



TURNING CLIENT TO SIDE

PURPOSE: To turn the client on their side

Preparatory repositioning transfer: Side-to-side

Number of caregivers: One or two

Weight considerations: No weight restriction

Level of difficulty: Introductory



NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
 - Has their status changed
 - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
 - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



POSITIONING AND MOVEMENT

REPOSITIONING TRANSFER: TURNING CLIENT TO SIDE INTRODUCTORY

CONSIDER

Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

CLIENT

Rolling toward: Side-to-side

Rolling away: Side-to-side

*Point of reference for client on bed – Bed has four sides, no front or back.

CAREGIVER

Rolling toward: Front-to-back (2,5)

Upright and forward to down

Rolling away: Back-to-front

Down to upright and forward

CONSIDER

Line of Movement

As close to the horizontal as possible.

CLIENT

Horizontal 

CAREGIVER

Approximately 30°  (2, 5)

CONSIDER

Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

CLIENT

How far do they need to be turned?

CAREGIVER

Start foot faces the load, end foot faces direction of move; place end foot first to cover span and ensure backward movement will be completed within your base of support (2, 5).

CONSIDER

Point of Force Application

The point where the force is applied to the client's body.

CLIENT

Scapula and outer knee/thigh. Reposition leg by flexing outside knee.

CAREGIVER

Place one hand on client's outer knee/thigh. The other hand should be placed behind the far shoulder at the scapula. Flex at the hips/knees/ankles and lower when reaching across bed to place hand on scapula (1).

CONSIDER

Command and Count

Verbal command given by caregiver.

CLIENT

CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2,
LOAD, PUSH (2, 3)

CONSIDER

Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

CLIENT

Reduce friction and weight by:

- Placing outside arm across the chest.
- Repositioning leg by flexing outside knee.

CAREGIVER

Rolling toward: Leverage starts and assists the move. On the **LOAD**, press down gently on client's outside knee/ thigh and extend your body as a unit at the hips/knees and ankles. This will shift you to an upright and forward position over the client (**2**). Now **PUSH** through the start foot and shift your body as a unit to your end foot (**3, 4**). Flex the end knee at the completion of the move (**5**).

Rolling away: As above, only perform the move in the opposite direction. Leverage is used in conjunction with a body shift and initiated during the **LOAD** phase.

Remember, this is a front-to-back or back-to-front body shift, not a counterbalance movement. Always flex down when reaching across bed.

CONSIDER

Tips

CLIENT

- Bed brakes must lock.
- Opposite side rail raised or additional caregiver positioned to receive client if rolling away.

CAREGIVER

CONSIDER

Contraindications

CLIENT

- Slow movement if vertigo is present.
- For decreased joint mobility or limited range of motion in shoulder, bring arm closest to you out and away from the body to allow the client to roll to the side.
- If leg is flaccid and lightweight, hook a finger behind knee to support and apply leverage. If leg is flaccid and heavy, cross extended legs before rolling over.
- If touching client causes significant discomfort, grasp repositioning draw sheet on the opposite side and roll client towards you.

CAREGIVER

CONSIDER

Options

CLIENT

- A pillow may be placed under knees to allow slight flexion and support. Slide hand down and under the pillow using a flat palm on the pillow to bring the knees over.

CAREGIVER

- Bed can be at working level or in a low position. If bed is in low position, the start knee should be placed on the bed, end foot placed on the floor and body positioned in the same manner as when both feet are on the floor.

[illegible]