



Approaches to Reducing the Pain Related to Caregiving

Timely warnings

- Before a potentially painful movement or activity, give a warning, such as "I'm going to move your feet and put on your socks. Are you ready?"
- Allow the resident to prepare for the action or movement.
- Wait for the resident to provide permission (if she or he is able) before beginning the task.

Movement in bed

- Don't pull on arms when rolling or moving a resident in bed. Instead, grasp shoulders and hips, using a "log-roll" technique to keep the body in proper alignment.
- Use draw sheets to roll patient from side to side rather than pulling and pushing on various parts of the body.

Transferring

- If a patient has insufficient upper-body strength, raise the head of the bed and help the patient onto her or his side before bringing her or him to a sitting position.
- Don't pull on the patient's neck when moving or transferring.
- Allow a patient time at the edge of the bed to get her or his bearings before completing the transfer.
- Raise electric beds high enough that legs are bent at the knee at slightly more than 90° to assist patients in coming to a standing position.
- Make sure the patient's feet are touching the floor before transferring from bed to chair to allow the patient to bear as much weight as possible.

- Place grab bars, transfer poles, and bed canes to assist with transfer and aid in self-directed care.
- Brace painful knees during transfers.
- Use a nonskid mat at the bedside to prevent sliding during transfers.
- If the patient appears to be in pain, assess the usual transfer method for alternative, more comfortable, ways of transferring. For example, beginning with two people, try the "carry transfer" technique, or use a mechanical lift.
- Evaluate the possibility of raising low beds from the floor to reduce pain associated with transfers, using a winged mattress to reduce the risk of falling.
- Request an occupational therapy consultation for individualized techniques for transfers from low beds.

Seating and positioning

- Get an individualized wheelchair assessment from a physical or occupational therapist.
- Ensure that foot rests are fitted to the patient.
- Pad areas of wheelchairs that cause pressure.
- Evaluate comfort of wheelchair cushions; provide comfortable inserts.
- Adjust tilt-in-space wheelchairs every one to two hours to relieve pressure and change position.
- Provide a variety of seating options throughout the day; avoid using "geri-chairs," which lack support and don't provide a functional position.

Talerico KA, et al. *Alzheimer's Care Quarterly* 2006;7(3):163-74.
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