

# Positioning, Moving, and Restorative Care

## How Movement Affects Body Systems

The human body is designed for continual movement. When a person stops moving or has restricted movement, the body adapts and slows down to accommodate the reduction in movement. Because body systems are interconnected, even a small change in the level of **mobility** can affect all body systems. Aging slows down many body functions, so older adults are affected even more by movement restrictions.

Moving and positioning our bodies also has an emotional and psychological aspect. Without freedom of movement, residents have trouble meeting basic needs. In many cases, residents' self-esteem is connected to achieving at least some independence in mobility (Figure 5-1).



**Figure 5-1** Walkers help residents with ambulation and promote independence.

**Positioning** is how you help residents sit, lie down, or change position when they cannot move independently. Even residents who can move on their own may need help with positioning. They may have trouble getting comfortable or have skin problems from not changing positions often enough. The best positions for an individual resident depend on the person's body type, health status, skin condition, medical and equipment needs, and comfort.

Certain body areas are more likely to be damaged by pressure, which can cause a pressure ulcer. Pressure ulcers

can be prevented by proper movement and changing of position. Proper moving and positioning help residents by:

- Reducing swelling in a limb (arm or leg)
- Preventing stiffness of limbs and joints
- Preventing tubes or equipment lines from being pulled
- Keeping residents as comfortable as possible
- Preventing pain and discomfort from stiffness, pressure, and poor circulation

## Preparing to Move or Position a Resident

Before you help move or position a resident, it is important to observe the resident's abilities and ask the charge nurse about the person's needs. You will work with the charge nurse and physical therapist to determine the best way to move or reposition a resident. When positioning a resident, you must observe and consider these factors:

- Spinal deformities (such as rounded back, forward head, leaning to one side)
- Areas of skin redness
- Bandaged areas, casts, or splints
- Stiffness or swelling in arms, legs, hands, or feet
- IV lines, oxygen, or other equipment in use
- Any recent surgery

Your next step is to ask yourself the following questions. You must know the answers to these questions before you move or position a resident:

### Consider your capabilities and limitations:

1. Do you understand the physician's orders and the charge nurse's expectations?
2. Can you do what's needed?
3. Do you need help?

### Consider the resident:

1. Can this resident understand what you are asking them to do?
2. Can this resident see and hear you? Do they need glasses or a hearing aid?
3. How large or heavy is this resident?
4. What tubes or equipment are connected, such as an IV or oxygen line?
5. Does this resident have any dressings or open wounds?

6. Does this resident have any special needs or behaviors to consider before you start the move?
7. Does this resident have any physical condition that affects moving, such as fragile skin or bones?
8. How much help does this resident need to move?
9. How much weight is the resident allowed to place on the limb?
10. How much limb motion is allowed?
11. Where are this resident's shoes and socks?
12. Does this resident use an assistive device such as a walker, cane, or brace?
13. What equipment do you need to most easily move this resident?
14. Can this resident tolerate all positions?

#### **Consider the environment:**

1. Could the lighting, noise level, or distractions such as family members or care of another resident affect moving and positioning?
2. Are any obstacles (such as medical equipment, linens, personal possessions, or furniture) in the way?
3. Is the bed at the proper height?
4. Is everything needed close at hand?
5. Is it possible to move around any tubes or equipment near the resident?

Which chair or seating device does the resident use?

### **Safety First**

You learned the importance of preventing on-the-job injuries and, that certain types of equipment can be used for safety when moving or positioning a resident.

Before you move or position a resident, decide whether you need help. If you are not sure, then always get help. You may need help for many reasons. Always be safe and get help if you do not know the resident well, are not sure how he or she will respond to you, or if you are uncertain about your ability to lift the resident by yourself.

Clear communication with residents and coworkers is important. Serious injury can occur if someone does not understand how the move is to be done. Giving clear directions is important. Everyone must know what to do and when to do it. Be sure the resident understands their role. You can ask them to do things "on the count of three," such as to push off the bed to help you raise them

to a standing position (Figure 5-2). The resident should be an active participant in the move to the degree that they are able.



**Figure 5-2** Some residents are able to push off the bed while the temporary nurse aide uses a gait belt to help them stand.

### **Tips to Promote Safety**

The tips listed below will make the process of moving a resident safer and easier:

- You can use the side rail of the bed during moving and positioning as long as it benefits the resident. But remember that side rails that restrict a resident's mobility are considered restraints and cannot be used without a physician's order except temporarily in moving and positioning.
- Never move a resident by pulling on their arm or the skin under their arm. There are many arteries, nerves, and veins under the armpit. Pulling can damage blood vessels and nerves.

## Positioning

When residents cannot change positions by themselves, you need to do this for them. Make a positioning schedule that ensures that the resident is comfortable and has good blood flow to all body parts. Usually, you change their position every two hours. Some positions are better for individual residents than others. Some positions can potentially cause problems for a resident, depending on their condition. For example, a resident who is short of breath may have problems breathing when **supine** (on their back with the head of the bed flat). Discuss all positions with the charge nurse to make sure that they are allowed for the resident. Pay attention to proper body mechanics and always use available positioning devices to prevent injuries to you and the resident. Remove any wrinkles from the resident's clothing before positioning them because wrinkles can cause pressure ulcers.

Procedures 5-1 through 5-10 outline the steps for assisting residents in moving from one position to another.

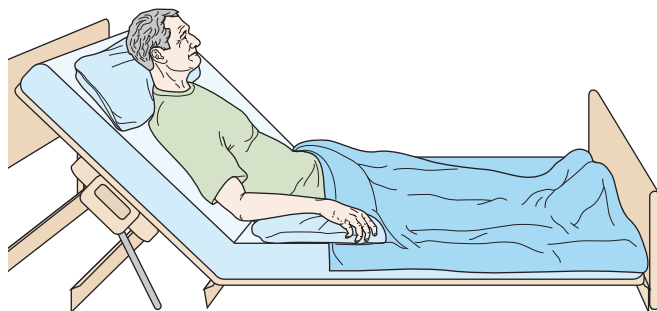
Figure 5-3  
Fowler's position is often used for residents with breathing problems or respiratory diseases.

## Fowler's Position

Some residents have breathing problems due to obesity, pulmonary disease, heart disease, or other causes. For these residents, the physician or charge nurse may order the **Fowler's position**. In this position, the resident lies on their back, and the head of the bed is raised 45 to 60 degrees. The most common angle is about 45 degrees. Sometimes the knees are bent slightly (Figure 5-3).

This position is also used when feeding a resident or helping them with personal care tasks. It is also used when the resident wants to sit in bed to read, watch television, or converse with visitors.

When you elevate the head of the bed, this raises the resident's head, neck, and body. You can place the resident in Fowler's position by elevating the head of the bed or by placing pillows under the back, head, and neck. Be careful to keep the resident's head and neck in alignment to prevent neck pain or injury.

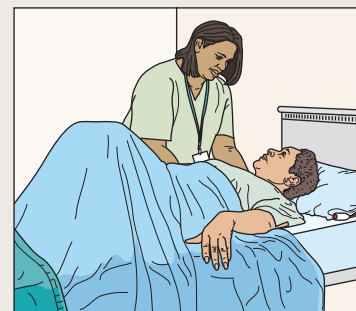


## PROCEDURE

### 5-1: Moving Up in Bed When a Resident Can Help

#### REMEMBER: BE AWARE

- 1 With the resident lying supine, lower the head of the bed to a flat position (if the person can tolerate it). Move the pillows against the headboard to prevent the resident from injuring their head.
- 2 Help the resident bend their knees and place their feet flat on the bed. Place one arm under the resident's upper back behind the shoulders and the other arm under their upper thighs.
- 3 On the count of three, have the resident push down with their feet and lift their buttocks (creating a bridge) while you help move them toward the head of the bed. You may also have the resident help by holding on to the side rails. If side rails are used, be sure to lower the rails when you are done.



#### REMEMBER: UNDERSTAND

## PROCEDURE

### 5-2: Moving Up in Bed When a Resident is Unable to Help (two temporary nurse aides)

#### REMEMBER: BE AWARE

- 1 Ask another staff person to assist you.
- 2 With the resident lying supine, lower the head of the bed to a flat position (if the person can tolerate it). Move the pillows against the headboard to prevent the resident from injuring their head.
- 3 Help the resident cross their arms over their chest.



- 4 Roll the draw sheet up from the side toward the resident until you and your helper have a tight grip on it with both hands. Keep your palms up if that gives you more strength for moving. (If the linen is soiled, use a barrier to prevent contaminating your uniform.) You can place one knee on the bed to get as close to the resident as possible and to provide more leverage.



- 5 On the count of three, you and your helper lift the resident up to the head of the bed, using good body mechanics. You can do this in stages until the resident is in position. If the resident can lift their head off the bed, ask them to do this during the move.
- 6 Unroll the draw sheet and tuck it in.

#### REMEMBER: UNDERSTAND

## PROCEDURE

### 5-3: Moving to the Side of the Bed When a Resident Can Help

#### REMEMBER: BE AWARE

- 1 Stand on the side to which you plan to move the resident.
- 2 Help the resident bend their knees and place their feet flat on the bed.
- 3 Help the resident lift up their buttocks (creating a bridge), and move their buttocks to the side of the bed.



- 4 Help the resident move their legs over, followed by their head and upper body. Slide your arms underneath and glide them toward you if they need additional help.
- 5 You can do this in stages to reach the desired position.

#### REMEMBER: UNDERSTAND



## PROCEDURE

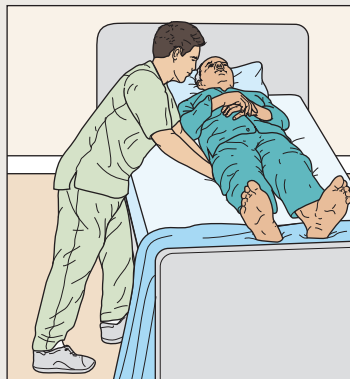
### 5-4: Moving to the Side of the Bed When a Resident is Unable to Help

#### REMEMBER: BE AWARE

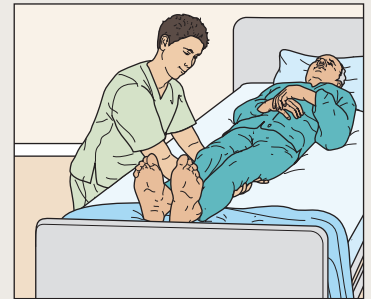
- 1 Stand on the side to which you plan to move the resident.
- 2 Ask the resident to fold their arms across their chest or do this for them, if necessary.



- 3 Slide both your hands under the resident's head, neck, and shoulders and glide the upper body toward you. Keep the resident's body in proper alignment as you move them.



- 4 Slide your arms under the resident's hips and glide them toward you.



- 5 Slide your arms under their legs and glide them toward you.

#### REMEMBER: UNDERSTAND

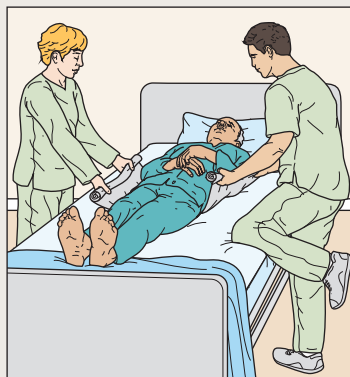
## PROCEDURE

### 5-5: Moving a Resident to the Side of the Bed Using a Draw Sheet (Two temporary nurse aides)

#### REMEMBER: BE AWARE

- 1 Ask another staff person to help you.
- 2 Help the resident place their arms across their chest.
- 3 Roll the draw sheet up from the side toward the resident until you and your helper have a tight grip on it with both hands. Keep your palms up if that gives you more strength for moving. (If the linen is soiled, use a barrier to prevent contaminating your uniform.)

The staff member who is moving the heaviest part of the resident's body may want to place one knee on the edge of the bed for more leverage.



- 4 The person with the heaviest load leads the count to three. On three, you both lift the resident to the side of the bed. You can do this in stages until the desired position is reached.

- 5 Unroll the draw sheet and tuck it in.

#### REMEMBER: UNDERSTAND

## PROCEDURE

### 5-6: Turning a Resident from Supine to Side-Lying for Personal Care



#### REMEMBER: BE AWARE

- 1 Help the resident bend their knees and place their feet flat on the bed.

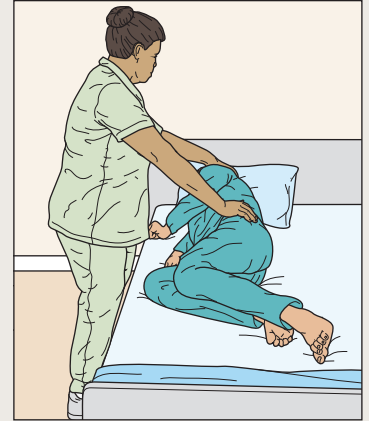


- 3 Place your other hand on the hip farthest from you.



- 2 Place one hand on the resident's shoulder that is farthest from you.

- 4 On the count of three, help the resident roll toward you. Some residents may be more comfortable guiding the turn by holding on to the side rails. Lower the side rails when done.



- 5 Continue personal care.



#### REMEMBER: UNDERSTAND

## 5-7: Moving a Resident from Supine Position to Sitting

### REMEMBER: BE AWARE

#### OPTION 1:

*If a second person assists you, you both stand on the same side of the resident. One person lifts the head and upper body, and the other person lifts the legs and lower body.*

- 1 The resident is lying in supine position. Help the resident roll onto their side facing you and raise the head of the bed.



- 2 Using your arm that is closest to the head of the bed, reach under the resident's head and place your hand under their shoulder. The resident's head should be supported by and resting on your forearm.



- 3 With your other hand, reach over and behind the resident's knee that is farthest from you.



- 4 Bring the resident's head and trunk up as you swing their legs down to the sitting position. Keep one arm behind the resident to support them in the sitting position. With your other arm, support the resident's legs, with the back of their knees in the crook of your elbow. Stay close to their body to prevent rocking or a fall.



- 5 Help the resident get comfortable in the sitting position.



#### OPTION 2:

- 1 Help the resident roll onto their side facing you and raise the head of the bed.

- 2 Slide their feet over the edge of the bed.

- 3 Using your arm that is closest to the head of the bed, reach under the resident's head and put your hand under their shoulder. The resident's head should be supported by and resting on your forearm.

- 4 Place your other hand on the resident's hip. As you help the resident sit up, place gentle but firm pressure on their hip (using leverage) and help raise the resident upward to a sitting position. Keep one arm behind the resident to support them in the sitting position. Stay close to their body to prevent rocking or a fall.

### REMEMBER: UNDERSTAND

## 5-8: Moving a Resident from Sitting to Supine Position

**REMEMBER: BE AWARE**

- 1 Before beginning the move, make sure that the resident is centered in the bed with the backs of the knees against the mattress. You may want to elevate the head of the bed.
- 2 Place one hand behind the resident's shoulder, and let their head and neck rest on your forearm. Place your other arm under their knees, and let their legs rest in the crook of your elbow.



- 3 Use your legs to lift and breathe out as you help the resident lift their legs up onto the bed. Gently lower their trunk and head onto the bed. If the resident is able, they can push down on the bed with their hands to help move their body back onto the bed.



- 4 Lower the head of the bed, if necessary, for the resident's comfort.

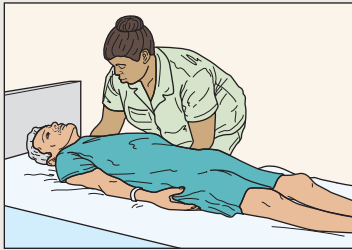
**REMEMBER: UNDERSTAND**



## 5-9: Positioning a Resident on Their Back

### REMEMBER: BE AWARE

- 1 First, move the resident's trunk and lower body so that their spine is in a neutral position. Do the positioning from the top of the body to the bottom.



- 2 Position the resident's head and neck. Place a pillow under the resident's head, neck, and the tops of their shoulders. Do not elevate the head too high. Keep it as close to even with the chest as possible or as is comfortable.

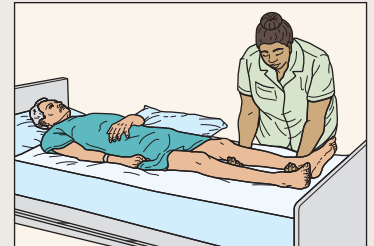


- 3 Position the resident's arms. The backs of the shoulders and elbows are common places for pressure ulcers in residents who cannot change position by themselves. Vary their arm positions to prevent this. Keep the arms straight and resting on the mattress away from their sides, or bend the arms slightly at the elbow with a pillow between the inner arm and their side so that their arm rests on the pillow and their hand on top of the abdomen. Always support the arms in two places when moving them, and move them gently.

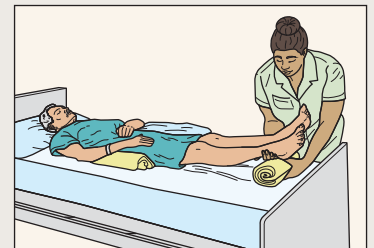


- 4 Position the resident's legs. The hips, buttocks, sacrum, and coccyx (the tip of the spine at the buttocks, or "tailbone"), and the backs of the heels are common places for pressure ulcers. If a resident has ulcers on a hip, place a towel roll along the hip between the hip and the mattress on the affected side. For redness or ulcers under the heels, support the legs by placing a pillow lengthwise to raise the heels

above the bed, or place a towel roll under the legs. Position the resident's legs straight and slightly apart. Always support the legs in two places when moving them, and move them gently. For those residents who tend to keep their legs tightly together or crossed, you may place a pillow between the legs.



- 5 If a resident has a cast or splint on a limb, hand, or foot or a swollen arm or leg, you can place a pillow lengthwise to support the affected limb, hand, or foot.



### REMEMBER: UNDERSTAND

## 5-10: Positioning a Resident on Their Side (Side-Lying Position)

### REMEMBER: BE AWARE

*Note that the positions described may be modified for the resident's comfort and to prevent pressure ulcers.*

- 1 Begin with the resident in supine position. Stand on the side to which the resident will be turning.

- 2 Help the resident bend their knees.



- 3 Place one hand on the resident's shoulder that is farthest from you. Place your other hand on the hip farthest from you. On the count of three, help the resident roll toward you. Position the resident comfortably with proper body alignment.



- 4 Position the resident's head and neck. Place a pillow under their head so that the neck is properly aligned and comfortable.



- 5 Fold a pillow lengthwise and place it behind the resident's back. Gently push the top edge of the pillow under their side and hip.



- 6 Position the resident's arms. Gently pull the arm against the mattress out from under the resident's body if it is not already in front of the body. Place a pillow diagonally under the top arm

between the arm and the resident's side. Bend the top arm at the elbow and shoulder to rest the arm comfortably on the pillow.



- 7 Position the resident's legs. Bend the top hip up and rotate it slightly forward. Place a pillow lengthwise between the resident's knees to separate their legs down to their ankles.



### REMEMBER: UNDERSTAND

DISCLAIMER: AHCA/NCAL has created this course to assist providers to recruit and train temporary staff during the national emergency caused by the coronavirus pandemic. Federal and/or state requirements may need to be waived to permit individuals under this training program in your location. Employers should check with their state survey agencies and their state occupational licensing agencies where applicable to ensure individuals trained under this program are permitted to assist with care in your location.