



Posey® Transport Belt

The Posey Transport Belt has been designed to provide additional leverage while assisting patients in walking and transfer activities. When used properly, it may also help prevent back injuries to the caregiver.
Posey Transport Belt #6551

- Constructed of durable nylon
- Waist and thigh straps can be adjusted to fit the patient securely
- Straps are easily and quickly secured with quick-release buckles
- Nylon handles on the waist strap provide the caregivers with a firm grip during transfers and ambulation
- Machine washable
- One size fits all



#6551

Application Instructions:

(Can be applied to patient in bed and wheelchair)

1. Release all quick-release buckles by pushing inward on the quick-release buttons.
2. To apply waist strap to patient, wrap the waist belt around the patient's waist and secure with the quick-release buckle. Ensure the "FRONT" label is facing outward and is in the front of the patient. Pull the loose end of the strap to tighten. Adjust the belt so it is snug, but not uncomfortable for the patient. Make sure you can slide your open hand (flat) between the belt and the patient.
3. Use loop on the strap to take up slack.
4. Verify closure before use.
5. Repeat attachment of buckles on patient's thighs.



Front View



Back View

To Launder:

Fasten all buckles to minimize damage during wash and dry cycle. Inspect buckles regularly and discard if cracked. Do not put buckles through extractors. Machine wash warm, tumble dry low.

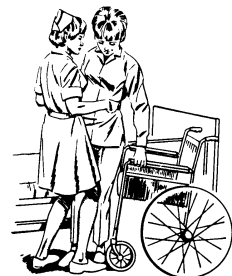
Assisting the Patient to Transfer

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Rehabilitative Aspects of Acute and Chronic Care Nursing
By Ruth Stryker. Published in 1972 by W.B. Saunders Co.
West Washington Square, Philadelphia

The inabilities and abilities that are identified at the time of assessment will determine the amount and kind of assistance required by a patient during a transfer. The patient should only be given the assistance that he actually needs. The principal guideline for assistance is to provide safety and protection during the transfer. In the case of an especially obese patient, two persons might be required.

The following basic concepts will help personnel to transfer all patients:

1. **Stand as close to the patient as possible.** This means standing in front of the patient to assist with a sitting transfer. For standing transfers that require extensive assistance, stand in front of the patient so that you can actually support and protect him. If he needs only minimal assistance in the standing transfer, you may stand at the side, preferably at the weaker side.
2. **Stand with a broad base of support.** In other words, your feet should be kept apart, with one foot slightly ahead of the other. This will improve your balance and also permit a shift of weight with greater ease.
3. **Assist the patient at the waist** rather than pulling his arms or shoulders. The use of the belt of the man's pants or a transfer belt allows a good grip without causing the patient pain.
4. **Bend your hips and knees, keeping your back straight**, while actually assisting the patient to move from one surface to another.
5. **Make sure that the patient can see** the surface to which he is transferred.
6. **Always move your body in the direction in which the transfer is taking place.**
7. **Make sure the patient is wearing shoes** (and a brace) if this has been prescribed in order to prevent possible slipping, foot injury or turning an ankle.
8. **If the patient is learning to do an independent transfer, it is important that you teach the procedure step by step.**



Assisted Standing Transfer

When the nurse uses a transfer belt around the patient's waist, she stands directly in front of the patient with her feet slightly apart. She bends her hips and knees to the level of the patient and assists the patient by pulling him to the standing position by grasping the belt at the waist from underneath. If the patient has weakness at the knee, she can brace her knee against the patient's weak knee in order to stabilize it. Once the patient is in a standing position, she can assist him to pivot. Again, the patient leans forward and gently lowers himself into the chair.

Transferring the Hemiplegic Patient

Before the hemiplegic person can learn to transfer from bed to wheelchair, he must learn to sit up in bed by himself and get up and out of bed. It is recommended that the hemiplegic learn to transfer toward his uninvolved side. He begins the procedure by lying in bed and placing his normal foot under the knee of his involved leg. His involved hand can rest on his abdomen. Next, he moves the foot down to underneath the involved ankle. He then lifts both legs toward the edge of the bed. He turns over, faces the side rail, grasps it and then pulls himself to a sitting position. Next, see that the wheelchair is placed at about a 60 degree angle facing the foot of the bed. The nurse then assists the patient by using the transfer belt and, if necessary, bracing the patient's weak side with her knee, always making sure that the patient can see where he is going to transfer.



Transferring the patient with hemiplegia

Sitting Transfers

The sitting transfer has additional basic elements that are applicable to every patient:

1. **He should wear a transfer belt around the waist if he needs assistance.**
2. The wheelchair should be positioned at a 45 degree angle to the opposite surface if the armrests are not removable. If the armrests are removable, the chair may be positioned directly parallel to the opposite surface.
3. **Brakes must be locked.**
4. **Footrests should be moved away** in most cases.
5. **If sliding board is used, it must rest securely on both surfaces**-the surface to which the patient is transferring and the surface from which the patient is transferring.

Assisted Sitting Transfer

In the assisted sitting transfer, the patient wears a transfer belt and comes to the edge of the bed as he did in the unassisted transfer. The assistant bends her hips and knees to lower herself to the level of the patient. She grips the transfer belt from underneath and assists him as he angles toward the chair. As the patient moves from one surface to another, she supports the patient's knees with her own knees. Using the transfer belt she is able to lift the buttocks up and onto the other surface. Throughout the transfer, the patient leans forward in order to maintain trunk balance. Once in the chair, she may have to help to position him by pushing his knees back by pressure from hers. This is done while he leans his trunk forward or does a push-up. She can also move him back into the chair by standing behind the chair and using the transfer belt.



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