A transfer is the moving of a person from one surface to another. A set pattern of movements is followed to do the transfer in a safe and efficient manner. A stand pivot transfer has the patient stand, turn or pivot, and then sit down on the new surface. The patient may be able to do the transfer by himself or herself. Other patients may need the help of a therapist or caregiver to do the transfer.

If you are helping the patient do the transfer, part of your job is to protect the patient from falling. You should use a gait belt around the patient to give you a firm surface to hold onto as you help the patient. Use your hands on the patient’s hips, shoulders and upper body as control points. Explain each step as you go. Let the patient see in what direction he or she is moving. Be sure to have the patient use his or her own function and strength during the transfer.

Key points about the transfer surface

- Be sure the surface is stable. If it is a wheelchair or bed on wheels, be certain the wheels are locked.
- The surface should be firm and offer good support.
- The transfer surface should be at the same level or height that the person is transferring from.
- If the transfer is to or from a wheelchair, have the foot pedals off or out of the way. Remove the armrest from the side the person will be shifting to if you can.
- Place the surfaces at a 90-degree angle to one another. Have the surfaces as close together as you can to decrease the chance for falling into an open space.

Helping with a stand pivot transfer to the right

1. Scoot the patient out to the edge of the bed or chair by sliding hips forward, one at a time.
   - If the patient has strength in his legs, have the patient move his or her hips toward the edge of the sitting surface (bed, chair or toilet). Keep the upper body straight and steady.
   - The patient may be able to move forward in the chair by pushing his or her shoulders into the back of the chair, and sliding his or her hips out towards the edge of the chair.
2. Put the gait belt around the person’s waist.

3. Ask the patient to place or help place the patient’s feet flat on the floor. Have the right foot slightly in front of the left foot.

4. Put your right foot between the patient’s feet.

5. Place your right arm across patient like a seat belt and grab the gait belt towards the back.

6. Place your left arm on the gait belt around the patient’s back, either over or under patient’s right shoulder.

7. Have the patient place his or her arms around your upper back or elbows. This helps control the patient’s upper body. Do not have the patient hold onto your neck to prevent injury to you.

8. Be sure to offset yourself from directly in front of the patient so he feels like he has the freedom to come forward. You should be looking over the patient’s right shoulder.

9. Have the patient lean his or her trunk forward over his or her knees, keeping his or her trunk straight.

10. Give patient the cue to stand on a count of three. Count 1 and 2 while rocking forward on each number to build up momentum.

11. Come to a standing position on the number 3 as you straighten your legs and lift the patient. Allow the patient’s knees to come forward during the first part of standing. Be careful to keep your back and trunk straight and bend your knees for proper posture in order not to injure yourself.

12. Help patient to fully stand up and keep your balance.

13. Turn to your left and pivot your feet, rotating the patient’s body towards the transfer surface. Do not pivot until the patient is upright and under control.
14. Slowly lower the patient’s body onto the transfer surface. Have the patient reach back to the armrest or surface to help lower himself down.

15. Hold onto the patient until he is in a position that he can maintain by himself.

16. If the transfer was to a chair, the patient should try to scoot his or her hips back to the back of the chair. This will support his or her back in the best position. Have the patient lean forward to take weight off the hips to scoot more easily.