

CARING



FOR SOMEONE
IN YOUR HOME

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incapacitated, the chances of an accident in the bathroom increase substantially. It is therefore essential that this room be given special consideration when attempting to accommodate a disabled loved one.

As a rule, bathrooms are typically small, with little room to navigate a wheelchair or, in many instances, even a walker. As already mentioned, the doorway is usually narrower than others in the house, and access can be difficult, at best. If a wheelchair is necessary, a narrow or travel model should be considered.

Toilet adaptations

Toilets are not designed with disabilities in mind, and are typically too low for many people to get on and off easily. Fortunately, there are many ways to make this easier.

For the individual who has minor difficulty sitting down on, or standing up from the toilet, commercially available grab bars can assist in these motions (Fig. 6). Grab bars should be professionally installed, with the screws securely anchored in wall studs, to prevent them from pulling out of the wall under a person's body weight. Toilet paper holders and towel bars should never be used as a substitute for a grab bar! They are not designed to withstand great pressures and will break or separate from the wall, possibly causing severe injury.

Another option to consider is the installation of toilet assist rails (Fig. 7). These are height adjustable units which attach directly to the toilet, eliminating the need for drilling into walls. The toilet assist rails give the toilet an armchair effect and allow the individual to push with their arms, making toilet transfers easier and safer.

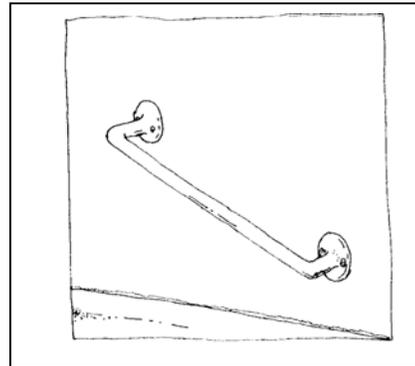


Fig. 6 Wall mount grab bar.

The height of the toilet seat can be increased by the installation of a commercially available raised toilet seat. These seats place the person at a mechanical advantage which is more conducive to standing or sitting. They are secured to the existing toilet, and can be removed and reinstalled quickly and easily. We recommend the type with the anti-tip feature for added safety and security.

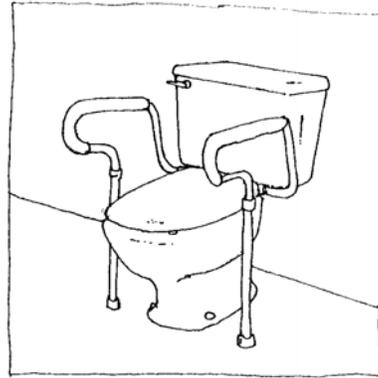


Fig. 7 Toilet assist rails.

By removing its plastic bucket, many commode seats, such as the 'three-in-one' commode, can be placed over the toilet and act as a raised toilet seat. The bucket can be replaced by a splash guard, which is similar to a bucket, but without a bottom. The commode seat offers an increased height advantage, as well as the support of side arms for ease in standing and sitting. It has a further advantage in that Medicare/Medicaid will pay for a commode, while they will not pay for a raised toilet seat.

Bathtub/Shower Adaptations

Perhaps one of the greatest disappointments to a newly disabled individual is the inability to take a bath or shower due to the inaccessibility of the bathtub. Many persons are unable to transfer into or out of the tub easily or safely and therefore must settle for a less than refreshing sponge bath. The unfortunate reality, however, is that many of these individuals are not aware that there are many adaptations which can facilitate safe and easy bathtub transfers.

For the individual with generalized weakness, decreased balance or range of motion (ROM), perhaps the easiest adaptation is the installation of grab bars. As previously mentioned, these should be installed professionally, and the person and/or caregiver should consult an occupational therapist for the proper location and angle of the bar. Again, towel racks or soap

dishes should never be used as a substitute for a grab bar. Tub mount grab bars (Fig. 8) can also be used to allow safe, easy access into and out of the tub. These are commercially available and can be installed and removed quickly and easily. These bars clamp to the side of the tub and will not damage the porcelain. If the tub is equipped with sliding glass doors, these should be removed and replaced with a shower curtain. These doors interfere with bathtub transfers and can make transfers more difficult and dangerous.

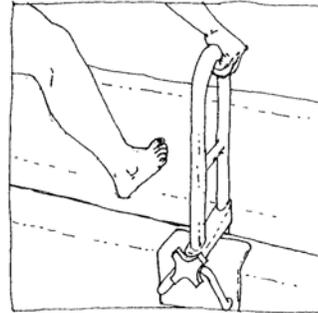


Fig. 8 Tubmount grab bar.

For added safety, the bathtub should always have a nonskid mat or strips to prevent falls. The mats are easy to remove and clean and will not damage the tub. The strips are fastened by adhesive and are more or less permanent. Many modern tubs and shower stalls are equipped with textured, non-slip surfaces which also work well. A rubber based bathmat should also be used on the outside of the tub. This will prevent the person from slipping on the bathroom floor after transferring out of the tub.

Bathbenches

Many individuals find that they cannot sit down in the tub, even with the assistance of grab bars. For these individuals, a bathtub seat or bath transfer bench are often an easy solution. These adjustable seats are available in a variety of styles to meet any individual's special needs (Figs. 911). Although they are commercially available, an occupational therapist should be consulted before one is purchased. The wrong bathtub seat can be a waste of money-it can also be dangerous.

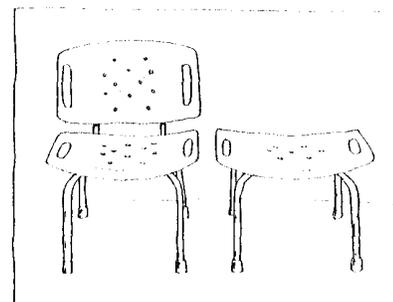


Fig. 9 Bathtub seats.

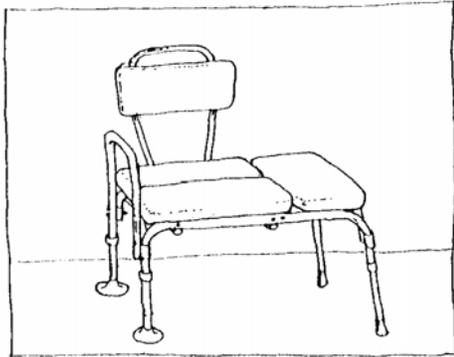


Fig. 10 Freestanding bathtub transfer bench.

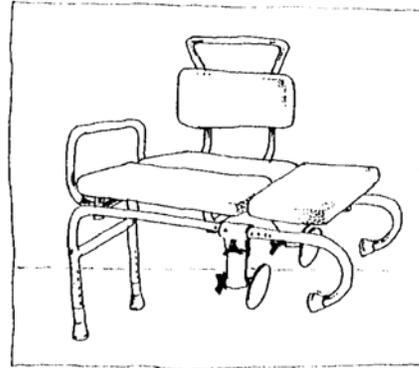


Fig. 11 Clamp on bathtub transfer bench.

The major disadvantage of many tubseats is that they do not allow the bather to get all the way down into the tub. This is not a problem if one is content to take a shower only. However, many people do not like showers or prefer to soak in a nice, hot bath. For these persons, a hydraulic tub seat is a convenient alternative (Fig. 12). These are also commercially available and come in a number of different styles. These seats are connected to the showerhead or faucet, and are raised and lowered by filling

and emptying pistons or water bladders, thus allowing the bather to get up and down in the tub without having to stand. These are generally more expensive than standard tubseats (from \$400 to \$1000) and are usually not covered by insurance. However, many people find them to be worth the expense.

For the individual who is confined to bed and cannot be

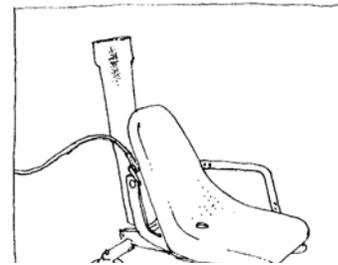


Fig. 12 Hydraulic bath bench.

Step 11

Assist the person in leaning forward, over their knees, and scooting up to the edge of the bed. It helps some persons to remember by telling them to 'keep their nose over their toes.' Place your hands around the middle of the person's back, or down closer to the buttocks if it affords you more stability.

**Step 12**

Gently rock back and forth with the person to gain momentum, and on the count of three, straighten out your knees and hips, taking care not to lift with your back. As you raise up, stabilize the person's feet and knees with your own.



Step 13

At this point, either come to a full standing position with the person and prepare yourself to pivot with your legs after you have stabilized yourself and the person (shown below)...



... , or use your momentum to pivot the person immediately onto the other surface while the person is in a semi-seated position (shown below).



Step 14

Secure the person on the new transfer surface before releasing your physical assistance. For example, have them scoot back onto the commode or wheelchair for maximal postural support.



When returning (transferring) the person to bed from a wheelchair ...

- A. Lower the bed to its lowest position.
- B. Lower the head of the bed so that the bed is completely flat.
- C. Bring the wheelchair close to the head of the bed so that when you stand and pivot the person, their buttocks will arrive at the point where the head of the bed attaches to the bed. In this manner, when the person is back in bed, you will not have to pull them up.

Transfers Using a Sliding Board

If the person has very weak legs which are unable to bear much or any weight at all, your therapist may show you how the person can transfer with a sliding board. A sliding board is a small rectangular piece of wood or plastic material (30 inches long and 8-9 inches wide) that acts as a 'bridge' between the two transfer surfaces. The person is able to 'slide' across this 'bridge' to go from one location to another.

The basic steps for sliding board transfers are slightly different than other transfers.

Step 1:

Equalize the level of the two surfaces as much as possible.

This may mean that you have to raise or lower the bed, commode, or chair. Consider that it will be difficult for the person to 'slide' if they have to go uphill.

Step 2:

Prepare the environment, as outlined on page 105, Step 2.

Step 3:

Prepare the person, as outlined on page 106, Step 4.

Step 4:

Assist the person into a sitting position on the side of the bed, as outlined on page 109, Step 8.

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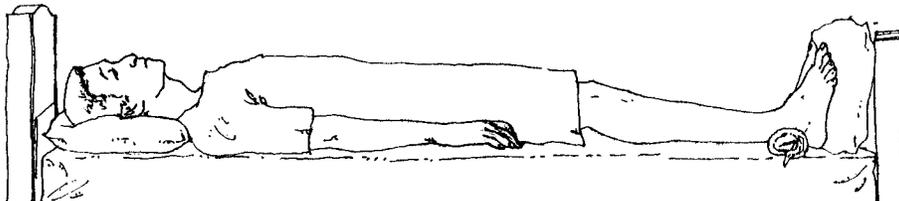
Caring for a Person in Bed

The personal care of an individual at home should be tailored to meet the specific needs of each person. It may help at times to ask yourself how you would feel in that person's place, because the difficult times often come up when the person has lost independence and must stay in bed. Coping with the losses and still maintaining one's self-esteem can be a challenge. Accepting what the person can do to help themselves will also help you to be more sensitive to their feelings.

One way to allow the person to express a degree of control is to include them in as much of their personal care as possible, even if all they can do is wash their face. Also, always tell the person what you are doing and give them every opportunity to make decisions and choices. This gives the person a sense of control. (Above all, when the situation presents itself, challenge the person.) You may find that at times the person can do more than anyone thought possible.

At best, the information you may get from the hospital or doctor on how to care for a bed bound person may be scanty. There are many things to remember and learn about caring for a bed bound person. This chapter will provide you with straightforward advice and a step-by-step process to follow, including the equipment and supplies you will need. Some precautions and special considerations will also be included. Let us start with bed positioning.

almost in line with the legs. This causes the Achilles tendon to shorten and makes normal walking and even simple transfers difficult, if not impossible. A footboard will prevent the linens from bending the toes downward and the person from going too low in the bed.



5. Now go to the end of the bed again. Are the shoulders, hips, and feet aligned properly?
Now ask the person if he or she is comfortable.

Elevating the Head of the Bed

1. Is the person high enough in the bed?
2. When elevating the head of the bed do so slowly, in gradual increments, especially if the person has not been sitting up for long periods of time. A back support with pillow can be used for a regular bed.
3. Arrange pillows behind neck or try pulling them down under the shoulders. This is the best time to try the neck pillow or a large towel roll to roll to align the person's head.

