



The caregiver guides her family member using a safe and practical stair-climbing technique. Photos courtesy of the AARP Public Policy Institute.

Teaching Family Caregivers to Assist Safely with Mobility

Methods for safe patient handling can and should be used in the home

This article is part of a series, *Supporting Family Caregivers: No Longer Home Alone*, published in collaboration with the AARP Public Policy Institute. Results of focus groups, conducted as part of the AARP Public Policy Institute's No Longer Home Alone video project, supported evidence that family caregivers aren't given the information they need to manage the complex care regimens of family members. This series of articles and accompanying videos aims to help nurses provide caregivers with the tools they need to manage their family member's health care at home.

The articles in this new installment of the series explain principles for promoting safe mobility that nurses should reinforce with family caregivers. Each article also includes an informational tear sheet—*Information for Family Caregivers*—that contains links to instructional videos. To use this series, nurses should read the article first, so they understand how best to help family caregivers, and then encourage the caregivers to watch the videos and ask questions. For additional information, see *Resources for Nurses*.

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Family caregivers commonly assist older family members when they have mobility difficulties, such as problems walking, getting in and out of bed, and using the bathroom. However, these caregivers are unlikely to have been prepared to perform these important activities.¹ Among family caregivers who provide more than 20 hours of care per week, 32% report physical strain from their efforts to assist in transfers from the bed or chair.² Although most health care facilities are greatly concerned that health care providers use methods for safe patient handling and mobility, this important issue has not gained the same attention in the home environment. These methods, however, can be used in the home and are necessary to protect the health of family caregivers and the older adults they are assisting.

Many organizations use safe patient handling and mobility technology and other aides to decrease the physical burden on staff, as well as to prevent injuries.³ These assistive devices can be utilized without impeding patients' functional independence progress during inpatient rehabilitation care.⁴ Although safe patient handling and mobility technology—including mechanical lifts (ceiling and portable), sit-to-stand lifts, and transfer boards—has become a part of standard inpatient health care practice, it's typically not available to those providing care in the home. For this reason, family caregiver education and training are critical. This can improve caregivers' skill and confidence in their abilities while assisting older adults with

transfers and mobility. Research shows that when family caregivers and care recipients feel confident in each other's ability to help the care recipient achieve greater functional independence, recipients experience greater improvement in activities of daily living compared with those who lack confidence in either themselves or their caregivers.⁵ Further, education and training may reduce the chance of being injured during the course of caregiving activities.⁶ Formal support and training, therefore, likely improve a family caregiver's competence and safety.

Physical and occupational therapists can help family caregivers to problem solve unique transfer situations and recommend equipment based on the caregiver's ability and the older adult's level of function and physical deficits. If the care recipient requires more than minimal physical assistance to complete mobility tasks, consultation with a physical or occupational therapist or a safe patient handling and mobility expert for individualized recommendations is warranted. If the older adult can perform transfers with minimal assistance, the role of the family caregiver is to make the environment in which these transfers take place as safe as possible and to provide cues for the correct transfer technique.

EDUCATING FAMILY CAREGIVERS ON FUNCTIONAL MOBILITY

Information about proper body mechanics, cueing techniques, and appropriate mobility aides are key components of family caregiver education on functional mobility. It's most beneficial to talk about the principles of these techniques while coaching the older adult and caregiver through the desired motions, so they are physically moving as directed while listening to the instructions. Common mobility aides for the home that may be covered by insurance and can be purchased through local durable medical equipment providers include transfer boards, grab bars, a bathtub transfer bench, a shower chair, and raised toilet seats. When



A transfer bench or extended shower chair makes accessing the bathtub or shower safer and easier.

Information for Family Caregivers

Common Mobility Aides

- Transfer boards can help older adults move between two surfaces without requiring they stand. Different types and sizes are available. Most transfer boards are not recommended for use by those with poor sitting balance or poor skin integrity (because of the risk of damage to the skin owing to increased shear stress).
- Bathtub transfer benches and chairs allow care recipients to sit and move into the bathtub instead of requiring that they step over the edge. Some shower benches have a seat that slides into the bathtub. Suction cup tips should be securely fastened to the tub surface, and all four legs of the bench should be appropriately adjusted for stability.
- Shower chairs are most appropriate for walk-in showers or for use by older adults with bathtub showers who do not need assistance stepping over the edge of the bathtub.
- Raised toilet seats often have armrests that make it easier for older adults to leverage themselves into a standing position.
- Grab bars in showers, bathtubs, and near toilets should be anchored into wall studs. Suction grab bars are not recommended because they may slip during use.

Tips for Assistance

When standing from a chair.

- Ensure that the care recipient's assistive devices (walkers or canes, for example) are correctly sized to her height.
- Encourage the care recipient to choose a sturdy chair with armrests, if available.
- Tell her to scoot forward in the chair.
- Assist her in sliding her feet back (or one foot that is particularly strong). Make sure her feet are positioned under her so she can rise efficiently to a standing position.
- Instruct her to use both hands or one strong hand (placing the weaker arm on the walker or cane) to push down on the armrest when rising from a chair—and never to place both hands on the walker to push up to a standing position.
- Advise her to lean forward to stand—"nose over toes."

When sitting up in bed.

- Show the care recipient how to roll to the side.
- Instruct him to slide his legs off the side of the bed.
- Advise him to push up on his forearm to a sitting position.

During a car transfer.

- Warn the older adult not to use the car door to pull up to a standing position. Instead, she should push off the seat.
- Ensure that she turns fully in her seat, so that both feet are firmly on the ground before standing.
- Have a wheelchair and/or assistive device positioned prior to transfers.
- Make sure to lock the wheelchair and move footplates out of the way during transfer.

During shower and bathtub transfers.

- Instruct the older adult not to use the towel bars as grab bars. They are not intended to provide support and are often not securely affixed to the wall.
- Direct him to sit on the transfer bench and scoot across, carefully lifting his legs over the edge of the tub. If scooting is not an option, use a shower bench that has a seat that slides into the tub. Instruct him to lift his legs over the edge of the tub as the seat slides into place.

Tips for Using Assistive Devices

Walkers.

- Appropriate walker height should be at wrist level, with the elbow slightly bent.
- When the person is using a seated rolling walker, make sure the wheels are locked before she sits down.

Information for Family Caregivers (*Continued*)

- Tell her to stand with good posture and to keep the walker close by. She should not push the walker like a grocery cart.
- When she is stepping onto or off a curb, make sure she is standing with the walker and close to the edge of the curb. This helps to prevent excessive forward reaching to move the walker.
- When the person is stepping onto the curb, instruct her to first lift the walker onto the curb and then step with the strong leg first
- When she is stepping off a curb, show her how to first place the walker off the curb and then step with the weaker leg first.
- Using a walker on stairs is not recommended.
- When reminding the person about which foot to step with first on curbs and stairs, tell her to go “up with the good” and “down with the bad.”

Canes.

- Appropriate cane height should be at wrist level, with the elbow slightly bent.
- A cane should be used in the hand on the opposite side of the body from any weakness or pain. If the cane is needed for balance, it can be used in the dominant hand.
- Teach the person the correct sequence for walking with a cane:
 - begin by moving the cane
 - next, move the weak or painful leg
 - follow with the strong or less painful leg
 - If the person has good balance, it may feel more natural to move the cane and weaker leg at the same time.
- Teach the person the correct sequence for going up stairs with a cane:
 - strong leg first
 - cane second
 - weak leg last
 - If a sturdy rail is available, tell the older adult to use the rail for support and carry the cane in the other hand. Follow the same stepping sequence.
- Teach the person the correct sequence for going down stairs with a cane:
 - cane first
 - weak leg second
 - strong leg last
 - If a sturdy rail is available, tell the older adult to use the rail for support and carry the cane in the other hand. Follow the same stepping sequence.

Crutches.

- For axillary crutches, height should be adjusted so the handgrip is at the level of the wrist, and the elbow is slightly bent. The top of the crutch should be three finger widths from the armpit.
- For forearm crutches, height should be adjusted so the handgrip is at the level of the wrist, and the elbow is slightly bent. The forearm cuff should be set at 1.5 to 2 inches below the elbow.
- People who can bear weight as tolerated should
 - move the crutches forward first.
 - step with the weak or painful leg first.
 - step with the strong leg last. If the person has good balance, it may feel more natural to move the crutches and the weaker leg at the same time.

Family caregiver instructional videos about mobility can be found on AARP's website:



Getting from a Car to a Wheelchair <http://links.lww.com/AJN/A85>



Using a Walker or Cane and Navigating Stairs <http://links.lww.com/AJN/A86>



Moving from a Walker to Shower or Bed <http://links.lww.com/AJN/A87>

For additional information and to access these videos in Spanish, visit AARP's Home Alone Alliance web page: www.aarp.org/ppi/info-2017/home-alone-alliance.html.

used and installed appropriately, these mobility aides can decrease the physical demands on the caregiver and improve the functional independence and safety of the older adult.

During preparation for discharge and family caregiver education related to mobility, nurses should review whether appropriate durable medical equipment has been ordered; if not, nurses should consult with the health care team to ensure this is addressed. General information about maintaining good body mechanics when handling equipment, such as lifting a wheelchair in or out of a car, can help family caregivers to reduce the physical burden of this task. In this situation, for instance, family caregivers should be given the following tips: reduce the load; keep the load close to the body; maintain a wide base of support; and, when lifting, bend knees while preserving a neutral spine. The weight of most wheelchairs can be reduced by removing the leg rests, cushions, and wheels prior to lifting. During demonstrations and while providing education, remind family caregivers to avoid grabbing under the care recipient's arm or pulling the arm. A hand placed firmly on her or his lower back will provide reassurance and a cue to the care recipient to lean forward while attempting to stand.

Safe ambulation is an important component of functional mobility and is often a cause for caregiver concern. Fall prevention education should include information on risk factors, referrals to appropriate health care providers, tips for home modifications, and instructions on appropriate assistive device use. Health care providers who may need to be consulted, for instance, include a

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physical therapist (if balance or strength deficits are suspected), an optometrist (if visual impairments are suspected), and a physician or NP (if there is concern about polypharmacy or low blood pressure). Various factors can increase a person's risk of falling, including balance impairment, weakness, visual impairment, orthostasis, depression, and gait abnormalities. Efforts should be made to address as many of these risk factors as possible. Interventions, for instance, may include reducing the number of medications the person takes or correcting her or his vision. Older adults with observed and subjective reports of imbalance and gait difficulties, or those who've fallen in the past year, should be evaluated by a physical therapist.⁷


Physical therapy interventions to improve balance and decrease the risk of falling may include practicing transfer techniques and balance and strength exercises.⁷ The use of assistive devices, such as walkers, canes, and crutches, can aid in safe ambulation when used appropriately. Physical therapists can evaluate older adults to determine the most appropriate assistive device based on the person's level of function and ambulation goals. There are numerous types of assistive devices, with various levels of stability. Using an inappropriate assistive device may contribute to instability and the risk of falling.


Preparing family caregivers to successfully care for older adults in the home is an interdisciplinary endeavor. It's important for all health care providers who interact with family caregivers and older adults to be familiar with common tips for safe mobility. They should also be prepared to provide referrals to specialists when care recipients have complex mobility needs. ■

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Resources for Nurses

 Getting from a Car to a Wheelchair^a
<http://links.lww.com/AJN/A90>

 Using a Walker or Cane and Navigating Stairs^a
<http://links.lww.com/AJN/A91>

 Moving from a Walker to Shower or Bed^a
<http://links.lww.com/AJN/A92>

AJN's resource page for supporting family caregivers includes previous articles and videos in this series.
<http://links.lww.com/AJN/A81>

^a Family caregivers can access these videos, which are available in English or Spanish, as well as additional information and resources, on AARP's Home Alone Alliance web page: www.aarp.org/ppi/info-2017/home-alone-alliance.html.

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DOI:10.1097/NHH.0000000000001078

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