

Module 5: Body Mechanics

Minimum Number of Theory Hours: 2

Recommended Theory Hours: 4

Recommended Clinical Hours: 4

Statement of Purpose:

The purpose of the unit is to provide students with an understanding of efficient and proper use of the body in performing tasks related to the role of the CNA. Students will understand the principles of positioning and transporting residents and will implement these principles when providing resident care.

Terminology:

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| 1. Activities of Daily Living (ADL) | 14. Lift team |
| 2. Alignment | 15. Lithotomy |
| 3. Ambulate | 16. Logroll |
| 4. Base of support | 17. Mechanical lift |
| 5. Body mechanics | 18. Pivot |
| 6. Dangle | 19. Prone position |
| 7. Dorsal recumbent | 20. Sim's position |
| 8. Fowler's position | 21. Supine position |
| 9. Gait belt | 22. Trapeze |
| 10. Grasp | 23. Trendelenberg |
| 11. Hoyer lift | 24. Total Quality Improvement (TQI) |
| 12. Lateral position | 25. Work-related musculoskeletal disorder (WRMD) |
| 13. Lift/draw/turn | |

Performance Standards (Objectives):

Upon completion of the two (2) hours of class plus homework assignments and four (4) hours of clinical experience, the learner will be able to:

1. Define key terminology.
2. Explain the purpose and rules of proper body mechanics.
3. Identify comfort and safety measures used to lift, turn, move, and position residents in bed.
4. List and describe body positions for bedridden residents.
5. Describe resident transfers.
6. Describe appropriate body mechanics used to ambulate a resident.

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Content Outline	Recommended Teaching Strategies and Assignments	Clinical Demonstration/ Method of Evaluation
<p>Objective 1 Define key terminology</p> <ul style="list-style-type: none"> A. Review the terms listed in the terminology section. B. Spell the listed terms accurately. C. Pronounce the terms correctly. D. Use the terms in their proper context. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration. C. Encourage use of internet, medical dictionary, and textbooks. D. Create flashcards for learning purposes. 	<ul style="list-style-type: none"> A. Have students select five words from the list of key terminology and write a sentence for each defining the term. B. Administer vocabulary pre-test and post-test. C. Uses appropriate terminology when charting and reporting to licensed personnel.
<p>Objective 2 Explain the purpose and rules of proper body mechanics.</p> <ul style="list-style-type: none"> A. Proper body mechanics ensures the Nurse Assistant is using the body in an efficient and safe way. <ul style="list-style-type: none"> 1. Practice body mechanics at all times. 2. Everyone should use good body mechanics even residents and families. 3. Protects both employee and resident from injury. B. Basic rules of body mechanics <ul style="list-style-type: none"> 1. Assess the “job” to be done. 2. Use wide base of support; feet 12 inches apart or shoulder width. 3. Use stronger, larger muscle groups like legs, not the back and arms. 4. Use correct posture and keep body aligned – back straight, knees bent. 5. Keep objects close to body when lifting or carrying. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Show pictures or video on proper body mechanics. C. Handout 5.2a- Body Mechanics Crossword. D. Handout 5.2b- Body Mechanics Crossword-KEY. 	<ul style="list-style-type: none"> A. Written test B. Uses proper body mechanics when performing resident care tasks.

<ul style="list-style-type: none"> 6. Never twist your body, turn or pivot feet – face work. 7. Push, slide, or pull heavy objects instead of lifting – pivot. 8. Avoid sudden jerky motions; use smooth movements. 9. Use both hands when lifting. 10. Team work – one leader who communicates/directs the group. 11. Explain procedure to resident. <p>C. Legal and Total Quality Improvement (TQI) issues</p> <ul style="list-style-type: none"> 1. Legal <ul style="list-style-type: none"> a. Must protect and safeguard resident. b. Skin abrasion is reason for citation and a reportable incident. 2. TQI issue: <ul style="list-style-type: none"> a. Back injuries-refer to Work-related musculoskeletal disorder (WRMD). b. Resident safety-refer to OSHA. 		
<p>Objective 3: Identify comfort and safety measures used to lift, turn, move, and position residents in bed.</p> <p>A. Comfort measures for lifting and moving residents.</p> <ul style="list-style-type: none"> 1. Inform the resident of what you are doing and why. 2. Provide privacy. 3. Raise bed to working height to promote safe body mechanics. 4. Position the resident in proper body alignment. 5. Use pillows and/or foam pads to support and cushion the resident and protect bony prominences. 6. Protect all tubing. 7. Do not slide or drag to prevent skin shearing, abrasion, tear. <p>B. Safety measures for lifting and moving residents</p> <ul style="list-style-type: none"> 1. Assess the task <ul style="list-style-type: none"> a. Size up the load. b. Obtain help if needed. <ul style="list-style-type: none"> 1) If more than two people are needed, a mechanical lift is recommended. 2) Some facilities have a lift team. 2. Using appropriate body mechanics, reposition resident in bed. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Demonstrate stoop, reach, lift, pivot, push/pull, and carry close techniques. C. Demonstrate use of pull/draw sheet, gait belt. D. Show videos demonstrating techniques. E. Manual Skills 5.3a-Turning and Positioning the Resident. F. Manual Skills 5.3b-Moving the Helpless Resident to Head of Bed 	<ul style="list-style-type: none"> A. Written test B. Uses proper body mechanics to move resident up in bed with single or double assist.

<ul style="list-style-type: none"> a. Move the resident up in bed. <ul style="list-style-type: none"> 1) Use lift sheet if appropriate. 2) Two people needed to move resident and should stand at head of bed. b. Turn resident on side <ul style="list-style-type: none"> 1) Move resident toward Nurse Assistant. 2) Move resident away from Nurse Assistant. 3) Log roll resident – all one position like a log with two Nurse Assistants. 3. Why turn, lift, move and position resident <ul style="list-style-type: none"> a. Comfort. b. Prevent skin breakdown. c. Stimulates body systems. d. Encourages resident to do ADL. 	<p>using Two Assistants.</p>	
<p>Objective 4 List and describe body positions for bedridden residents.</p> <ul style="list-style-type: none"> A. Positioning the resident. <ul style="list-style-type: none"> 1. Technique <ul style="list-style-type: none"> a. Do at least every two hours. b. Use lift-sheet and move resident to opposite side of bed you wish to turn the resident to (for side lying position). c. Turn and position. 2. Basic positions <ul style="list-style-type: none"> a. Supine – back. b. Prone – abdomen. c. Lateral – side. d. Sim's. e. Fowler's. f. Semi-Fowler's. g. Trendelenberg. h. Reverse Trendelenberg. i. Lithotomy. B. Use supportive devices to provide comfort and support limb position (pillows and foam wedges). 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Demonstrate positioning. C. Share policies from facilities used for clinical. D. Manual skills 5.4- Positions on side. 	<ul style="list-style-type: none"> A. Written test B. Properly positions residents in five basic positions using supportive devices.

<p>Objective 5 Describe resident transfers.</p> <p>A. Transfers</p> <ol style="list-style-type: none"> 1. Bed to chair. 2. Chair to bed. 3. Bed to gurney. <p>B. Transfer techniques.</p> <p>C. Assistive equipment used to transfer residents</p> <ol style="list-style-type: none"> 1. Mechanical lift. 2. Trapeze – resident uses arms to help lift. 3. Slide board – requires at least two healthcare workers to turn sheet to “slide” resident over. 4. Gait belt (transfer belt). <ol style="list-style-type: none"> a. Use to promote safety. b. Apply to resident’s waist. c. Check for wounds, colostomy, and tubes on abdomen prior to application of belt. d. Apply over clothing, not next to skin. e. Check if belt is too tight or too loose. f. Watch for continued proper placement of gait belt. 	<p>A. Lecture/Discussion</p> <p>B. Demonstrate and return demonstration of transfer techniques.</p> <p>C. Practice using slide board and turn sheet.</p> <p>D. Manual skills 5.5a- Assisted Transfer from Bed to Chair/Wheelchair and Return to Bed.</p> <p>E. Manual skills 5.5b- Mechanical Lift.</p>	<p>A. Written test</p> <p>B. Uses proper techniques when transferring resident from bed to chair and chair to bed.</p> <p>C. Uses transfer equipment at facility.</p>
<p>Objective 6 Describe appropriate body mechanics used to ambulate a resident.</p> <p>A. Ambulation procedures</p> <ol style="list-style-type: none"> 1. Dangle before ambulation. 2. Ambulate resident. 3. Ambulate resident with assistive devices <ol style="list-style-type: none"> a. Walker. b. Cane. c. Gait belt. <p>B. Prevention of injury if fall occurs during ambulation.</p> <ol style="list-style-type: none"> 1. Protection of resident <ol style="list-style-type: none"> a. Guide the resident to the floor. b. Protect the resident’s head. c. Keep firm grip on the gait belt. 2. Protection of self 	<p>A. Lecture/Discussion</p> <p>B. Show video ambulation techniques.</p> <p>C. Demonstrate and return demonstration of</p> <ol style="list-style-type: none"> a. Protective fall procedure. b. Ambulation techniques. <p>D. Manual skills 5.6a- Assisted Ambulation of Resident.</p> <p>C. Manual skills 5.6b-</p>	<p>A. Written test</p> <p>B. Uses proper techniques when ambulating resident.</p> <p>C. Uses gait belt as required.</p>

<ul style="list-style-type: none">a. Keep back straight.b. Slide resident to floor using the upper leg for support.	Assisting the Resident to Ambulate with Walker/Cane. D. Manual skills 5.6c- Assists to ambulate using a transfer belt.	
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Sample Test: Module 5- Body Mechanics

1. The best reason to use proper body mechanics is to:
 - A. Avoid lifting.
 - B. Prevent injury to the patient as well as the Nurse Assistant.
 - C. Prevent damage to the equipment in the facility.
 - D. Use back to lift heavy objects.
2. The resident is positioned in bed with the head of the bed in a partial sitting position at a 45 degree angle. This position is referred to as the:
 - A. Prone position.
 - B. Supine position.
 - C. Sim's position.
 - D. Semi-fowler's position.
3. When placing a resident in the lateral position, you promote good body alignment by placing pillows for support under the:
 - A. Head, abdomen and upper arms.
 - B. Head, shoulders and ankles.
 - C. Head, upper arm, upper leg and behind the back.
 - D. Head, lower back, arms and resident's sides.
4. The Nurse Assistant has been asked to assist a resident with ambulation. During the procedure, the Nurse Assistant should:
 - A. Stand behind the resident and provide support by holding the resident around the waist.
 - B. Walk beside the resident with the assistant's arm locked with the resident's arm.
 - C. Walk in front of the resident with resident's hands placed on the assistant's shoulders for support.
 - D. Walk slightly behind and to one side of resident providing support with the gait belt.

5. Nurse Assistants are encouraged to use a gait belt when assisting with patient transfers. The purpose of a gait belt is to:
 - A. Hold the resident's clothing in place.
 - B. Support the resident when seated and protect the resident from falling out of the chair.
 - C. Assist in transferring a dependent resident and protect both the resident and Nurse Assistant from injury.
 - D. Provide a safety handle for the resident.
6. Once an object has been lifted, the Nurse Assistant should keep the object:
 - A. Under your arm.
 - B. Held to the side of the body.
 - C. As close to the body as possible.
 - D. In front of the body at shoulder height.
7. When the Nurse Assistant is moving a resident toward the head of the bed, they should remove:
 - A. The foot cradle from the bed and place on floor.
 - B. The pillow from under the resident's head and place it against the headboard.
 - C. The bed covers from the resident and fold at the end of the bed.
 - D. Any traction equipment that may be attached to the bed.
8. When assisting a resident with left sided weakness to transfer from the bed to a chair, the chair should be located:
 - A. At the head of the bed, on resident's right side.
 - B. At the foot of the bed, on resident's left side.
 - C. At the middle of the bed directly across from where the resident sits in the bed.
 - D. Across the room to encourage the resident to get up and walk.
9. When positioning a resident in a side lying position, the Nurse Assistant must first:
 - A. Log roll the resident toward the nearest side rail.
 - B. Move the resident toward the foot of the bed.
 - C. Move the resident to the side of the bed where the Nurse Assistant is standing.
 - D. Log roll the resident toward the opposite side rail by yourself.

10. When a resident is in good body alignment it means that the resident's:
- A. Head is in a straight line with the spine.
 - B. Arms and legs are positioned in a flexed position.
 - C. Body is used in a careful and efficient manner.
 - D. Performing exercises to provide movement for the joints.
11. Before performing any task at the bedside, the Nurse Assistant should:
- A. Elevate the bed to a comfortable position to help.
 - B. Lower the bed to the lowest position to prevent the patient from falling out of bed.
 - C. Move surrounding furniture away from the bed so the Nurse Assistant won't bump into it.
 - D. Elevate the head of the bed so that the resident can observe what you are doing.
12. Which of the following describes the prone position?
- A. Lying on the left side with the upper leg flexed.
 - B. Lying on the back with toes pointed toward the foot of the bed.
 - C. Lying on the abdomen with the head turned to one side.
 - D. A semi-sitting position with knees flexed.
13. A resident is being transferred back to bed after being up in the wheelchair for a long period of time. As the Nurse Assistant you can best protect your back by:
- A. Using the stronger muscles of your lower arms and back.
 - B. Keeping a wide base of support and keeping the resident as close as possible to you as you perform the transfer.
 - C. Pulling the resident with sudden jerky movements so that you are able to move the resident alone.
 - D. Providing a lot of space between you and the resident so that you have room for movement.
14. Miss Polly Walker has the head of her bed elevated 60 degrees. This position is referred to as:
- A. The supine position.
 - B. Fowler's position.
 - C. Sims' position.
 - D. The prone position.

15. Your resident is paralyzed from the waist down (paraplegia) and has maintained good upper body strength. The resident wants to be able to move himself in bed, somewhat, without assistance. Which of the following pieces of equipment might be used for this purpose?
- A. Gurney.
 - B. Gait belt.
 - C. Trapeze.
 - D. Pillow.
16. Two surfaces rub together. This is called:
- A. Friction.
 - B. Shearing.
 - C. Pressure.
 - D. Ergonomics.
17. Good body alignment is needed:
- A. When standing.
 - B. When sitting.
 - C. When lifting.
 - D. All the time.
18. When giving bedside care, the bed should be:
- A. At its highest horizontal level.
 - B. At its lowest horizontal level.
 - C. Level with your waist.
 - D. In Fowler's position.
19. Before moving Mr. G up in bed, you need to:
- A. Put nonskid footwear on him.
 - B. Lock the bed wheels.
 - C. Apply a transfer belt.
 - D. Raise the head of the bed.

20. You need to transfer Mr. H with a transfer belt. The belt is applied:
- A. After the transfer.
 - B. Under his clothing.
 - C. Over his clothing.
 - D. On his legs.
21. Mr. H has weakness on his right side. Where should you position the wheelchair?
- A. Next to the bed on his right side.
 - B. Next to the bed on his left side.
 - C. At the foot of the bed.
 - D. At the head of the bed.
22. To prevent falls during transfers, wheelchair, bed, shower chair, and stretcher wheels must:
- A. Be fully inflated.
 - B. Be locked.
 - C. Make noise.
 - D. Be clean.
23. After transferring Ms. G to the toilet, you should:
- A. Close the bathroom door and stay in her room.
 - B. Close the bathroom door and leave the room.
 - C. Stay in the bathroom with her.
 - D. Leave the room.
24. When ambulating, a resident should be wearing:
- A. Socks.
 - B. Bedroom slippers.
 - C. Nonskid shoes.
 - D. Shower thongs.

25. The Nurse Assistant is ambulating a resident with a gait belt. If the resident begins to fall, the Nurse Assistant should:
- A. Lower the resident into a chair.
 - B. Hold the resident up.
 - C. Gently lower the resident to the floor.
 - D. Call out for assistance.
26. The Nurse Assistant can prevent a weak resident from falling in the shower by providing a:
- A. Shower chair.
 - B. Pick-up walker.
 - C. Gait belt.
 - D. Three-prong cane.
27. An example of poor body mechanics is:
- A. Keeping objects close to the body when lifting them.
 - B. Keeping knees straight when working at the bedside.
 - C. Keeping feet apart to provide a wide base of support.
 - D. Pushing heavy objects rather than lifting them.
28. When transferring a resident with a mechanical lift (Hoyer lift), the resident's arms should be:
- A. Holding the sling.
 - B. On her chest.
 - C. Over her head.
 - D. Dangling at her side.

Sample Test Answers: Module 5

1. B
2. D
3. C
4. D
5. C
6. C
7. B
8. A
9. C
10. A
11. A
12. C
13. B
14. B
15. C
16. A
17. D
18. C
19. B
20. C
21. B
22. B
23. A
24. C
25. C
26. A
27. B
28. B

MANUAL SKILL: Turning and Positioning the Resident

EQUIPMENT:

Pillows

BEGINNING STEPS:

1. Wash hands.
2. Knock and pause before entering the resident's room.
3. Introduce self.
4. Identify resident.
5. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact.
6. Gather equipment, if applicable.
7. Provide for privacy with a curtain, door, or screen.
8. Apply gloves, if necessary.

SKILL STEPS:

1. Raise the bed to your working height; make sure wheels are locked and the top sheet and blanket is loosened.
2. Lower side rail nearest you. Be sure the opposite side rail is elevated and locked in place.
3. Slide arms under resident's shoulders and, using good body mechanics, move the resident's legs toward you on your arms.
4. Slide both arms under the resident's buttock (upper thighs and lower back) and, using good body mechanics, move the resident's buttocks toward you on your arms.
5. Slide both arms under the resident's lower legs and, using good body mechanics move the resident's shoulders toward you on your arms.
6. Cross the resident's arm across his/her chest.
7. To turn the resident away from you, cross the leg nearest to you over the far leg at the ankle, or bend the knee up with foot on bed.
8. Place one hand on the resident's shoulder nearest you and your other hand on the hip nearest you.
9. Turn the resident gently to his/her side facing away from you. Make sure resident will not be lying too close to either side rail. Spine should be straight and in alignment with the bed. Extended bottom leg should be in alignment with back and shoulder.
10. Position a pillow lengthwise against the resident's back for support. Place pillow under top arm with arm slightly flexed and in front of resident. Shoulder, elbow, and wrist should be supported to the same height. Place pillow(s) between legs with top leg slightly flexed and forward. Hip, knee, and ankle should be supported to the same height. The bottom arm should be flexed with

palm of hand facing up. Support the resident's head in one hand and slide a pillow under the head and neck using the other hand. (Be sure the resident's ear is not bent).

11. Make sure resident is in correct body alignment, and is comfortable.
12. Straighten top linen.

ENDING STEPS:

1. Clean and return equipment and supplies, if applicable.
2. Dispose of gloves (without contaminating self) into correct waste container and wash hands.
3. Position resident comfortably.
4. Place call light within reach.
5. Place bed in low position.
6. Leave room neat.
7. Wash hands.
8. Document.
9. Report abnormal findings to licensed nurse.

MANUAL SKILL: Moving the Helpless Resident to the Head of the Bed Using Two Assistants.

EQUIPMENT:

Lift sheet

BEGINNING STEPS:

1. Wash hands.
2. Knock and pause before entering the resident's room.
3. Introduce self.
4. Identify resident.
5. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact.
6. Gather equipment, if applicable.
7. Provide for privacy with a curtain, door, or screen.
8. Apply gloves (standard precautions).

SKILL STEPS:

1. Have a co-worker help in this procedure.
2. Raise the bed to the position most comfortable for you during lifting. Lower the head and foot of the bed if raised.
3. Position your co-worker on one side of the bed and yourself on the other side.
4. Both of you should lower the side rail beside you.
5. Remove the pillow from under the resident's head and place it against the headboard (this prevents the resident's head from hitting the headboard).
6. Cross the resident's arms across the chest.
7. The co-worker, using both hands, rolls to the edge of the lift sheet close to the resident's side, thus forming a secure handle. Make sure the lift sheet is positioned from above the resident's shoulders to below the buttocks. Grasp the rolled sheet with your hands at the resident's shoulders and at the hips.
8. Stand with your feet about twelve inches apart (or shoulder width), turn your body and your feet slightly toward the head of the bed.
9. Even when the resident appears unable to understand, explain that on the count of three, he or she will be moved to the head of the bed.
10. Keeping your back straight, bend slightly at the hips and knees.
11. At the count of three, shift your weight from your back foot to your forward foot, while sliding resident toward head of bed.

12. Unroll the lift sheet.
13. Tighten the bottom sheet and lift sheet, making certain no wrinkles remain under the resident's body.
14. Reposition the resident. Replace pillows under the head and shoulders, between legs and at the back if in a side-lying position.
15. Assess for comfort, place the nurse call signal within easy reach, and thank the resident and your co-worker.
16. Raise the side rails, then adjust the head and foot of the bed and lower the bed to lowest position.

To turn the resident towards you:

1. Follow criteria 1-8 above.
2. Be sure the resident is lying in the middle of the bed.
3. Raise the side rail nearest you.
4. If possible cross the leg farthest from you over the near leg.
5. Reach across the resident and put one hand behind the far shoulder.
6. Put the other hand behind the far hip and gently roll the resident toward you.
7. Position using pillows as described above.
8. Make sure resident is in correct body alignment.
9. Straighten and tuck in the top linen.
10. Raise side rail, lower bed, and position call light within reach.

ENDING STEPS:

1. Clean and return equipment and supplies, if applicable.
2. Remove gloves (without contaminating self) into waste container and wash hands.
3. Position resident comfortably.
4. Place call light within reach.
5. Lower bed to safe position for the resident.
6. Leave room neat.
7. Wash hands.
8. Document.
9. Report abnormal findings to licensed nurse.

MANUAL SKILLS: Positions on Side

EQUIPMENT:

Pillows

BEGINNING STEPS:

1. Gather equipment, if applicable.
2. Wash hands.
3. Knock and pause before entering the resident's room.
4. Introduce self.
5. Identify resident.
6. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact.
7. Provide for privacy with a curtain, door, or screen.

SKILL STEPS:

1. Raises side rail on side to which the body will be turned.
2. Slowly roll onto side as one unit toward raised side rail.
3. Places or adjusts pillow under head for support.
4. Resident is positioned so they are not lying on arm.
5. Supports top arm with supportive device.
6. Places supportive device behind resident's back.
7. Places supportive device between legs with top knee flexed; knee and ankle supported.

ENDING STEPS:

1. Clean and return equipment and supplies, if applicable.
2. Position resident comfortably.
3. Place call light within reach.
4. Lower bed to safe position for the resident.
5. Leave room neat.
6. Wash hands.
7. Document.
8. Report abnormal findings to licensed nurse.

MANUAL SKILL: Assisted Transfer from Bed to Chair/Wheelchair and Return to Bed.

EQUIPMENT:

Chair or wheelchair
Gait belt
Non-skid shoes/footwear

BEGINNING STEPS:

1. Wash hands.
2. Knock and pause before entering the resident's room.
3. Introduce self.
4. Identify resident.
5. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact.
6. Gather equipment, if applicable.
7. Provide for privacy with a curtain, door, or screen.
8. Apply gloves (standard precautions).

SKILL STEPS:

1. Position wheelchair close to bed with arm of the wheelchair almost touching the bed.
2. Position wheelchair on resident's strong side with brakes locked and footrests removed, flipped back against chair and out of the way, or flipped up and out of the way.
3. Place non-skid shoes on resident's feet.
4. Help resident sit on side of bed with feet flat on floor.
5. Assess resident for tolerance to an upright position, such as dizziness or nausea.
6. Place gait belt around the resident's waist outside of his/her clothes.
 - a. *With transfer (gait) belt:* Stand in front of resident, positioning self to ensure safety of Nurse Assistant and resident during transfer (e.g. knees bent, feet apart, back straight), place belt around resident's waist and grasp belt (upward grasp).
 - b. *Without transfer belt:* Stand in front of resident, positioning self to ensure safety of Nurse Assistant and resident during transfer (e.g. knees bent, feet apart, back straight, arms around resident's torso under the arms).
7. Stand in front of resident. Place your feet about shoulder width apart (or 12 inches apart) with the resident's weak leg between your knees. Have resident rest his/her hands on your shoulder, upper arms, or your waist. Note: Resident should not put his/her arms around your neck.

8. Firmly grasp the gait belt at the resident's sides.
9. On count of three, help resident to stand, supporting weak leg with your knees.
10. Pivot with the resident toward the chair (which is toward the resident's strong side).
11. Have the resident grasp the arm of the wheelchair.
12. When resident is in proper position, lower the resident slowly into the chair, bending your knees, using the strength of your legs, and keeping your back straight.
13. Reposition resident with hips touching back of the wheelchair and remove transfer belt, if used.
14. Re-adjust or re-apply footrests if used and place signaling device within reach.
15. To return the resident to bed, place the wheelchair on the resident's strong side, with brakes locked and footrests up, removed or flipped back out of the way, then repeat steps 12 to 16 to move the resident from the chair to the bed.
16. Remove the resident's shoes or slippers.

ENDING STEPS:

1. Clean and return equipment and supplies, if applicable.
2. Remove gloves (without contaminating self) into waste container and wash hands.
3. Position resident comfortably.
4. Place call light within reach.
5. Lower bed to safe position for the resident.
6. Leave room neat.
7. Wash hands.
8. Document.
9. Report abnormal findings to licensed nurse.

MANUAL SKILL: Mechanical Lift

EQUIPMENT:

Hydraulic/Mechanical lift
Sling
Wheelchair or chair

BEGINNING STEPS:

1. Wash hands.
2. Knock and pause before entering the resident's room.
3. Introduce self.
4. Identify resident.
5. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact.
6. Gather equipment, if applicable.
7. Provide for privacy with a curtain, door, or screen.
8. Apply gloves (standard precautions).

SKILL STEPS:

1. Secure co-worker to assist.
2. Position chair.
3. Position sling under the resident by turning the resident side to side. The sling should firmly support the resident's torso from shoulder to knees.
4. Protect resident from injury from metal bars/rings.
5. Position the lift over the resident with the base beneath the bed and locked in its widest position.
6. Attach sling to mechanical lift with the hooks or straps in place through the metal frame. Be sure to apply hooks with open, sharp end facing away from resident, if present.
7. Have resident fold both arms across chest, if possible.
8. Inform resident and staff members that lift is going to begin.
9. Raise sling so it is clear of the bed.
10. Have the assisting co-worker guide the resident's legs.
11. Move lift back until resident is centered over wheelchair.
12. Carefully lower resident into chair.

13. Remove straps, hooks and bars from sling leaving sling in place while the resident is in the chair.
14. To return resident to bed, reverse above procedure and turn resident side to side when in bed to remove sling.

ENDING STEPS:

1. Clean and return equipment and supplies, if applicable.
2. Remove gloves (without contaminating self) into waste container and wash hands.
3. Position resident comfortably.
4. Place call light within reach.
5. Lower bed to safe position for the resident.
6. Leave room neat.
7. Wash hands.
8. Document.
9. Report abnormal findings to licensed nurse.

Manual Skills: Transfers from Bed to Wheelchair Using Transfer Belt

EQUIPMENT:

Transfer belt
Wheelchair

BEGINNING STEPS:

1. Gather equipment, if applicable.
2. Wash hands.
3. Knock and pause before entering the resident's room.
4. Introduce self.
5. Identify resident.
6. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
7. Privacy provided with a curtain, screen, or door.

SKILL STEPS:

1. Before assisting to stand
 1. Wheelchair is positioned alongside of bed, at head of bed facing the foot or foot of bed facing head.
 2. Footrests are folded up or removed.
 3. Bed is at a safe level.
 4. Wheels are in locked position on wheelchair.
 5. Check and/or locks bed wheels.
 6. Resident is assisted to a sitting position with feet flat on the floor.
 7. Nurse Assistant ensures Resident is wearing shoes.
 8. Apply transfer belt securely over clothing/gown.
 9. Provide instructions to enable resident to assist in transfer including prearranged signal to alert when to begin standing.
2. Stands facing resident positioning self to ensure safety of Nurse Assistant and resident during transfer. Counts to three (or says other prearranged signal) to alert resident to begin standing.
3. On signal, gradually assists resident to stand by grasping transfer belt on both sides with an upward grasp (Nurse Assistant's hands are in upward position) and maintaining stability of resident's legs.
4. Assists resident to turn to stand in front of wheelchair with back of resident's legs against wheelchair.

5. Lowers resident into wheelchair.
6. Positions resident with hips touching back of wheelchair and transfer belt is removed.
7. Positions feet on foot rests.
8. After completing skill, wash hands.

ENDING STEPS:

1. Clean and return equipment and supplies, if applicable.
2. Position resident comfortably.
3. Place call light within reach.
4. Leave room neat.
5. Wash hands.
6. Document.
7. Report abnormal findings to licensed nurse.

MANUAL SKILL: Assisted Ambulation of Resident**EQUIPMENT:**

Gait belt
Robe
Shoes/non-skid slippers

BEGINNING STEPS:

1. Obtain information on resident's capabilities such as:
 - A. Distance able to ambulate.
 - B. Assistive device used.
 - C. Number of people needed.
 - D. Any weaknesses.
2. Wash hands.
3. Knock and pause before entering the resident's room.
4. Introduce self.
5. Identify resident.
6. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
7. Gather equipment, if applicable.
8. Provide for privacy with a curtain, door, or screen.
9. Apply gloves (standard precautions).

SKILL STEPS:

1. Lower bed to safe level and lower nearest side rail.
2. Assist the resident to move to the side of the bed and to sit on the side of the bed, with feet flat on floor.
3. Assist the resident to put on robe and shoes/non-skid slippers.
 - A. See page 32-33 With transfer (gait) belt:
 - B. Without transfer belt: Stand in front of resident, positioning self to ensure safety of Nurse Assistant and resident during transfer (e.g. knees bent, feet apart, back straight, arms around resident's torso under the arms).
4. Stand facing the resident with your feet shoulder-width apart.
5. Have the resident place his/her hands on your waist.
6. Grasp the gait belt firmly at each side of the resident.

7. Brace your knees against the resident's knees.
8. Block the resident's feet from sliding with your feet.
9. On signal, assist the resident up into a standing position as you straighten your knees.
10. Move behind and slightly to one side of the resident.
11. Grasp the gait belt with one hand and support the resident as needed with the other hand. Do not let go of the gait belt.
12. Walk with the resident with your gait matching the gait of the resident.
13. Frequently assess the resident for dizziness, weakness and need to rest.
14. After ambulation, assist resident to a position of comfort and safety in bed and remove transfer belt, if used.

ENDING STEPS:

1. Clean and return equipment and supplies, if applicable.
2. Remove gloves (without contaminating self) into waste container and wash hands.
3. Position resident comfortably.
4. Place call light within reach.
5. Lower bed to safe position for the resident.
6. Leave room neat.
7. Wash hands.
8. Document.
9. Report abnormal findings to licensed nurse.

MANUAL SKILL: Assisting the Resident to Ambulate with Walker/Cane**EQUIPMENT:**

Gait belt (as needed)
Shoes or non-skid slippers
Walker or cane

BEGINNING STEPS:

1. Obtain information on resident's capabilities such as
 - a. Distance able to walk.
 - b. Type of assistive device.
 - c. Number of people.
 - d. Needs and weaknesses.
2. Wash hands.
3. Knock and pause before entering the resident's room.
4. Introduce self.
5. Identify resident.
6. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
7. Gather equipment, if applicable.
8. Provide for privacy with a curtain, door, or screen.
9. Apply gloves (standard precautions).

SKILL STEPS:

1. Lower bed to lowest position.
 - a. With transfer (gait) belt: Stand in front of resident, positioning self to ensure safety of Nurse Assistant and resident during transfer (e.g. knees bent, feet apart, back straight), place belt around resident's waist and grasp belt.
 - b. Without transfer belt: Stand in front of resident, positioning self to ensure safety of Nurse Assistant and resident during transfer (e.g.) knees bent, feet apart, back straight, arms around resident's torso under the arms).
2. Place shoes or non-skid slippers on resident's feet.
3. Check walker or cane for worn or loose parts and appropriate height.
4. Place walker or cane close by the resident.
5. Assist resident to stand, count "1, 2, 3."

6. Hand resident the cane or place walker in front of resident within reach.
7. Have resident use their arms on chair arm to push self to standing position and grasp walker/cane.
8. The cane is to be held on the strong side.
9. The resident should advance cane 10-12 inches followed by weaker leg and then stronger leg.
10. To use a walker, have resident advance walker six inches
 - a. Resident then should move weaker leg forward into walker, followed by stronger leg.
 - b. Keep resident in the center of the walker.
 - c. All four corners of the walker should be in contact with the floor before resident places weight on walker.
11. If using a gait belt, stand slightly behind the resident on the weaker side with hand grasping the belt at resident's mid-back.
12. After ambulation, return resident to bed or chair
 - a. Have resident walk within a step of bed or chair.
 - b. Place cane or walker to side.
 - c. Assist resident to turn around.
 - d. When resident feels bed or chair touching the back of the legs, have the resident reach for the arm of the chair or mattress of bed and lower self into chair or bed. (Use gait belt to assist as needed).
13. Remove gait belt if used.

ENDING STEPS:

1. Clean and return equipment and supplies, if applicable.
2. Remove gloves (without contaminating self) into waste container and wash hands
3. Position resident comfortably.
4. Place call light within reach.
5. Lower bed to safe position for the resident.
6. Leave room neat.
7. Wash hands.
8. Document.
9. Report abnormal findings to licensed nurse.

MANUAL SKILLS: Assists to Ambulate Using Transfer Belt

EQUIPMENT:

Transfer belt

BEGINNING STEPS:

1. Gather equipment.
2. Wash hands.
3. Knock and pause before entering the resident's room.
4. Introduce self.
5. Identify resident.
6. Explain procedure speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.

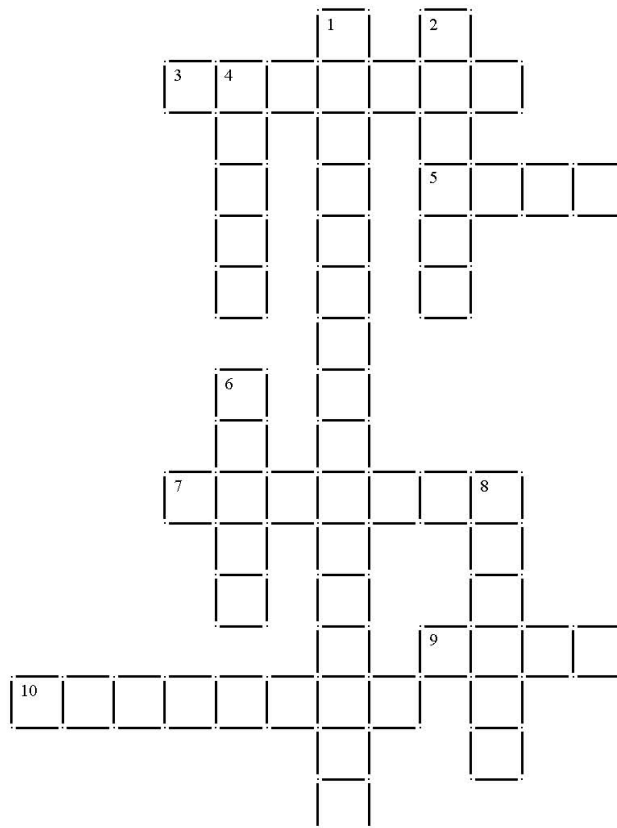
SKILL STEPS:

1. Before assisting to stand
 - a. Nurse Assistant ensures resident is wearing shoes.
 - b. Bed is at a safe level.
 - c. Checks and/or locks bed wheels.
 - d. Resident is assisted to sitting position with feet flat on the floor.
 - e. Applies transfer belt securely at the waist over clothing/gown.
 - f. Provides instructions to enable resident to assist in standing including prearranged signal to alert resident to begin standing.
2. Stands facing resident positioning self to ensure safety of Nurse Assistant and resident during transfer. Counts to three (or says other prearranged signal) to alert resident to begin standing.
3. On signal, gradually assists resident to stand by grasping transfer belt on both sides with an upward grasp (Nurse Assistant's hands are in upward position), and maintaining stability of resident's legs.
4. Walks slightly behind and to one side of resident for a distance of 10 (ten) feet, while holding onto the belt.
5. After ambulation, assists resident to bed and removes transfer belt.

ENDING STEPS:

1. Clean and return equipment and supplies, if applicable.
2. Remove gloves (without contaminating self) into waste container and wash hands.
3. Position resident comfortably.
4. Place call light within reach.
5. Lower bed to safe position for the resident.
6. Leave room neat.
7. Wash hands.
8. Document.
9. Report abnormal findings to licensed nurse.

Body Mechanics Crossword



ACROSS

- 3** A side-lying position
- 5** A belt used to help residents walk.
- 7** A semi-sitting position.
- 9** A side-lying position in which the upper leg is sharply flexed and the lower arm is behind.
- 10** Walk.

DOWN

- 1** A piece of equipment used to transfer residents.
- 2** The resident sits on the side of the bed.
- 4** The way body parts are arranged.
- 6** A resident is positioned on the abdomen with the head turned to one side.
- 8** The resident is positioned on the back.

Body Mechanics Crossword

