

Sit to Stand | Stand and Pivot

The most common moves that caregivers help patients with are **sit to stand** and **stand and pivot**. These moves are performed when a patient needs to stand for ambulation or transfer from one seated surface to another. If your assessment of the patient determines that a manual sit to stand or stand and pivot is appropriate, use the techniques in this instruction sheet to complete a successful transfer.

Preparing for the Transfer

- Demonstrate all moves to the patient. Use clear, concise and short directions.
- Lock the brakes on wheelchairs and other devices, if equipped.
- Position the patient's feet directly under his or her knees.
- Communicate the timing of the transfer.
- Establish a wide, staggered stance, slightly offset from the patient's midline, e.g., align your right shoulder with the patient's right shoulder. **Remember:** The key to patient participation is getting them to lean forward.
- If needed, provide added support by placing your foot or knee up against the patient's foot or knee.
- **Additional notes for stand and pivot:**
 - Point the patient's toes away from the destination surface.
 - If possible, adjust the destination surface (e.g., a chair) so it is slightly lower than the starting surface (e.g., the bed) or vice versa.
 - Align equipment or seating to take advantage of the patient's strong side.
 - Position wheelchairs at a 45-90 degree angle relative to other surfaces.

Transferring to the Standing Position

- Cue the patient to lean forward toward your shoulder.
- Maintain the natural curves of your back.
- Grab the gait belt with your front hand in a palm up position. (See the **Gait/Transfer Belt** instruction sheet.)
- Place your second hand on the patient's lower back.
- Gently pull the gait belt up with your front hand at a 45 degree angle.
- Use your second hand to push the patient from the back. If additional support is needed, hold the gait belt.
- Allow the patient to use your shoulder as a support, if needed.
- Maintain a strong wide stance in case the patient loses balance.

Warming Up

Prior to a move, try one of these simple exercises with the patient:

- Lift one foot/leg at a time off the floor
- Extend one leg at a time
- Shake the feet/legs
- Perform arm across stretches, shoulder shrugs or arm circles

Remember:

Before moving a patient, always follow the tips on the **Safe Patient Interaction** instruction sheet to assess the patient and situation.



Grab the gait belt with your front hand and gently pull up at a 45 degree angle.



Place your second hand on the patient's back and push.



As the patient stands, maintain a strong, wide stance in case they lose balance.

Lowering the Patient to a Seated Position

Caregivers receive a fair amount of training on proper lifting of objects and helping patients up from a seated position. Typically there is little mention of the risks associated with lowering objects or helping patients back to a seated position.

Risk factors associated with lowering a patient include:

- Using poor posture/rounding your back
- Patient losing balance or falling
- Patient sitting too fast
- Patient falling back instead of bending at the hips and reaching back with their hands

Keys to a successful transfer:

- Allow the patient to adjust to the standing position before starting to move again.
- Use a wide stance, slightly offset from the patient's midline.
- Maintain the natural curves of your spine. Do not bend.
- Hold the gait belt with your front hand in a palm up position.
- Place your second hand on the patient's upper back as seen in the photo to the right. This hand controls the lowering of the patient, not the hand on the gait belt.
- Coach the patient to reach back for the arm rests and bend at their hips.



Use the hand you placed on the patient's upper back to ease them down. Remind the patient to reach back for the arm rests and bend at their hips.

Key Notes:

- Always coach the patient using clear instructions. See **Coach the Patient** sheet for tips.
- Instead of counting, use words such as **ready, set, stand** to improve patient participation.
- Move slow and steady.
- Never allow a patient to place their hands around your neck.
- Remember, patient falls are the most common cause of caregiver injury.

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