

# Safe Patient Handling and Movement Programs: Implications for Occupational Therapy

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# Safe Patient Handling and Movement Programs: Implications for Occupational Therapy

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## Purpose:

As hospitals implement Safe Patient Handling and Movement (SPHM) Programs, the Occupational Therapist must learn to lift and move patients using mechanical devices rather than use traditional manual lifting techniques. Occupational Therapists must embrace this lifting technology and learn how to use it in their daily treatment as a partner not an adversary that can assist them to achieve their patient's goals. The Occupational Therapist needs to understand the role that technology plays not only in the prevention of therapist injury, but also keeping the patient safe during mobility. Safe Patient Movement technology can also enhance treatment by allowing the Occupational Therapist to focus on the patient and the treatment activity opposed to the physical assistance being provided. This area also allows the Occupational Therapist to step into the role of performing job analysis in order to identify risk factors and recommending the best technology to lift and move patients for safety of patients and staff.

## Rationale:

- According to research, manual lifting and handling of patients increases risk of injury for the caregiver and the patient
- Research conducted by NIOSH concluded that it is not possible to manually transfer a patient without sustaining damaging forces on the body.
- Occupational Therapists move patients in a way to assist in the restoration of functional independence.
- Therapists were educated in school to move patients using manual treatment techniques
- Many therapists self-treat or seek treatment from colleagues for musculoskeletal injuries
- Therapists are at risk of developing musculoskeletal disorders related to the manual handling and lifting of patients
- Nine states currently have safe patient handling legislation and there is pending federal legislation in the form of the Nursing and Healthcare Worker Protection Act.

## Manual Techniques vs. Use of Safe Patient Movement Technology in Occupational Therapy Treatment

### Manual Techniques



- Therapist focus is primarily on the physical assistance not the activity
- Therapist is in an awkward position risking injury
- Unable to communicate with patient face to face
- Need 2 clinical staff
- Patient is a risk for a fall in standing task

### Safe Patient Movement Technology



- Therapist is able to focus on the patient and the activity opposed to the physical assistance
- Therapist can communicate with patient face to face
- Patient and Therapist are in a neutral position reducing risk of injury
- Use of ceiling lift allows for graded levels of assistance, so patient can still participate in functional standing and mobility tasks.
- Fall risk is reduced
- Number of clinical staff is reduced to one

## Conclusions:

- Use of safe patient movement technology does not limit therapy treatment or inhibit patient participation. On the contrary, it makes it safer and the clinician can focus more on the patient and the activity.
- Hospitals are implementing SPHM programs which will make it policy to lift and handle patients using technology opposed to manual techniques. Occupational Therapists must learn how to use this technology and implement it in their treatment to assist patients in achieving their goals
- Injuries occur to healthcare workers as a result of manually handling patients; using technology can reduce the rate of injuries.
- Physical Therapy and Nursing schools are seeking to alter curriculums and begin teaching safe patient movement to students. Occupational Therapy must follow suit.
- Occupational Therapists can perform ergonomic analysis to determine appropriate methods of patient movement technology on hospital nursing units to reduce injury among nursing staff.

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