

Assisting the elderly person with movement

4. TOOLS FOR QUALIFIED WORK IN THE HOME CARE



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<http://www.emiliaromagnasociale.it> - click on elderly (anziani).

Assisting the elderly person with movement

The elderly individual needs to be urged to “move about”, without becoming totally dependent on you, but encouraged to depend on his/her own aptitude and the use of skills that remain. Use some prodding to have the person take care of him/herself (personal hygiene) and if possible, to involve them in domestic tasks.

For those who live with someone whose motor skills are limited, it is important to help them move about without hazards, in a correct manner and correcting bad habits.

Preventing falls

- use of suitable **footwear** (calzature): footwear should be comfortable, fit the heel properly, have antislip soles; do not wear slippers.
- eliminate **obstacles** (ostacoli) existing in the home, as well as hazardous situations: (ex.: floors that are polished with wax or wet).
- remove **rugs** (tappeti)
- remove **electrical wires** or cords (fili elettrici) in positions that can be hazardous
- watch out for sharp edges and **corners** (spigoli)
- poor lighting should be avoided
- check the positioning of the **siderails** (maniglioni) in the bathroom
- avoid seating that is too low (including the toilet)

Patients should be corrected if:

- they hang their head when walking
- they drag their feet
- they grab onto anything for support, with the risk of leaning onto something **unstable** (instabile)
- they are not using their cane correctly.

Posture

There are areas on the human body where the skin undergoes greater body **pressure** (pressione), particularly areas where bones protrude. Normal blood circulation may become hindered in such areas when patients remain immobile in one

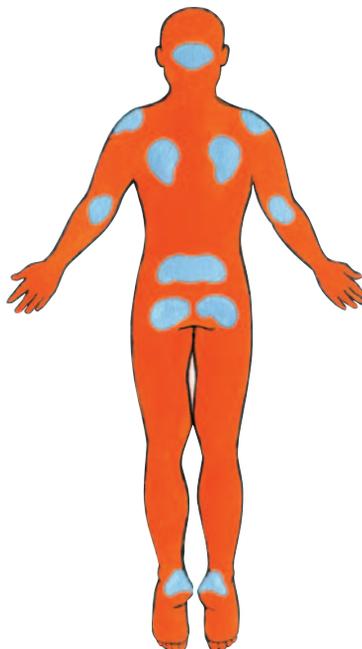
position for too long a time. This can give rise to skin sores which can later involve the subcutaneous tissue. These sores are called bedsores. (piaghe da decubito)

Prevention is extremely important because once they appear they do not heal easily and affect the well-being of the elderly person because they require dressing and special treatment and care.

How to prevent them:

- change the person's **position** (posizione) at least every 2 hours
- avoid surfaces that are too rigid
- do not use bed sheets that are too rough
- smooth out wrinkles in sheets
- do not use waterproof sheets or cloths (they retain moisture, which contributes to skin irritation)
- if the patient uses a **catheter** (catetere), ensure that it is not pressed down under the weight of the patient.

All of these conditions can contribute to early onset of bedsores (particularly under conditions of poor hygiene and deterioration of the skin).



If not specifically contraindicated, the patient can change from the **supine** (supino) position to the right or left side position.

To change to a **side** (sul fianco) position, ask the patient to:

- extend his leg on the side on which he wants to turn.
- bend the other knee and you can help him to turn over
- place a pillow for support under the knee that is bended and another pillow behind his back to keep him in position.



Full- or half-length **siderails** (sponde) on the bed is often advisable. They have been found to be useful in cases when the patient is afraid of falling out of bed. They are also valid supports to help the elderly person turn over to the other side of the bed.

Changing from the supine position to the sitting position

Avoid getting the patient up by bending the trunk forward. Moving from the supine position to the side position should always be encouraged.

The sitting position should be obtained by teaching the patient to:

1. bend his knees
2. turn over on his side
3. put his legs out of the bed
4. help himself by pushing with his arms to reach the sitting position.



Passage from bed to wheelchair (or chair)

Once the patient is sitting on the bed, ask him to:

1. touch the floor with his feet, possibly by himself. Stand in front of him and help him with support under his arms, and block his feet with yours.
2. turn towards the chair and sit down as you supervise the downward movement, having him rest his hands on the armrests and **lean his trunk forward** (inclinare in avanti) (this serves to prevent him from losing his balance and suddenly falling backwards).

When using a wheelchair, always ensure that the brakes are securely locked (frenata) and operating properly to prevent accidents from happening when the patient is about to sit down (e.g. the wheelchair moves away).

Passage from the sitting (seduto) to the standing (in piedi) position

This is easier for the patient when the chair is somewhat high (possibly using a pillow to sit on) and equipped with **armrests** (braccioli).

1. Shift the pelvis forward
2. Place feet under the chair
3. Lean forward
4. Stand up, pushing against the armrests or knees.
5. Stand in front or on the side of the patient and help him by bracing him under his arms and/or by holding onto his belt or waistband.



Use of a cane (bastone)

The cane:

- must be suited to the patient's **height** (altezza) (the arm used for support must be fully extended and both shoulders must remain at the same height).
- must be used on the normal side of the body and brought forward before the feet are moved
- should be placed laterally, but not too distant from the body.

The person assisting should stand on the person's disabled side to be able to intervene effectively if the person loses his balance.

Use of walking aids (deambulatore) or the "walker"

A walker with axillary supports is usually adopted only in the early phases of **rehabilitation** (riattivazione) or conditions in which load distribution is not possible (pelvic fractures or fractures of the lower limbs). This is because these walking aids do not encourage physical movement or self-sufficiency in the elderly. To provide proper support, the axillary supports must be positioned at a height that is sufficient to provide support the person's weight, without becoming painful under the arms. Supervision is thus needed because improper use of these aids than cause falls.



The four-wheeled walker is more suited for independent use because the patient can support himself with his hands or forearms.

One of the most frequent conditions in the elderly is the slowing-down of movement (hypokinesia), often associated with a tendency to **fall backwards** (retropulsion) (retropulsione). In these cases, struggling to support the patient is not advisable. The best thing to do is to have him lean on a table (that is very sturdy) and gradually have him extend his hands forward even to perform small tasks such as moving objects or touching them. This exercise can be proposed while the patient is still in the sitting position and then again when he is standing up. Ask him to put on his shoes, using his hands, touch his knees and slide his hands down to his ankles.

Climbing stairs

When going up or down stairs, the handrail should always be used. When the person is climbing up stairs, you should follow close behind him, but when he is going downstairs, your position should be in front of him. When there is a more serious problem with one leg, he should use that leg first to go down a step. Viceversa, when going upstairs, the stronger limb should be used.





Helping the patient to undress

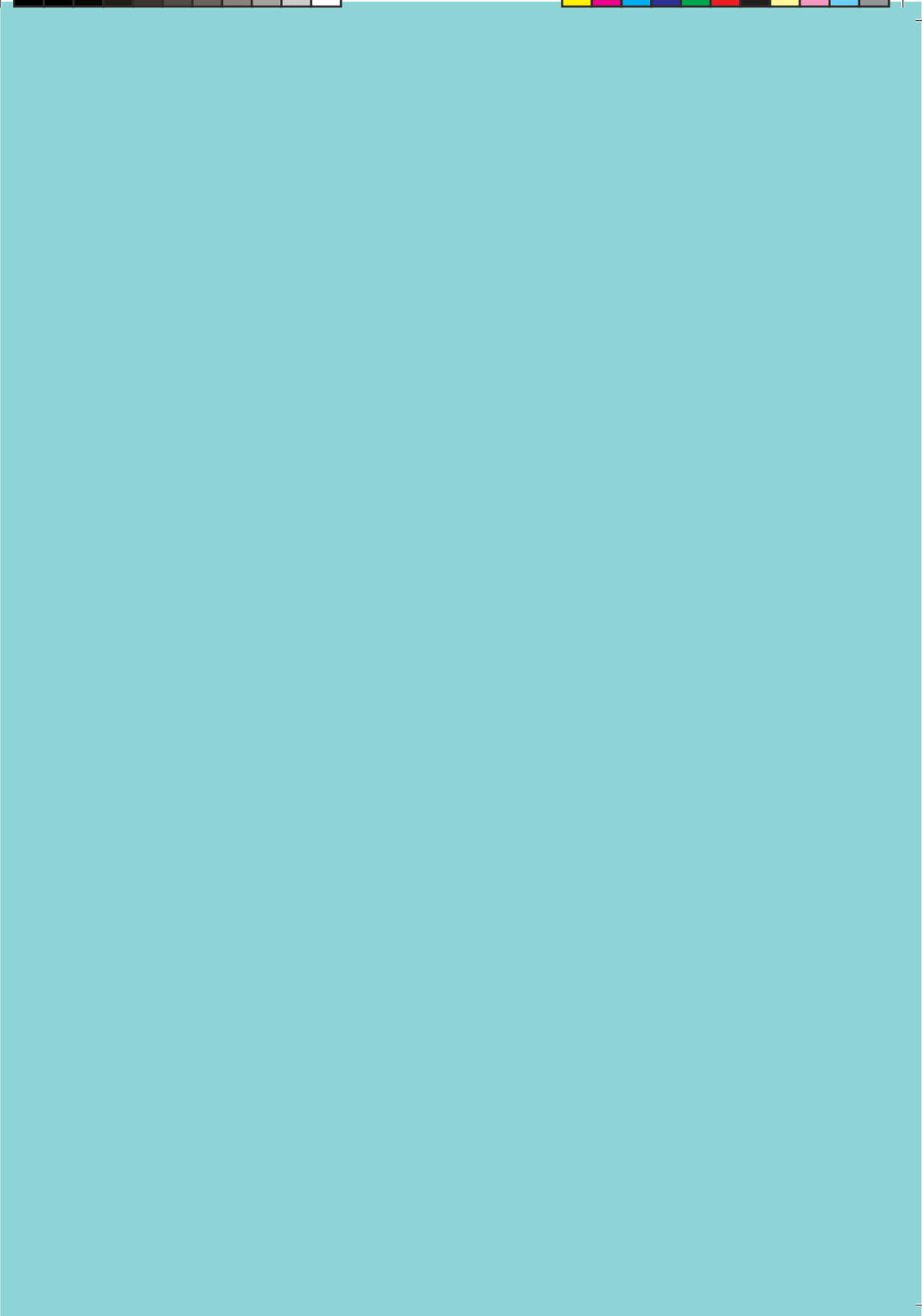
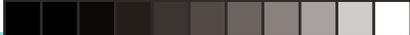
Try to encourage the elderly person to perform these tasks as independently as possible, even if the tasks are very time-consuming. Do not rush him and respect his personal habits. Use garments that are easy to put on: trousers or skirts with elastic waistbands or Velcro fastenings, sweaters and shirts that open in the front and shoes with Velcro fastenings. In cases in which the patient is completely **paralyzed** (paralizzato) on one side, begin putting clothes on that side first. When undressing, take clothes off that side last.

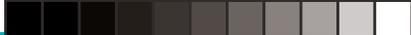
Personal hygiene

Being able to reach the bathroom is essential for the patient, whether he walks with a walker, a cane or moves about in a wheelchair. It may be necessary to move furniture (washing machine, small pieces of furniture) to free the way for easy passage and that the wheelchair, for example, can be positioned in front of the sink. When possible, use the shower instead of the bathtub (position antislip mats). The presence of siderails for support is advisable as they make the procedures mentioned above easier to perform. To prevent the patient from remaining passive, you should always request full cooperation on his part. All the **technical aids** (ausili tecnici) mentioned (bed, wheelchair, walker, footwear, aids...) should be adapted according to the instructions of specialists (physiatrist, physical therapist and/or occupational therapist).

Eating

You should encourage the patient's maximum **independence** (autonomia) in performing this function also. If the person has an upper limb with limited motor skills, various aids can be utilised: antislip placemats that prevent plates from slipping, table utensils with larger or shaped grips when the patient has problems with pressure (hands with arthrosis etc.), glasses that are specially shaped or have handles. There are also a variety of aids that can be adapted to the personal needs of the patient. Intervene to help the patient finish eating only when the meal goes on for too long and, in any case, the meal should be carried out in a satisfying and proper manner





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