



SIDE-TO-SIDE

PURPOSE: To reposition the client to either side of the bed

Number of caregivers: One or two caregivers

Weight considerations: No weight restriction

Level of difficulty: Transitional



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: SIDE-TO-SIDE TRANSITIONAL

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

Side-to-side (across the bed)

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

CAREGIVER

Front-to-back (2)

Upright and forward to back and down (2, 4)

Counterbalance movement

CONSIDER

Line of Movement

As close to the horizontal as possible.

CLIENT

Horizontal 

CAREGIVER

45° Counterbalance  (2, 4)

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 moved across the bed?

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, 4).

CONSIDER

Point of Force Application

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

CLIENT

Scapula and hips

CAREGIVER

Roll repositioning draw sheet to produce tension. Grip should see the wrists neutral and palms either down or rotated slightly upward with elbows flexed (1, 2).

CONSIDER

Command and Count

Verbal command given by caregiver.

CLIENT

CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... BRACE OFF... 1, 2, 3, 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:

- Using a slippery repositioning draw sheet.
- Rolling draw sheet tight to produce tension, arms flexed and raised.
- Repositioning legs by flexing knees.

CAREGIVER

Brace off with elbows flexed, arms slightly raised and braced. This will reduce friction by keeping the client's body slightly raised off the bed (2). **PUSH** through start foot and set your body weight as a unit back and down. The force comes from your start foot and is relayed through your braced body and arms to achieve a simultaneous counterbalance movement and front-to-back shift. Flex end knee at completion of move (3, 4).

CONSIDER

Tips

CLIENT

- Bed brakes must lock.

CAREGIVER

- **PUSH** back and down, do not sit down first and do not pull with arms; keep elbows flexed, arms slightly raised and braced throughout the move.
- Remember to place end foot back far enough to ensure movement falls within base of support.

CONSIDER

Contraindications

CLIENT

- If the client's legs are lightweight, the lower limbs will likely follow in one move.
- If client's legs are heavy, it may be necessary to perform two separate moves to avoid trunk disassociation (see Two Person under options for caregiver).

CAREGIVER

- Bed should be low enough to allow caregiver, when in the upright and forward position, to produce enough tension on draw sheet to raise client slightly off the bed. This will prevent the mattress from sliding with the client.
- Your start thigh can also be positioned against the mattress to prevent it from sliding off the bed.

CONSIDER

Options

CLIENT

- A pillow can be tucked slightly under the shoulders and rolled up with the repositioning draw sheet to stabilize the head and neck.
- A pillow can be placed under the client's legs for support and/or stabilization.

CAREGIVER

Two Person: First person moves torso and is positioned at the client's chest, second person positioned at the client's thighs.

