



Hands-On Training, Safe Transfers and Mobility in Long- Term Care

Learning Objectives

- 1 **Apply** safe body mechanics and transfer techniques in hands-on practice scenarios.
- 2 **Differentiate** how dementia, Parkinson's disease, and other neurological conditions impact mobility and transfer needs.
- 3 **Demonstrate** strategies to **communicate effectively** with residents during transfers to enhance cooperation and safety.



Why This Matters

Leading Cause

Falls and injuries are a leading cause of long-term care costs and resident decline.

Highest Risk

Transfers are one of the highest risk activities for both residents and caregivers.

Protection

Safe, person-centered transfer techniques protect you and your residents.

Core Principles of Safe Transfers



Plan ahead: Know your resident's cognitive and physical abilities.



Prepare environment: Clear pathways, brakes locked, non-slip footwear.



Communicate clearly: Simple, calm, one-step directions.



Use body mechanics: Wide base, bend knees, engage core, avoid twisting.



Encourage independence: Let residents do as much as safely possible.

Neurological Considerations

Condition	Common Challenges	OT/PT Strategies
Dementia	Poor sequencing, fear, resistance	Short cues, demonstrate, simplify environment
Parkinson's Disease	Rigidity, bradykinesia, freezing	Rocking motions, count rhythms, visual cues
Stroke (CVA)	Weakness on one side, neglect	Approach from strong side, midline re-training

Understanding Cognitive Impairment During Transfers

- Residents with **dementia** may have difficulty following multi-step commands.
- **Processing time** can be delayed —allow up to 10 seconds before repeating.
- Avoid "surprise touch"; always explain before initiating contact.
- Tone and body language communicate safety and trust more than words.



Practice Block #1—Dementia Transfers

Goal: Practice short, calm, step -by-step cueing and physical support.

Scenarios:

- Resident confused or fearful during stand -pivot transfer.
- Resident attempts to sit before reaching chair.

Focus:

Maintain eye contact, gentle touch.

Reassure: "We're going to stand together on three."

Use repetition and rhythm to build cooperation.



Encouraging Independence

- Residents should initiate as much of the transfer as they can safely perform.
- Cue with **verbs**: "Push," "Lean forward," "Stand tall."
- Use "hand -under -hand" technique instead of pulling or lifting arms.
- Praise effort to promote confidence and participation.



Parkinson's Disease—Movement Basics



Festination: Short, rapid steps (shuffling gait).



Freezing episodes: Sudden stop, often at thresholds or turns.



Rigidity: Muscles resist movement.



Bradykinesia: Slowness of motion and initiation.



Safety Reminder: Never pull or push suddenly; allow rhythm and time.

Practice Block #3 — Parkinson's Transfers (20 min)

Goal: Learn to manage freezing and festination safely.

Try This:

Use rocking or rhythmic count : "1-2-3, stand."

Visual cue: Tape line or foot target to step toward.

Auditory cue: Metronome beat or verbal pacing.

Assist at the hips —not arms —to guide initiation.

Group Discussion: How does cueing differ between cognitive vs. motor delays?

Practice Block #2—Transferring to Strong vs. Weak Side

(20 min)

Goal: Safely assist while maintaining resident effort.

Practice Steps:

01	02	03
Identify stronger and weaker side.	Set up transfer toward the stronger side first.	Use gait belt and pivot steps —not twisting.
04	05	
Encourage use of arms or legs if possible.	Re-practice toward the weaker side to compare.	

Discussion: How did cueing and confidence differ between sides?

Communication That Builds Trust

- Validate emotion before correcting action.
- Use "I" statements and calm tone.
- Replace commands with collaborative phrasing:

"Let's try standing together."

"I'll stay right here with you."

Recognize attachment -based responses (fear, resistance, withdrawal).



Therapist Insight: The calmer *you* are, the more regulation your resident experiences.

Trauma and Attachment Informed Care

1

Recognize Triggers

Past falls, hospitalizations, or loss of control can trigger fear.

2

Maintain Predictability

Maintain predictable routines —"same words, same order."

3

Pause and Reset

If resistance occurs: pause, breathe, re-explain rather than force.

4

Respect Autonomy

Respect autonomy: "Would you like to hold my arm or the chair?"

When and How to Use Lift Equipment

- Always assess **load vs. ability** —when in doubt, use mechanical assistance.
- Review facility policy on gait belts, Hoyer, sit-to-stand.
- Never operate lifts alone; always have communication partner.
- Document: type of transfer, cues used, resident tolerance.



Team Communication During Transfers



Clear Language

Use **clear, consistent** language across staff.



Standard Cues

Agree on standard cue words ("Ready, stand, turn").



Brief Huddles

Use brief huddles to review transfer plans for new residents.



Share Success

Encourage aides to share what worked well ("Mr. L moves best after you count").

Practice Block #4 Two-Person Transfers and Lift Setup

Goal: Safely coordinate with a partner.

Focus Areas:

Nonverbal Coordination


Nonverbal cues and synchronization.

Equipment Positioning

Positioning for sit-to-stand lift or gait belt use.

Staff Communication

Communication between staff ("On three — 1, 2, 3, stand").

 **OT Tip:** Each repetition builds procedural memory —important for dementia care.





Resident Empowerment

Participants, Not Passengers

- Residents should always feel like participants, not passengers.
- Celebrate progress and effort verbally: "You did that with less help today!"
- Small wins build autonomy, confidence, and dignity.

Reflection and Discussion

What strategies worked best with different conditions?

How can we adapt these techniques to individual residents?

What are you taking back to your care routines tomorrow?

Thank You

For your dedication to safe, person -centered care.

Megan Dooley, OTD, OTR/L

Innovative Therapy Solutions & Consulting

 megan.dooley@innovativetherapysc.com

 www.innovativetherapysc.com

