ORGANIZATION NEWS

Information/Education Page

Caregiver Guide and Instructions for Safe Bed Mobility

This educational page is designed to provide practical information and instruction for caregivers assisting individuals experiencing difficulty performing bed mobility tasks. Please view additional resources at the end of this educational page for important tips on lifting techniques, safe patient handling, falls prevention, body mechanics, and ergonomics.

What is bed mobility?

The term bed mobility refers to activities such as scooting in bed, rolling (turning from lying on one’s back to side-lying), side-lying to sitting, and sitting to lying down. It also includes scooting to sit on the edge of the bed when preparing to stand or transfer.

Why is bed mobility important?

People with limited mobility from illness, weakness, injury, or disability may have difficulty moving in and out of bed. There is an increased risk of injury for the caregiver when assisting patients with limited mobility.1,2 For the safety of the caregiver and the individual needing mobility assistance (here referred to as the patient), it is important that good body mechanics are always maintained.

How do I start?

The first step is to figure out how much help the patient needs and make sure that it could be provided safely and comfortably. Prior to assisting with bed mobility, consider the following important checklist and safety tips.

Transfer checklist

- Plan ahead. Clear the area and have needed equipment in reach.
- If there are any lines/tubes or catheter, ensure they would not interfere with the performed activity.
- Decide which side of the bed the patient should get out from based on their strength, comfort, and ease of transferring to a chair.
- Position yourself to that side of the bed. The patient would roll toward you.
- If the bed is adjustable, adjust the height to approximately your hips level.
- If the bed has rails lower the rail on that side.
- Inform the patient what to expect; involve the patient as much as possible.
- Give clear directions; sometimes counting 1, 2, 3 allows the caregiver and patient to work together.

Caregiver safety

- Be as close as possible to the individual you are assisting.
- Always use your leg muscles to lift and not your back muscles.
- Remember to always bend at your knees, and keep your back straight.
- Avoid twisting your back.

Patient safety

- Avoid forcing or pulling on the individual’s limb.
- Assist the patient on their weaker side.
- “Minimize shearing forces on the skin.”3(p252)
- If applicable, maintain all precautions set by the physician.
- If you are ever unsure, get needed help.

What are the steps to accomplish safe bed mobility?

The following steps are for getting out of bed (from lying on the back to sitting on the edge of the bed).

1. The leg closest to the edge of the bed can be straight or bent depending on which is more comfortable for the patient. Have the patient bend the opposite hip and knee. For example, you should bend the patient’s right hip and knee if getting the patient out on the left side of the bed (fig 1).
2. Place your hands behind the patient’s shoulder and hip or thigh on the far side. Have the patient reach with their opposite arm across their body, toward the side of the bed (fig 2). Important tip: the patient should always roll toward you not away from you.
3. Assist the patient in rolling toward you and have them use their opposite arm to reach across their body into a side lying position (fig 3).

4. The patient should place their arms in a position that is comfortable for them. However, having the arms positioned as pictured in figure 4, allows the patient to use their arms and upper body strength to help push up to a seated position. The patient should now be lying on their side with hips and knees bent (see fig 4).

5. Have the patient move their legs off the edge of the bed. If needed, you can assist the patient to move their legs from behind their knees (fig 5).

6. The patient can use both arms to push up to help achieve a sitting position. If needed, assist the patient to achieve a sitting position by placing one arm behind their shoulder. The other arm could be placed behind the other shoulder, supporting their trunk (as pictured) or on the patient’s pelvis (fig 6). Important tip: If assisting the patient, perform the activity in a continuous smooth motion. Always take your time, do not rush.

7. To help the patient move from a sitting position on the bed to a standing position first assist the patient to scoot to the edge of the bed. With you standing in front of the seated patient, the patient leans to one side while you support the shoulder on that same side. With your other arm help the patient shift the hip forward. This process would be alternately repeated on the opposite side (fig 7).

8. Make sure the patient’s feet are flat on the floor and he/she sits for a few seconds (or minutes, as needed) before leaning forward to be assisted to a standing position (fig 8).

9. If the patient is preparing for standing, have them lean forward, keeping both their hands flat on the bed or on their lap to assist with pushing off the bed during the transition from sit to stand (fig 9).

The steps to transition from sitting to lying (on the back) are as follows:

1. Have the patient sit on the bed (closer to the head of the bed) and away from the edge which allows for less repositioning once in bed.

2. Assist the patient as needed to get into side lying position.

3. Have the patient bend both knees and roll onto their back. Assist patient as needed.
4. The patient can scoot in bed to adjust to a comfortable position. Assist patient as needed.

Additional resources


Authorship

Caregiver Guide and Instructions for Safe Bed Mobility was developed by Archana Vatwani, PT, DPT, MBA, AIB-CCON (email address: avatwani@nova.edu).

Disclaimer

The information presented serves as general guideline and is not meant to be an exhaustive list of recommendations. It is not meant to replace the advice from a medical professional. Consult your health care provider regarding specific medical concerns or treatment. Also, notify your medical provider if you are experiencing any pain or problems/difficulties with these techniques. This information page maybe reproduced for noncommercial use to share with patients and their caregivers. Any other reproduction is subject to approval by the publisher.

Acknowledgments

I thank Leah Nof, PhD, MS, PT, Heather Hettrick, PT, PhD, and Melissa Tovin, PT, PhD, MA, for their assistance.

References