

¹Prior to transferring a client:

Check the "LOAD"

L: Look Up

- Previous mobility status / walking aids used
- Haemo-dynamically stable?

O: Observe

- Is the client co-operative, can they follow instructions?
- Height and weight,
- Are they moving freely or are they stiff?
- Footwear / stockings
- Environment: Is it clear of clutter,
Can you T/F twds the client's strong side,
Attachments accounted for,
Appropriate equipment available (slings,
handling belts etc)
Beds and chairs have brakes that work,
Have you enough assistance?

A: Ask

- Is the client willing to assist?
- Pain / recent medications?
- Does the client need to transfer urgently?

D: Do

- Straight leg raise, arm raise
- Can the client get themselves into sitting from supine
(observe strength and effort)
- Does the client have sitting balance?
- Can the client stand from sitting and take a step forward
and back?

¹ Practical Stroke Strategies: Sally Walters Physiotherapist

If in doubt regarding the patient's ability to stand, do not stand them, use a lifting device.

Prior to leaving a client positioned:

Ask yourself: **"CARE"**

C: Comfortable

- Is the client comfortable?
- Would I be happy to be positioned like that for a prolonged time?

A: Alignment

- Are weak limbs supported adequately i.e. upper limbs, pillow under knees?
- Is the patient's head and neck in neutral to allow adequate swallow and ventilation?

R: Risk

Is the client at risk of falling or attempting to get up independently?

E: Environment

Is the client set up to allow them to interact with their environment?

Consider patients with visual neglect

Meal set up

Grooming

Visiting times

Access to call buttons, phone etc