



MMLE Quarterly Newsletter

Department of Nursing and Ergonomics Division, OESO Vol. 2 No.3 Jul 2009

Rehab Therapists Get a “Lift” on the Job

Both physical therapists (PT’s) and occupational therapists (OT’s) are typically viewed as experts on manual transfers since they are experts in using proper body mechanics from their education and training. However, like nursing they too are at risk of sustaining injuries related to patient handling tasks.

PT’s and OT’s perform high risk tasks, i.e. assisting a patient to standing (see photo below), transferring a patient between bed/recliner/commode, or holding a patient upright. In order to prevent injuries, the PT’s and OT’s at Duke University Hospital and Durham Regional Hospital have included patient lifts as part of their treatment tools and therapeutic interventions.

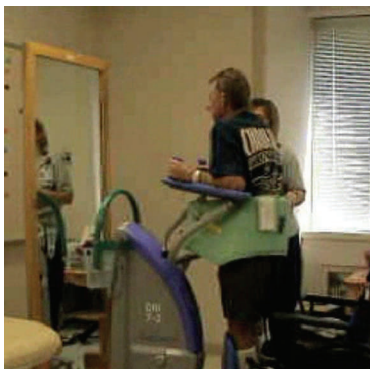


A PT and OT of varying heights physically assisting a 6’4” patient to standing using excessive force and awkward postures.

In one case study, a patient named Roger, survived a stroke and a heart attack among other various medical issues. He required maximum assistance with mobility. The “Encore” or “SARA Plus”, a powered sit-stand lift, was used by both OT and PT to facilitate therapeutic treatments.

The PT used the lift to support him in standing so that she can work with him on strengthening his trunk and lower

extremities to improve his standing balance. Meanwhile, the OT also used the lift to support Roger in standing while working with him to re-train functional vision and standing balance. See photo below. The ultimate goal was for Roger to eventually perform some basic functional tasks, such as standing in front of a mirror to brush his teeth.



Instead of manually supporting Roger and risking injuries from fatigue, excessive force and awkward postures, the PT and OT both use the lift to do the work. This enabled them to focus on Roger’s goals and treatments. The lift also increased the therapists’ safety, work efficiency and productivity. Lastly, the lift reduced the chance of patient falls.

Therapists work closely with nursing staff on a daily basis. They often communicate the patient’s lift needs to the care nurse so that the nurse will know to use the appropriate lift to transfer the patient. This further facilitates the continuum of care and the practice of safe patient handling among the nursing staff.

Note: A “thank you” to Nancy Kraemer, OT; Jennifer Anderson, PT; Marianne Chauvin, OT; and Laura Radar, PT, who embraced and led the use of the patient lifts in rehabilitation at DUH and DRH.

News & Upcoming Events

Patient Handling Product Demonstration-

“Powered Glide” a lateral transfer stretcher will be demonstrated on

August 13 (Thurs), 2009 at 6 pm in Room 2001 at DUH.

RSVP:

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MMLE Coaches’ Training (open to staff in DUHS)

Oct 23, 2009

7:30 a.m.—11:30 a.m. or

12:30 p.m.—4:30 p.m.

G– level, Hock Plaza I.

If you are interested in becoming a MMLE coach or know of someone, talk to your manager and contact:

Yeuli.yeung@duke.edu

DRH — MMLE Coaches’ Quarterly Meeting

Durham Regional Hospital

The 4th Monday of the month.
Next meeting—

July 27, 2009, 12 p.m. to 1 p.m. Contact:

dawne.lewis@duke.edu

Send questions, comments, or ideas for the newsletter:

Ergonomics Division

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