4th and 8th
Years of Service
CNA Inservice Training

- Catheter and Colostomy Care
- ADLs, Dressing, and Hygiene
- Transfers
- Range of Motion and Side Positioning

Catheter and Colostomy Care

Catheter Care

IMPORTANT: Only a trained and licensed medical professional can perform medical tasks associated with a urinary catheter. This includes, but is not limited to, insertion, diagnosis and procedures related to complications with the equipment. The information associated with this test and its documentation is only to educate caregivers how to care for the person and the personal care associated with a catheter.

A urinary catheter is a flexible plastic tube used to drain urine from your client's bladder when they cannot urinate by themselves. A doctor or nurse will place the catheter into the bladder by inserting it through the urethra, the opening that carries urine from the bladder to the outside of the body. When the catheter is in the bladder, a small balloon is inflated to keep the catheter in place. The catheter allows urine to drain from the bladder into a bag. The catheter is attached to the thigh, and the bag is usually either strapped to the leg OR hangs from a hook on the client's bed or wheelchair/chair.

A catheter may be needed because of certain medical conditions, such as an enlarged prostate, the inability to control the release of urine, or after surgery on the pelvis or urinary tract. Urinary catheters are also sometimes used when the lower part of the body is paralyzed.

Catheter care

Always wash your hands before and after handling a catheter.

- Make sure that urine is flowing out of the catheter into the urine collection bag.
- Make sure that the catheter tubing does not get twisted or kinked.
- Keep the urine collection bag **below the level of the bladder**.
- Make sure that the urine collection bag does not drag and pull on the catheter.
- Unless the client has been told not to, it is okay to shower with the catheter and urine collection bag in place.
- Check for inflammation or signs of infection in the area around the catheter. **Signs of infection include pus or irritated, swollen, red, or tender skin.**
- Clean the area around the catheter twice a day using soap and water. Make sure to start closest to the client and clean outwards. Dry with a clean towel afterward.
- Do not apply powder or lotion to the skin around the catheter.
- Do not tug or pull on the catheter.

Emptying the urine collection bag

You will need to empty the bag regularly. This is usually done at the end of each “shift” or more frequently if the output is high. Record the time and amount of urine if needed.

- Wash your hands with soap and water. Wear gloves.
- Remove the drain spout from its sleeve at the bottom of the collection bag. Open the valve on the spout.
- Let the urine flow out of the bag and into the toilet or a measuring container. Do not let the tubing or drain spout touch anything.
- After you empty the bag, close the valve and put the drain spout back into its sleeve at the bottom of the collection bag.
- Wash your hands with soap and water.

When to call the family or doctor

Call family and/or office, or doctor if:

- No urine or very little urine is flowing into the collection bag for 4 or more hours.
- No urine or very little urine is flowing into the collection bag the person feels like bladder is full.
- The client has new pain in their abdomen, pelvis, legs, or back.
- The client’s urine has changed color, is cloudy, bloody, or has blood clots in it OR if it you notice a foul odor when you empty it.

- The insertion site becomes very irritated, swollen, red, or tender, or there is pus draining from the insertion site.
- Urine is leaking from the insertion site.
- The client has a fever of 100F or higher.
- The client develops nausea, vomiting, or shaking chills.
- The client is newly confused.

Colostomy Care

IMPORTANT: Only a trained and licensed medical professional can perform medical tasks associated with a colostomy. This includes, but is not limited to, insertion, diagnosis and procedures related to complications with equipment. The information associated with this test and its documentation is only to educate caregivers how to care for the person and the personal care associated with a colostomy bag.

A colostomy is a surgical creation of an opening between the colon and the surface of the abdomen. The suffix “ostomy” is a medical term that means an opening created between two organs or two different areas of the body. There are many different types of ostomies that can be created, and they are named after the part of the body that is involved. Depending on the client’s clinical condition, colostomies can be permanent or temporary and there are different types of colostomies that can be performed.

The end of the colon brought to the skin surface is called the stoma, a Greek word for “opening.” The stoma becomes the exit for all bowel movements and gas. It is typically pink or pinkish-red and can be different sizes.

Having a colostomy should not affect your ability to eat and digest food.

General

- Change pouching system on a routine basis and do not wait for it to leak.
- Twice a week is a usual change for most people.
- Best time to change the pouching system is first thing in the morning when there is less output.
- Prepare the new pouching system before removing the old one. Write the date on the system when you change it.
- Your client can bathe with or without the pouching system on (unless instructed otherwise by their family or doctor).
- Empty the pouch when 1/3 or 1/2 full.

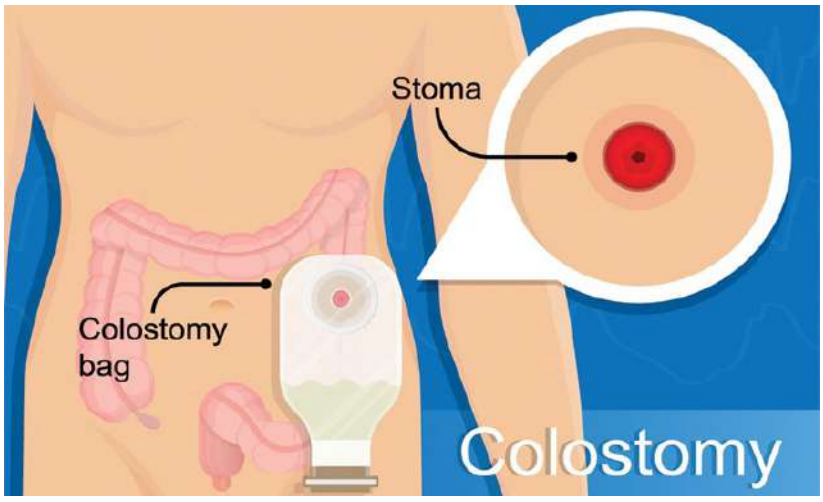
- Empty before bed and activities.
- No need to rinse out drainable pouch after emptying.
- Store all supplies in a cool, dry place.

Skin Care

- Warm water is sufficient to clean skin with unless otherwise directed by your client's family or doctor. Using sterile materials is not necessary.
- Avoid baby wipes that can leave residue on the skin.
- DO NOT use lotions, baby powder, alcohol, ointments, or soaps with aloe or moisturizers under the skin barrier.
- Always wash your hands before and after emptying.
- Adhesive remover wipes should be used sparingly and the skin should be wiped clean with mild soap and water after using.

When to call the family or care provider

- If the skin around the stoma is constantly irritated, for more than a few days.
- If the stoma color changes from pink-red to purple-black.
- If there is bleeding from the stoma.
- If there is no stool coming out for more than 2 days.
- If there is a change of size or bulging around the stoma.
- If there are persistent leakage problems.



Making an Occupied Bed

Many times, it is not possible or practical to move a client in order to change his or her sheets. Soiled linens can lead to infection, as well as being uncomfortable for your client. If your client is not able to leave the bed, you will need to change the linens while the client remains in bed.

1. If the person is using a hospital bed
   - raise the bed to the level of your elbows.
   - lower the knees and head until the bed is flat (if your client tolerates).

2. Next steps:

   - Loosen the sheets and blanket around the entire bed.
   - Remove all the covers except for the top sheet or a cotton blanket to keep the person warm.
   - If the bed has side rails, raise the rail on the far side of the bed.
   - If not, position the bed against a wall or secure the person in the bed with pillows.
   - Roll the person to the far side of the bed.
   - The person should be on their side, facing away from you.

3. Remove the head pillow and place the clean linen within easy reach.

   - Fold or roll any bed pad or draw sheet toward the person and tuck it against the person's back
   - Roll or fold the bottom sheet lengthwise up against the person's back

4. Your side of the bed should now be stripped down to the mattress or mattress pad and ready for clean linens.

5. Start with the clean linens and put the fitted corner on the top and bottom corners of the side of the bed near you.

- Smooth the sheet at the center and push the sheet against the person's body.
- Raise the side rail on your side.
- Roll the person gently onto their back and over the bunched linens to the clean side of the bed.
- Move to the "dirty" side of the bed.
- Remove the soiled linens and place them in a laundry bag or basket.
- Pull the clean sheet/draw sheet from the middle of the bed and pull it firmly towards you to make a tight, wrinkle free bed.
- Tuck the sheets in at the head, foot, and the entire length of the bed.

6. Reposition the person comfortably

How to Give a Bed Bath: Step-by-Step Guide

Bed baths are one of the most fundamental skills you can learn as a caregiver. Bed baths are for clients who can't get out of bed to wash themselves.

Below, you'll see what supplies you'll need and how to give a bed bath in five steps, as well as preparation and follow-up care.

Why are bed baths important?

Giving a bed bath may not be the most glamorous of skills, but it's absolutely essential to keeping a client happy and healthy. Bed baths help keep clients clean and dry, which in turn keeps their skin healthy and reduces their chances of developing rashes and

other skin issues. It also keeps surgery sites clean and helps reduce the risk of infection. Finally, it helps your client feel fresh, clean and more dignified, which can have great psychological benefits in addition to the physical ones.

Bed Bath Supplies

You'll need:

- Several soft washcloths
- Several towels
- A basin of soapy water
- A basin of clean water
- Baby soap or another gentle, non-irritating cleanser
- Lotion, deodorant and other personal care products
- Waterproof covering for the bed
- A table to hold everything
- A lightweight blanket

Bed Bath Preparation

Before you can actually start the bed bath, there are a few steps that you need to take to prepare the client and the room:

- Close the window, turn up the heat and otherwise keep the room at a comfortable temperature for the client.
- Fill the basins with warm water and arrange them on the table or stand. The water temperature should be warm but not too hot. Use your elbow to check the temperature.
- Place towels or a waterproof covering on the bed to keep it dry during the bed bath.
- Cover the client with a large towel or blanket and help them undress. You should keep them covered with the blanket to keep them warm and help them feel more dignified.

How to Give a Bed Bath in 5 Steps

Now, you're ready to give the bed bath itself. Here's how to give a bed bath:

- Wet the washcloth, but don't get it soapy yet. Wipe one eyelid from the inner corner to the outer corner and then pat dry. Repeat on the other eye.
- Now, wet the washcloth with soapy water. Wash and dry your client's face, neck and ears. Make sure not to lather the soap too much or you'll risk getting suds in their eyes or mouth (this is one of the reasons many people use baby shampoo for bed baths).
- Once you're done washing above the neck, it's time to wash one side of the body at a time. Start with the shoulder, upper body, arm and hand. Then, move down to the hip, legs and feet. Pull the blanket or towel back as you wash an area and then replace it after you've dried them off. Look for rashes, redness, sores and other skin irritations as you wash them.
- Change the bath water before washing the genital area, which is always the last area to be washed.
- Clean the genital area. For women, be sure to move front to back, and for men, be sure to wash under the testicles. You may need to bend the person's knees to reach the area, or help them roll onto their side so you can clean properly between the buttocks.

Bed Bath Follow-up Care

After you're done officially giving the bed bath, clean your hands. Then, moisturize any dry spots on the client's skin, such as the feet, with lotion and let it absorb. Remove any wet towels or bed coverings and help your client get dressed again. Dispose of the dirty water, clean the basins and put the used towels and washcloths in the laundry to be cleaned.

How to Change a Bedridden Client's Adult Diapers

If you are caring for a client in their home who is bedridden and incontinent, you may find yourself tasked with having to change adult diapers. Changing diapers properly is important as it helps keep the skin clean and free from infection and perineal dermatitis (aka diaper rash).

Prolonged exposure to urine and feces can be damaging to the skin, causing tissue breakdown and promoting the formation of pressure injuries (bed sores). Beyond keeping the skin clean and infection-free, a properly fitted adult diaper helps minimize abrasions that contribute to the onset of these difficult-to-treat sores.

Changing an adult diaper for the first time may seem awkward and intimidating, but there are steps that can make the process easier for you and your client.

What You Will Need

It is a good idea to store all of the needed supplies near the bed (if possible) so that you are not scrambling for things when there is an accident. These include:

- Disposable medical gloves
- A clean adult diaper
- A plastic bag to dispose of the soiled diaper
- Pre-moistened wipes, such as baby wipes or wet wipes (or, alternatively, a skin cleanser with disposable cloths)
- Skin protection barrier cream

Step-by-Step Instructions

In order to maintain the integrity of the skin, you need to change the adult diapers as soon they are soiled. Every effort should be made to check the diapers regularly.

To change an adult diaper:

1. Wash your hands thoroughly with soap and warm water.
2. Put on a pair of medical gloves.
3. Place your client comfortably on their back if they can tolerate this position.
4. If the bed is adjustable, raise the entire bed to a comfortable height, slightly lower than your hips. Lower the head as close to flat as they can tolerate.
5. Unfasten the tabs on the soiled diaper, tucking the side farthest from you under their hip.
6. With one hand on the hip and the other on the shoulder, roll your client away from you onto their side.
7. If you tucked the diaper far enough under the hip, you should be able to pull the diaper out from under them.
8. Roll the soiled diaper inward as you remove it to contain any mess.
9. Place the soiled diaper into a plastic grocery bag (but do not seal the bag quite yet).
10. Using the moistened wipes, thoroughly clean the diaper area, from front to back. Avoid pressing or rubbing the skin too hard. You may need to roll your client onto their back or side to clean the areas you cannot reach.
11. Place the used wipes in the grocery bag.
12. With your client still on their side, check for pressure injuries (bed sores). It is important to do so daily.
13. Apply barrier cream to the perineum to moisturize and protect the skin if needed.
14. When your client's skin is dry, open a fresh diaper, and tuck the side farthest from you under the hip. Flatten and position the rest of the diaper on the bed, smoothing the sheets underneath as well.
15. Roll your client back toward you onto the diaper.
16. Pull the diaper between their legs.

17. Remove any wrinkles and fasten the tabs. For a snug fit, stick the top tabs facing downward and the bottom tabs facing upward.
18. Remove the disposable gloves and place them in the bag. Tie it shut and discard.
19. Wash and dry your hands thoroughly.
20. Return bed to the desired height and position.

Before leaving, check that your client is properly positioned in bed. This includes moving them regularly so that pressure is not placed on a hip or other part of the body for too long.

Dressing a Bed Bound Client

One task a lot of caregivers struggle with is how to dress a bed bound client. Once you get your technique down it really isn't hard. Depending on the client, you may have to tweak the following steps to fit your client's abilities.

It can be a challenge to dress a client who is lying down in bed but there is a technique to it that makes it a little easier.

T-Shirts / Nightgowns

Removing

- Remove any pillows on the bed.
- Slide the t-shirt up on the chest as high as possible.
- Roll the client onto their side and pull up the shirt in the back. If needed roll them onto their other side and finish pulling the shirt up.

- Start with the client's best arm, raise the arm up over the head and pull the shirt up as high as possible on the arm.

- Bend the elbow and pull the shirt over the elbow, pulling the arm out.

- Next pull the shirt over the head.

- Then pull the shirt off the remaining arm. Always leave the weakest arm for last.

Putting On

- Remove any pillows on the bed.
- Place the shirt / gown over the client's head.
- Starting with the client's weakest arm, pull the arm through the sleeve.
- Then pull the remaining arm through the sleeve.
- Pull the shirt / gown down in front and back; make sure you get it all the way down so it is not bunching, which can cause skin irritation. Roll the client to one side and pull the shirt / gown down, and then roll them to the other side to finish pulling it down.

Button Up Shirt

Removing

- Remove pillows from the bed.
- Unbutton the shirt. If it is a long sleeve shirt, make sure you also unbutton the sleeves.
- Start with the client's best arm and raise the arm up over their head.
- Pull the sleeve up as high as you can on the arm.
- Bend the arm at the elbow and pull the sleeve up over the elbow and pull the arm out.
- Roll them onto their side that still has the arm in the sleeve. (For example, if you pulled the left arm out first, have the client roll onto their right side.)
- Tuck the shirt under the client's side as far under them as you can get.
- Have the client roll onto their other side and pull the shirt loose from under their body and slip the remaining sleeve off the arm.

Putting On

- Start with the client's weakest arm and place the arm though the sleeve.

- Roll the client onto their side which is not in the sleeve. (For example, if you place the right arm into the first sleeve then roll the client onto their left side.)
- Tuck the shirt under the body as far as you can.
- Now roll the client onto the opposite side.
- Pull the shirt all the way out from under the client.
- Roll the client onto their back.
- Place the remaining arm through the sleeve.

Pants

Removing

- Lay the client flat and remove any pillows on the bed.
- If the pants have a button or zipper, undo them.
- Try and slide the pants down over the hips as far as you can get them. Some fabrics are easier to slide than others.
- If the client can lift their hips, have them bend their knees and lift up their hips so you can slide the pants down.
- If the client is unable to assist you, have them roll onto one side and pull the pants down as far as you can.
- Next, have them roll onto the other side and finish pulling the pants down over the hips.
- Have the client bend their knees and slide the pants down to the ankles.
- Lift one leg at a time, sliding the pants off each leg.

Putting On

- Lay the client flat and remove any pillows from the bed.
- Pull the pant legs over each foot and ankle.

- Bend the client's knees and pull the pants up as far as you can get them. Make sure you get the pant legs pulled all the way up.

- Roll the client onto their side and pull the pants up over the hip.

- Now roll the client onto the opposite side and pull that side up over the hip. You may have to repeat this step a few times to get the pants all the way up.

If your client is in a hospital or adjustable bed, raise the bed up to your hip or waist height. This will ease the pressure on your back and make moving the client around much easier. Remember to lower the bed back down when you are finished for client safety.

General Dressing Tips

Tips on Dressing and Undressing a Client:

- Always preserve your client's modesty by not undressing him or her unnecessarily.
- Close the door and draw the curtains when undressing your client.
- Keep the room warm because you may take some time to complete the task.
- Encourage your client to do as much as possible himself/herself to boost their independence and morale.
- Talk to the client to minimize anxieties and embarrassment during the process.
- Do not rush through the procedure.
- Be gentle in your movements and pull the clothes, not the person!
- The weakest limb should be dressed first and undressed last.

Tips on Choosing and Modifying Clothing:

- Clothes should be comfortable and loose-fitting.
- Avoid back fastenings and tight-fitting garments if the client has limited movement of his or her arms.
- Clothes with a front pocket are much more accessible if the client is sitting down most of the time.
- Velcro strips can be inserted in pant seams if zippers are difficult.
- Front-fastening bras are useful for women with arthritic hands or for those who may be recovering after a stroke.

- Cotton is the ideal fabric.

Dental Care Tips for Caregivers

As a caregiver, there are steps you can take to help your client smile.

The mouth is the gateway to the body. Good oral hygiene helps prevents tooth decay and periodontal (gum) disease. Clinical studies have linked periodontal disease to stroke, diabetes, Alzheimer's disease, heart disease, and other serious health problems. A healthy mouth lets people eat more easily, feel more confident about their appearance, and hopefully avoid tooth pain and tooth loss.

While these tips focus on at-home dental care for the elderly or special-needs client, it's very important for the caregiver to ensure the person also visits a dentist for regular appointments. Only a dentist can evaluate the condition of the person's mouth and provide a thorough teeth cleaning or denture analysis.

Oral Care for the Elderly

Good mouth care is important for older adults. Oral health issues are common problems for many older adults, and keeping the mouth clean can help to make your clients more comfortable, and it may help increase their appetite. It can also prevent dry mouth, bad breath, infections, and aspiration pneumonia.

Also, cracked and dry lips can be painful. Be sure your client's lips are kept moist so they don't need to lick and increase chapping. If the skin on and around the lips is unbroken, you can use a moisturizer that has an oil base or petroleum jelly. If the lips

have open areas, use only moisturizers that are water soluble. Apply the lip moisturizer every two hours or as needed.

10 Dental Care Tips for Caregivers

Here are ten dental care tips for caregivers helping someone who may have trouble taking care of his or her own oral health.

1. Establish a routine. Having an established routine can reduce anxiety and increase compliance. Make it part of their routine to brush teeth after breakfast and before going to bed. Playing the person's favorite music may help make it more enjoyable.
2. Make it easy. Place a pea-sized amount of toothpaste on the toothbrush before giving it to the person.
3. Use a power toothbrush. If the person has trouble holding a skinny, manual toothbrush, try using a power toothbrush instead. A power toothbrush requires less dexterity. The user simply needs to guide the power toothbrush along the surfaces of the teeth and the rotating bristles will remove the food and bacteria. There are several types available in dental offices and in stores.
4. Floss daily. Use a floss holder, floss pick, or an oral irrigator (water pik). If the person doesn't have the dexterity to floss his or her own teeth, the caregiver can floss the teeth, just like a hygienist does at the dental office. This might not work for all clients.
5. Rinse dentures after every meal. This is as easy as it sounds. Simply rinse the partial or complete denture with water after every meal, and then insert back into the mouth.
6. Clean dentures daily. If you're taking care of someone with a denture or partial denture, be sure to remove it and clean it every night. Leaving a denture or partial in the mouth overnight can cause bacteria and mouth sores. And remember: even denture-wearers still need to brush. After the denture is removed, use a soft-bristled toothbrush or gauze to wipe the gums and tongue, and have the person swish with water or mouthwash, then spit if they are able.
7. Let the family know if your client has dry mouth. Common medications can lead to dry mouth. That means the mouth is not producing as much saliva as it should to wash away bacteria, which makes people more prone to tooth decay (cavities). Dry mouth can be treated easily, so be sure to let your client's family know if they are having this problem.
8. Consider MI Paste. MI Paste is like vitamins for the teeth. It provides minerals such as calcium and phosphate that strengthen the teeth and protect the enamel. It reduces dental erosion caused by acids in soda, sport drinks, alcohol, and food. It also reduces dental erosion caused by gastric reflux or nausea associated with morning sickness and chemotherapy. It can be used by people of all ages, and is often recommended for seniors.
9. Eat right. You might not think this of this under dental care, but nutrition plays a very important role in keeping teeth healthy. Food, beverages, even medication

can contain sugar, and sugar causes cavities. Reducing soda, sport drinks, and sweets can help keep teeth in good condition. A healthy diet combined with proper hygiene (brushing, flossing, and regular dental office visits) will provide the best defense against cavities.

10. Swish with water or mouthwash. Caregivers providing dental care may not think of this, but it's important. If the person can spit, have them use the recommended amount of mouthwash and swish and spit into a sink or cup. If the person is not able to spit, the person may be able to swish with a small amount of water, and then swallow. That will help wash away bacteria-causing bacteria.

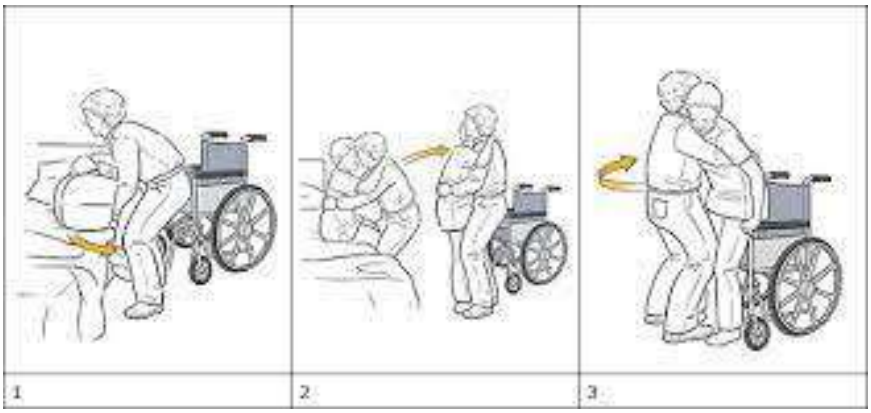
Providing dental care for senior citizens, children, or anyone who is injured or sick requires patience and dedication. Make a plan for providing the best dental care possible.

Transfers

Helping your client move safely around their living areas is an essential skill for home caregivers.

Think of how many times in a day your client needs to move:

- Out of bed
- To the bathroom
- Into the shower
- To the table
- Into the car
- To the couch



Every time you are assisting with a transfer you could be putting yourself at risk of being hurt. But it doesn't have to be that way. Proper lifting techniques help you to assist an elderly or mobility challenged client without hurting yourself.

TIPS FOR SAFE LIFTING (by Helen K. Pereira, PT, DPT, MPH, GCS)

Lifting a client without proper form may result in injury – for you or for your client. To help prevent injury, follow these tips:

- **Make a plan.** Make sure the room is set up properly before attempting a transfer. For example, remove stand-alone rugs, toys, or furniture that may be in the way. Ensure a clear path between you and your destination.
- **Use your legs and stomach muscles to help lift.** When you lift, be aware of your posture and maintain the curve in your low back. It is important to tighten your abdominal muscles and use your legs when lifting, and remember to keep breathing!
- **Move your feet when you turn.** Move your feet along with your body to avoid twisting. This will help protect your back while performing the transfer.
- **Get as close as you can to your client.** Whenever lifting, holding something closer to your body will lessen the load.
- **Get a second person to assist you as needed.**

Getting From Bed to Chair or Wheelchair

1. Clear a path. Make sure the area is free of clutter and that the chair/wheelchair (locked, with the armrest removed and footrests swung out of the way) is placed next to the bed at a 45 degree angle or less.

2. Transfer to the stronger side. If possible, always transfer a person to his or her stronger side. For example, if your client had right hip surgery, he or she will more likely be able to help you more if you transfer to the left.

3. Always use a safety/transfer belt for assistance.

4. Help your client sit up and scoot to the edge of the bed. Assist the client onto their side, and help them swing their legs over the side of the bed, while supporting the shoulder closest to the bed. Encourage them to push off the bed with the arm furthest from the bed to assist with getting into the sitting position. Make sure the client's feet are underneath him, and have him scoot to the edge of the bed.

5. Stand in front of the client. Place your arms around the client's hips/waist and hold onto the transfer belt. (If no transfer belt is available, hold onto the client's hips/waist). Do not hold onto their arms as this can cause injury.

6. Ask the client to lean forward. Give a count while "rocking" the client forward, and have them stand on "3". Their body weight should be squarely over their feet.

7. Have your client take small steps or pivot to the chair/wheelchair. Keep holding onto the transfer belt/client.

8. Slowly lower the client to a sitting position in the chair/wheelchair. Once they are sitting, you can help them scoot all the way back in the chair to prevent them from sliding out of the chair. If you transferred to a wheelchair, replace the armrest and move the footrests back into position.

Getting In the Car Safely (by Joseph Destefano)

Whether going to the doctor, visiting family or friends, or taking a trip to the store, a ride in the car is a nice break in your client's day-to-day routine. However, it can be a real challenge for YOU, as a caregiver, to help your client into and out of the car. You can help make the experience safer and more efficient by using the following guidelines:

For clients who can walk (with or without help):

- **Go Slow**. Sometimes, the simple act of leaving the house can be disorienting for your client. Take your time getting from the home to the vehicle even if that means a rest stop or two along the way.
- **Position Correctly**. Regardless of whether your client uses a cane, walker, wheelchair or scooter or walks without assistance, be sure that they are out of the way of the opening car door. Wheelchairs and scooters should be at a 45 degree angle to the vehicle for the easiest transfer and for safety.
- **Maneuver Creatively**. If your client is standing, open the car door as wide as possible, and position your client with their back to the car. Lower them slowly and protect their head from the door. Slowly ease your client onto the seat, with their legs facing you. Next, have your client swivel their legs into the car so that they are facing forward. This involves lifting the feet to clear the doorway; you may need to assist.

For clients who cannot walk:

- **Park the Car on a Level Surface.** For safety reasons, do what you can to park your car on an even, level surface. If your car is on a hill or slants in one direction, it may be more difficult to get a wheelchair out of the car and prevent it from moving! Help keep your client safe by parking somewhere level.
- **Place the Wheelchair at a 45 Degree Angle.** If for some reason the wheelchair begins to roll, it will stop after rolling a few inches back (against the car) or a few inches forward (against you). This position increases the distance you must travel by only one step and the extra safety value makes it worthwhile.
- **Lock the Brake.** Any significant movement of the chair could result in an awkward lift that could injure your back or cause a nasty spill for your client (or both of you).
- **Lift Footplates to the "Up" Position.** This will clear the footplates out of the way so that you can assist your client to a standing position.
- **Secure Movable Arm and Leg Rests.** A sudden lurch in support can cause your client to shift their weight in such a manner as to cause a fall or wrench a muscle (your client's or yours).

If your client can bear weight, stand by to lend assistance as needed.

Sometimes, cars are equipped with extra handles in various places; encourage your client to use those handles while they are swiveling in and out of the forward-facing position. If your client is small and frail, they should always sit in the back seat for safety reasons.

Getting Out of the Car Safely

Ensure Proper Placement. If your client is in a wheelchair, place the wheelchair behind the arc of the open car door parallel to the car. Make sure brakes are locked. Place footplates in the "up" position. Secure movable arm/head/back rests.

If your client is using a walker, place the walker parallel to the car. Be sure side supports are snapped into position and if the walker has brakes, make sure they are locked.

If your client uses a cane, remove it from the car before exiting to avoid entanglement. Place it in an easy to reach spot.

If your client does not use any assistive devices, position your client's legs at a 45 degree angle pointing toward the open car door.

- **Swivel.** Help your client turn facing out by lifting their feet and having them lean on your shoulder and side while you move their feet slowly to the outside of the car. If your client needs additional help, reach into the car, grasp the inside elbow with one hand, the inside knee with the other, and gently swivel to the outside.
- **Lift.** Once your client is sitting facing out of the car, and has his or her feet on the ground, you are ready to begin the lifting maneuver.

  Place your feet at a stance slightly wider than your shoulders. Your knees should be slightly bent. Place both hands under your client's armpits. Use your leg muscles, maintaining the curve of your lower back. Do not use your back! Go slowly and remember as you lift up to move your client forward enough to keep from hitting his or her head on the doorframe of the car.

  Take one or two steps backward. Hand them their cane, walker, or assist them into their wheelchair.

Getting Up and Down Stairs (by Helen K. Pereira, PT, DPT, MPH, GCS)

Climbing Up Stairs

1. Always use a safety belt on your client. You will be able to help them keep their balance and assist them as needed while climbing the stairs.
2. Make sure there is a secure railing or railings for your client to hold onto while climbing the stairs.

3. When climbing up the stairs, stand on the step below your client. Instruct them to hold onto the railing(s). Hold onto the safety belt to assist your client as needed.
4. If your client has a side that is stronger, instruct him/her to step up on the step with their stronger leg first. Once that is accomplished, have them step onto the same step with their other leg. Climbing the stairs one step at a time is the safest way to complete the task.
5. Repeat the above technique until you have completed going up the stairs. Remember to take rest breaks as needed.

Going Downstairs

6. When going downstairs, stand on the step above your client. Hold onto the safety belt, and make sure that your client is holding onto the railing(s). You might want to hold onto the railing yourself with one arm to prevent yourself from being knocked off balance should your client stumble or fall.
7. If your client has a weaker leg, instruct him/her to step down with the weaker leg first. This allows your client's stronger leg to help them maintain balance and withstand the weight of his or her body. Hold onto the safety belt and assist as needed. If using a cane, lead with the cane.
8. Instruct your client to step down on the same step with their stronger leg.
9. Repeat this technique until you have completed the stairs.

Range of Motion (ROM)/Positioning a Client on Their Side

Simple movement can be very challenging for bedridden, elderly, or low mobility clients; however, exercising is essential for people of all ages.

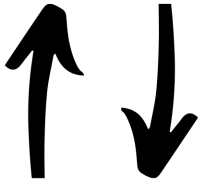
There are two types of recommended exercises for clients: passive motion exercise and active motion exercise. These exercises reduce stiffness and will prevent or at least slow down the stiffening of your client's joints as aging progresses and they move less. Both types of exercises help keep joints as healthy as possible.

Active range of motion are exercises clients can do on their own. Passive range of motion exercises require the caregiver to do the work for them. Passive range of motion exercises help blood flow and flexibility (moving and bending) in joints. They reduce the development of pressure ulcers by increasing blood flow to the skin in a bedridden or wheelchair bound patient. These exercises help to slow down joint stiffening that happens over time.

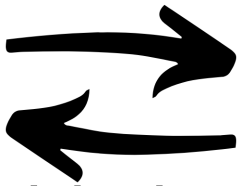
Types of Motion

There are three different types of motion that are used depending on the extremity and joint.

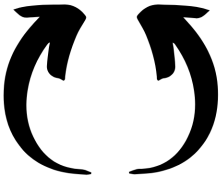
- Flexion and extension is done in an up and down motion.
- Abduction and adduction is done in a side to side motion.
- Rotation is done in a circular motion.



Flexion / Extension



Abduction / Adduction



Rotation

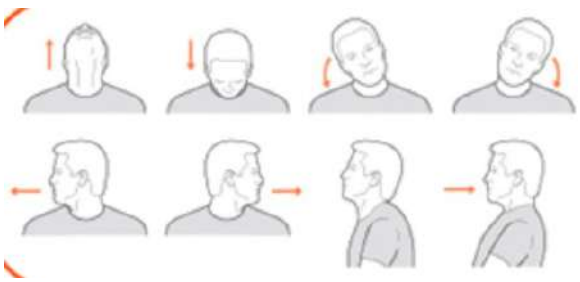
How to Get Started

- **Raise the client's bed to a height that is comfortable for you if it is adjustable.** This will keep you from hurting yourself. Make sure the bed or wheelchair is locked before you start.
- **Do all ROM exercises smoothly and gently.** Never force, jerk, or over-stretch a joint. This can hurt the muscle or joint instead of helping.
- **Move the joint slowly.** This is especially important if the client has muscle spasms. Move the joint only to the point of resistance (the point where you can't bend the joint any further). Put slow, steady pressure on the joint until the muscle relaxes.
- **Stop ROM exercises if the client feels pain.** Look for signs if they are unable to talk.
- **Do ROM exercises every day or as often as your client tolerates.**
- **Do ROM exercises in any order the client prefers.**

**Some ROM exercises are shown in the pictures below. You can ask the client's family or PT for handouts for the exercises they want you to perform on the client.

Neck exercises:

- Head turns: Turn the client's head to one side and then to the other side.
- Head tilts: Tilt the client's head, bringing the right ear toward the right shoulder then the left ear to the left shoulder.
- Chin-to-chest: Gently bow the person's head toward his or her chest.



Shoulder and elbow exercises:

Start by putting one hand under the client's elbow, and hold their wrist with your other hand. Repeat all exercises with the opposite arm.

- Shoulder movement, up and down: Turn the client's palm in toward the body. Bring the arm forward and upward over their head until the inner arm touches their ear. Bring their arm back down to his or her side.
- Shoulder movement, side to side: Raise the arm out to the side to shoulder level. Raise it upward over the client's head as far as possible. Bring the arm back down to their side and then swing across the body toward the left shoulder. Swing the arm back down to their side.

- Shoulder rotation: Bring the arm out to the client's side. Bend the elbow so that the thumb and fingers are pointing up. Rotate (turn) the arm so the thumb and fingers point down toward the client's toes.
- Elbow bends, up and down: With the client's arm at their side, turn the palm of their hand face up. Bend the arm at the elbow so that the fingers are pointing towards the ceiling. If possible, continue bending the elbow and touch the hand (fingertips) to the front of the right shoulder. Move the hand back down to the person's side.
- Elbow bends, side to side: Hold the arm out at shoulder level with the palm facing up. Bend the elbow. Flex the client's arm so that their fingertips touch the top of the shoulder.
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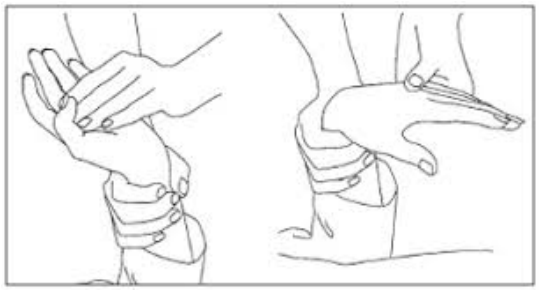
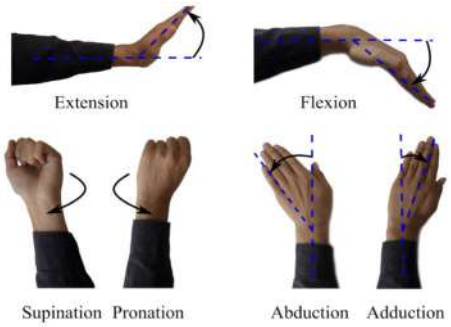
Forearm and wrist exercises:

Start with the client's arms at his/her sides. Hold just below the client's wrist with one hand. Hold the client's hand with your other hand.

- Wrist bends: Bend the person's hand back toward his or her shoulder. The fingers should point toward the ceiling.
- Wrist rotation: Gently roll the person's hand in circles in one direction, then the other.
- Palm up, palm down: Turn his or her hand so the palm faces up towards the ceiling and then turn palm down.

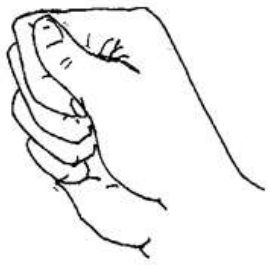


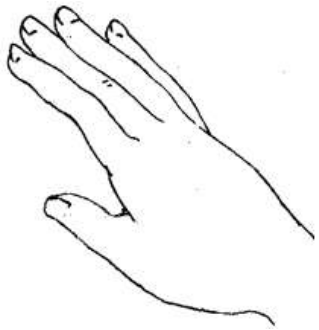


Hand and Finger exercises:

Start by holding the client's wrist to keep it straight. Use your other hand to do the exercises.

- Finger bends: Curl the client's fingers into a fist. Straighten the fingers again, then curl and straighten each finger.
- Finger spreads: Spread the fingers apart, then bring them back together.
- Finger rotations: Roll each finger in a circle in one direction then in the other direction.
- Finger-to-thumb touches: One at a time, bring each fingertip to the thumb tip.
- Thumb-to-palm: Move the client's thumb across his/her palm, then bring it back to its normal position.
- Thumb circles: Use the thumb to make wide circles.





Hip and knee exercises:

Start by placing the client's leg flat on the bed. Put one hand under the ankle and your other hand under the knee. Straighten the leg and return it to a flat position after each exercise. If the client has had any hip injury or surgery, only do exercises on that side with specific instruction from the PT/family/doctor.

- Hip and knee bends: Slowly bend the person's knee up as close to his or her chest as possible. Then gently straighten the leg.
- Leg movement, side to side: Move one leg out to the side as far as possible, away from the other leg. Then slide it back in and over the opposite leg, crossing it. Gently move it into the starting position.
- Leg rotation, in and out: With the leg flat on the bed, roll one of the client's legs toward the middle so the big toe is pointed towards the bed, touching it if possible. Roll it back to neutral, then outward, so that the little toe is touching the bed if possible.
- Knee rotation, in and out: Bend the client's knee so the bottom of the foot is flat on the bed. Roll the leg inward, then outward, going each direction as far as possible.

Ankle and toe exercises:

Start by holding the ankle with one hand, and the bottom of the foot with the other hand.

- Ankle bends: Bend the client's foot so the toes point toward the ceiling. Then, bend the foot down as if "stepping on the gas". Repeat on both sides.
- Ankle rotation: Raise the person's foot slightly off the bed. Roll the foot in circles.
- Toe bends: Curl the person's toes down toward the sole of the foot, then straighten them again and stretch the toes.
- Toe spreads: Use your fingers to spread the toes apart one at a time, then bring them together again.
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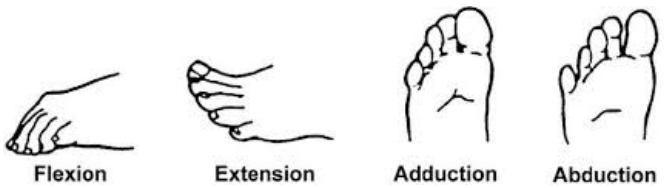

Positioning a Client on their Side

Properly positioning someone in bed will not only make them more comfortable but can help prevent them from developing painful pressure injuries, also known as pressure sores or bedsores.

- Raise the bed so that it is at a comfortable height to allow you to reach both sides of the bed. If the bed is not adjustable, bend your knees and maintain the curve in your lower back to prevent injury.
- Grasp the draw sheet, and pull the client closer to the side of the bed opposite the side he or she will be laying. Doing this will result in the client remaining in the center of the bed, which can prevent falls. Pull the draw sheet toward you and slightly upwards to roll the client onto his or her side.

- If your client is able to, ask him or her to grasp the side rail of the bed (if present) as you turn him/her. This will provide increased stability.
- Place a pillow underneath the draw sheet, parallel to the client's back for support. Place a second pillow beneath the client's buttocks if needed. Another pillow should be placed between the client's knees for comfort and support. If the client desires, a pillow can be placed beneath the top arm as well.
- For clients who are non-ambulatory, turning them every 2 hours can prevent painful and dangerous bedsores.