke survivor is unable to assist to move up in bed. If you are using an assistive device (such as a sliding sheet) to help them move up in bed, instruct them not to lift their buttocks off the bed, otherwise you will not be able to slide them up in the bed.



## PART FOUR TRANSFER

### 4.0 TRANSFERRING THE SURVIVOR: MOVING FROM BED TO CHAIR (17:47 minutes into the video/DVD)

**GOALS** ◆ To promote safety and comfort, quality of movement, and maximum independence.

- ◆ It is easier to transfer to the stroke survivor's unaffected side, but for a variety of reasons there are times where it is necessary to transfer the individual to the weaker side
- ◆ Make sure that the balls of the feet are directly below the knees to assist with standing
- ◆ Make sure that the survivor is strong enough to perform the transfer
- ◆ Support the affected arm and side
- ◆ The second person should place their hand on the survivor's hips for guidance
- ◆ Keep your back straight and knees bent for safety
- ◆ This transfer technique can be also used to transfer to the unaffected side

### KEY POINTS TO REINFORCE



- ◆ The ability to safely assist a stroke survivor depends on the ability of the caregiver and the ability of the stroke survivor.
- ◆ Ensure that the stroke survivor can hear your instructions and can see where he / she is going.
- ◆ Remember to keep in mind the size and weight of the stroke survivor in relation to the caregiver.
- ◆ Remember that the time of day and the degree of fatigue will affect the stroke survivor's ability to transfer.
- ◆ Make sure the surface that you are transferring from is stable and will not move. Wheelchair brakes need to be on, armrest should either be removed or locked in place.
- ◆ Prepare the stroke survivor for the transfer by properly positioning them. This is done by bringing their buttocks closer to the edge of the chair by shifting forward one side at a time. Remind the stroke survivor to sit up tall.
- ◆ Ensure that survivors and caregiver(s) are communicating well and aware of the process and direction of the transfer.
- ◆ Avoid pulling on the affected arm.
- ◆ Do not lift the stroke survivor by placing your hands under their arms or arm pits.
- ◆ In a two-person transfer, the role of the second person is to guide the hips to the destination surface. The second person should not be lifting the stroke survivor.
- ◆ When assisting the stroke survivor to the standing position, position yourself in such a way that you do not block them when they are attempting to stand.

## TRANSFER

### QUESTIONS FOR DISCUSSION



**What factors affect the stroke survivor's mobility?**

*Answers may include some of the following points:*

- Motor loss
- Sensation
- Fatigue
- Muscle tone
- Balance
- Posture
- Perception
- Cognition
- Behaviour
- Communication difficulty
- Emotional status
- Fear

**What are some common movement problems that the stroke survivors may experience while transferring?**

*Answers may include some of the following points:*

*They don't bring their shoulders forward*

*They do not keep their back straight*

*They lack control when they sit*

*They did not understand the explanation of what was happening*

*They are not willing to cooperate, etc.*

### DEMONSTRATIONS / GROUP PRACTICE



- ◆ Demonstrate the proper transfer of a hemiplegic individual to the weaker side using a two-person transfer.

## TRANSFER

### 4.1 POSITIONING THE SURVIVOR: SITTING IN A WHEELCHAIR (21:58 minutes into the video/DVD)

- ◆ Head in neutral position
- ◆ Position should allow for optimal function and maximal comfort
- ◆ Shoulders straight over hips
- ◆ Back is straight and upright
- ◆ Equal weight bearing
- ◆ Use assistive devices to support the weakened arm
- ◆ Make sure both shoulders are at the same level

#### KEY POINTS TO REINFORCE



- ◆ Ensure that you have attached and secured equipment properly.
- ◆ Check on the stroke survivor regularly to see if repositioning is required.
- ◆ Re-position the stroke survivor in wheelchair for comfort.
- ◆ Shoulders should be in line with hips.
- ◆ If comfort and optimal positioning is compromised it may be advisable to consult an Occupational Therapist or seating expert.

#### QUESTIONS FOR DISCUSSION



Why is it important to have a proper sitting position while in the wheelchair?

*Answers may include some of the following points:*

*Important during feeding because it allows for safer swallowing*

*Enables individual to engage with and access the environment*

*Allows for better respiration and better communication*

*Promotes good skin integrity, increases comfort*

#### DEMONSTRATIONS / GROUP PRACTICE



- ◆ Orient staff to the various parts of the wheelchair: arm supports, seating cushion, review safety issues such as applying brakes etc.
- ◆ Demonstrate proper set up of the wheelchair
  - ❖ Setup of wheelchair before sitting the stroke survivor in the wheelchair
  - ❖ Getting the stroke survivor into the wheelchair
  - ❖ Adjusting the wheelchair after the stroke survivor is sitting in it



## PART FIVE MOBILITY

### 5.0 MOBILITY OF THE SURVIVOR (23:43 minutes into the video/DVD)



#### KEY POINTS TO REINFORCE

- ◆ Main goal of mobility is to promote safety and comfort, quality of movement, and maximum independence.
- ◆ Ensure a safe environment. This includes using the proper equipment.
- ◆ Balance rest and activity to ensure that the stroke survivor does not overexert himself / herself.
- ◆ If the stroke survivor requires assistance, never pull on his or her affected arm or under the shoulder.
- ◆ The type of assistance you need to provide in order to assist the stroke survivor from a sit to stand position is determined based on an assessment by the treatment team.
- ◆ Follow any instructions prescribed by the Physiotherapist or Occupational Therapist.

## MOBILITY

### 5.1 MOBILITY OF THE SURVIVOR: MOVING FROM SITTING TO STANDING (23:43 minutes into the video/DVD)



#### KEY POINTS TO REINFORCE

- ◆ Make sure that the wheelchair brakes are on, and footrests are removed or pushed to the side.
- ◆ Caregivers must communicate properly with the survivor and with each other to coordinate movement. When more than one caregiver is involved in the transfer it is preferable that only one gives out the instructions to avoid confusion.
- ◆ Ensure that the stroke survivor is properly positioned before assisting them to stand (balls of their feet should be positioned directly under the knees).
- ◆ When assisting the stroke survivor from the sitting position to standing, position yourself with your back straight and knees bent.
- ◆ After practicing standing, reposition the stroke survivor in the chair to restore comfort, symmetry and safety.

#### QUESTIONS FOR DISCUSSION



What are the factors that affect mobility?

*Answers may include some of the following points:*

- Motor loss
- Sensation
- Fatigue
- Muscle tone
- Balance
- Posture
- Perception
- Cognition
- Behaviour
- Communication difficulty
- Emotional status
- Fear

## MOBILITY

### 5.2 POSITIONING AT HOME: SITTING ON COUCH

*(26:39 minutes into the video/DVD)*

- ◆ Make sure seating surface is firm
- ◆ Position for safety and comfort, but allow for ease of movement



#### KEY POINTS TO REINFORCE

- ◆ In the video the stroke survivor is sitting in the middle of the sofa, however, if the stroke survivor sits with his unaffected side near the armrest, he can use that to push himself up when attempting to stand.
- ◆ The lower the sitting surface, the more challenging it will be for the stroke survivor to go from the sitting to standing position.

### 5.3 ACTIVITIES IN THE KITCHEN: STANDING

*(27:43 minutes into the video/DVD)*

- ◆ Consult a therapist regarding appropriate use of adaptive equipment

### 5.4 MOBILITY AT HOME: CREATING A SAFE ENVIRONMENT FOR WALKING

*(29:03 minutes into the video/DVD)*

- ◆ Make sure that the home is not cluttered and obstacle-free
- ◆ Walk in the same pattern as the survivor



#### KEY POINTS TO REINFORCE

- ◆ Consult a Physiotherapist for suggestions on how to maximize walking in a safe way.
- ◆ As you assist the stroke survivor with walking, gradually encourage a normal gait pattern.
- ◆ When assisting with standing balance, support the stroke survivor with a hand around the waist. Support the affected arm, but do not pull on the arm.
- ◆ Safe mobility is important to ensure the health and wellness of the stroke survivor.

# APPENDIX:



## HANDOUTS FOR PARTICIPANTS

**SOUTH EAST TORONTO  
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**KEY POINTS TO REMEMBER WHEN POSITIONING THE STROKE SURVIVOR**

- ◆ Goals of positioning are:
  - ❖ To support the affected limb
  - ❖ To manage pain
  - ❖ To prevent spasms
  - ❖ To maintain skin integrity
  - ❖ To increase awareness of the affected side
  - ❖ To promote proper body symmetry / alignment
  - ❖ To increase comfort
  - ❖ To prevent joint and /or muscle restrictions to reduce stiffness
- ◆ Individuals who are not able to reposition themselves should be re-positioned every 2 hours, or more frequently if indicated, to reduce the risk of pressure sores.
- ◆ Ensure that sheets are smooth and wrinkle-free to prevent skin breakdown.

**KEY POINTS TO REMEMBER WHEN  
POSITIONING THE STROKE SURVIVOR ON THEIR BACK**

- ◆ Stroke survivors are at risk for shoulder pain from poor positioning or handling, or from their neglect of the affected side.
- ◆ The shoulder is a ball-and-socket joint that is largely supported by muscles surrounding the joint. After a stroke, these muscles may be weakened, thus decreasing the stability of the joint. This results in poor joint alignment and increases the risk of further injury.
- ◆ Always support the limb prior to repositioning. This will minimize the stress to the soft tissue.
- ◆ When stretching the arm or leg through passive range of motion exercises make sure that the shoulder or hip joints are at their most stable alignment. Ask the Physiotherapist or Occupational Therapist to demonstrate safe techniques for stretching.
- ◆ Never pull on a limb when assisting a stroke survivor to move in bed or when transferring.
- ◆ Positioning the stroke survivor in the supine position (flat on their back) with feet flat on bed with knees bent can only be done as a temporary measure and not for extended periods because contractures will develop

**KEY POINTS TO REMEMBER WHEN ADJUSTING THE STROKE SURVIVOR  
WITH BED MOBILITY**

- ◆ Assisting the stroke survivor with bed mobility may require more than one person to prevent workplace injury. Use assistive devices such as sliding sheet or ceiling lift if the individual is not able to assist.
- ◆ It is important to encourage as much independent bed mobility as possible. Some individuals who have had moderate to severe strokes may require assistance to move in bed.
- ◆ Bed mobility is one of the building blocks for independent mobility e.g. transfers / standing, and is also important in relieving skin pressure.

**KEY POINTS TO REMEMBER WHEN ASSISTING THE STROKE SURVIVOR  
TO ROLL ON THEIR SIDE AND SIT UP ON THE EDGE OF THE BED:**

- ◆ If the survivor is rolling over to the weakened side, the affected arm has to be moved to the side so that the stroke survivor does not roll over the shoulder joint.
- ◆ When sitting the stroke survivor at the edge of the bed, ensure that they feel secure, this is often a frightening activity for stroke survivors. If they feel that they are at risk of falling they may resist.
- ◆ Once seated at the edge of the bed, the bed must be adjusted so that the survivor's feet are flat on the floor to assist with sitting balance.
- ◆ The caregiver must ensure that they position themselves correctly to avoid injury while transferring.

**KEY POINTS TO REMEMBER WHEN ASSISTING THE STROKE SURVIVOR  
WITH A TRANSFER**

- ◆ The ability to safely assist a stroke survivor depends on the ability of the caregiver and the ability of the survivor.
- ◆ Ensure that the stroke survivor can hear your instructions and can see where he / she is going.
- ◆ Remember to keep in mind the size and weight of the stroke survivor in relation to the caregiver.
- ◆ The time of day and the degree of fatigue will affect the stroke survivor's ability to transfer.
- ◆ Make sure the surface that you are transferring from is stable and will not move. Wheelchair brakes need to be on, armrest should either be removed or locked in place.
- ◆ Prepare the stroke survivor for the transfer by properly positioning them. This is done by bringing their buttocks closer to the edge of the chair by shifting forward one side at a time. Remind the stroke survivor to sit up tall.
- ◆ Ensure that survivors and caregiver(s) are communicating well and aware of the process and direction of the transfer.
- ◆ Avoid pulling on the affected arm.
- ◆ Do not lift the stroke survivor by placing your hands under their arms or arm pits.
- ◆ In a two-person transfer, the role of the second person is to guide the hips to the destination surface. The second person should not be lifting.

**KEY POINTS TO REMEMBER WHEN ASSISTING THE STROKE SURVIVOR  
WITH MOBILITY**

- ◆ Main goal of mobility is to promote safety and comfort, quality of movement, and maximum independence
- ◆ Ensure a safe environment. This includes using the proper equipment.
- ◆ Balance rest and activity to ensure that the stroke survivor does not overexert himself / herself.
- ◆ If the stroke survivor requires assistance, never pull on his or her affected arm or under the shoulder.
- ◆ The type of assistance you need to provide in order to assist the stroke survivor from a sit to stand position is determined based on an assessment by the treatment team.
- ◆ Follow any instructions prescribed by the Physiotherapist or Occupational Therapist.

**KEY POINTS TO REMEMBER WHEN ASSISTING THE STROKE SURVIVOR**

- ◆ Make sure that the wheelchair brakes are on, and footrests are pushed to the side.
- ◆ Reposition in chair to restore comfort, symmetry and safety.
- ◆ Caregivers must communicate properly with the survivor and with each other to coordinate movement. When more than one caregiver is involved in the transfer it is preferable that only one gives out the instructions to avoid confusion.
- ◆ Ensure that the stroke survivor is properly positioned before assisting them to stand (balls of their feet should be positioned directly under the knees).
- ◆ When assisting the stroke survivor from sitting to standing, position yourself with your back straight and knees bent.
- ◆ After practicing standing, reposition the stroke survivor in the chair to restore comfort, symmetry and safety.

# ACKNOWLEDGMENTS

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