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## MND Factsheet 5D Aids to Maintain Mobility

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Everyday activities, such as getting out of bed, sitting down to dinner, carrying in bags, are often taken for granted. As MND progresses and motor neurons die, these simple actions can become more difficult and require more effort.

Working with an occupational therapist and a physiotherapist familiar with MND can help you come up with ways to stay as functionally mobile as you can to continue to accomplish the everyday activities you are accustomed to doing. Mobility strategies include exercise and mobility aids. These strategies aim to promote physical comfort, prevent injury, and help maintain independent living. Carers will also benefit from mobility strategies in terms of injury prevention.

### MOBILITY AIDS

Mobility aids are used to

- Prevent injuries
- Promote independent mobility

Mobility aids range from walking aids to transfer devices to home adaptations such as ramps. Additional information on assistive devices is included in factsheet 5A *Assistive Equipment*.

### Transferring Between Positions

Assisted transfers are a leading cause of carer injury when proper body mechanics are not used. Poor transfer techniques also increase the risk of endangerment for the person being moved. The following transfer strategies can help, but always learn and practice transfers with a

therapist.

### Transfers without Equipment

**Sit-to-stand transfer:** When rising from a seated to standing position (whether alone or with help), scoot to the edge of the chair, lean your trunk forward 30-40 degrees and rise. If someone is helping you, they should squat down facing you and grab your belt or under your buttocks (do not pull on helper's neck or back), then block your knee with one of their knees, and then both of you stand at the same time. When standing, the helper should pull your pelvis toward him/her. Helpers should bend at the hips and knees and not the waist.

### Standing pivot:

After you have been assisted to stand, and now want to turn, your helper should face you, holding your pelvis closely to theirs and pivot 90 degrees without twisting their spine. Making small steps, shifting weight from side to side can assist in the pivot. To sit down on the surface you are being transferred to, your backside should be in front of it. Then your carer should keep one of his/her knees in front of your knee and then bend at the hips and knees as they lower you down, ending up in a squat while you end up in a seated position.

### Sitting transfer:

If sit to stand transfers become too difficult, sitting transfers can be substituted. To complete, position a chair (without arms) next to the surface you are transferring to. Scoot your bottom to the

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edge of the chair. Your carer can help you shift your body weight to one side and then pulling the other side of your pelvis toward the edge, and so on. While you lean forward, your helper will squat, block on or both of your knees with his/her own, grab your belt at the back or under the buttocks, rock you forward until your bottom lifts, and then swings your bottom toward the surface you are moving to (bed or seat). If this is too difficult, or the carer finds it hard not to twist his/her spine, a transfer board should be used.

**Lying-to-sitting:** Roll to your side facing the edge of the bed you want to sit up on. If you cannot roll yourself, your carer can put you in this position. Once you are on your side, bend your knees so your legs drop at the edge of the bed and then push with your elbow and hand and sit up sideways. A carer can offer stability for you at any stage of the move you require. To lie down from sitting, you can reverse the manoeuvre.

**Scooting in bed:** When you are transferring to your bed to lie down, always try to position your bottom in such a way that when you recline your head you end up in the correct spot. If you need to scoot yourself around while lying on your back, bend both knees, keep feet on the bed, and lift up your bottom a little. Then you can move your bottom in the desired position. If help is needed, your carer can help to either hold your feet down or use a towel to support your bottom and lift.

### Transfers with Equipment

#### Transfer board:

A smooth board acts as a bridge between two surfaces and is very helpful when you have trouble standing. With one end of the board under your bottom, and the

other sitting on the surface you are transferring to, you slide across the board with carer assistance. This can be difficult if you are transferring to a higher level surface because you are going up hill.

#### Rotating transfer board:

This is a board that has a lazy Susan feature on it that will rotate you once you are positioned on it. This takes practice, but can be very effective. A common brand of rotating transfer board is the Beasy® Board.

There are other transfer devices such as a standing transfer pivot. Ask your therapist for the latest in available equipment.

#### Hoists

Hoists are valuable assistive devices especially when a smaller person has to move a larger person. A commonly used hoist is called the Hoyer lift. Although it looks big and perhaps complicated, it really is not. Talk to an equipment specialist when choosing a sling for a hoist. They come in various materials some of which are better for bathing than others and some have commode openings.

Another commonly used hoist is the E-Z Pivot Lift which does not use a sling and leaves your bottom clear for clothing removal in order to use the toilet.

There is also a lift that can help you stand from a seated position. These are called Easy Lift Chairs and can be very helpful if you still have the ability to stand. This is an electronic lift inside an upholstered chair. Some models also recline. Make sure it also has arms that rise with the seat to stabilise you.

Other types of hoists that are not discussed here are available for

installation in pools, tubs, and vans. Ask your therapist for additional information and resources.

### **Injury Prevention**

As limbs become weakened, stiff, or easily fatigued mobility aids should be discussed with your doctor. Appropriate use of mobility assistive devices will reduce your risk for falls. However, sometimes falls are the trigger for someone to ask their doctor or physiotherapist about mobility aids.

### **Falls**

To avoid head injuries when falling, it is better to drop straight down, and not fall forward or backward. The best way to get up from a fall depends on what muscles you can still use. If you still have enough arm and hand strength, you can hold on to something firm, such as furniture, for example and pull yourself up and into a chair.

If you have fallen, the most important thing to do is to get help to sit in an upright position. The level of assistance needed will depend on the level of muscle weakness. You may only need a little support while rising or you may need two people to assist you into a chair or wheelchair. It is important that carers not strain themselves, but make you comfortable until additional help is available. Ask your therapist to teach you and your carers the best method of recovering from falls.

Joint pain and stiffness injuries occur when you are unable to move yourself and you spend too long in one position. This can be very uncomfortable for both the skin and the joints. Arrange for your carers to change your position every couple of hours throughout the day and to turn you at night. Some people with MND improve their comfort in bed by using a

sheepskin, egg crate foam, a satin bottom sheet or a vibrating air mattress. Your nurse or therapist can discuss the options with you and help you to decide what to try. If you experience joint pain, discuss this with a doctor or physiotherapist.

Injuries to both persons with MND and carers can occur during transfers. All your carers should be instructed in safe and effective transferring techniques by professional healthcare providers as soon as possible. It is important that proper body mechanics be taught to decrease the risk of injury to both you and your carer. In addition to body mechanics, there are transfer devices such as boards and hoists that can be used to prevent injury.

## **Equipment in the Home**

### **Bathroom Devices**

There are several devices to help disabled people in the bathroom. Raised toilet seats are a standard requirement for those with weakened leg muscles. These range from homemade and low-cost seats to more expensive models. Another option is to have a plumber raise the level of the toilet by putting it on a low platform. Also, there are a number of alternatives for assisting with bathing. There are several models of bathtub seats and lifting equipment that can assist you in sliding or rotating over the tub for showering. Retail stores that handle equipment for the disabled often have a variety of bathroom aids on display. Check with your occupational therapist or other healthcare professional for their assistance in choosing these aids.

### **Bed Devices**

A common problem during the advanced stages of MND is being unable to roll over in bed. Lying in one position can become intolerably painful, or require a caregiver

to move you every few hours. There are now specially segmented, air filled mattresses, such as the Clini-Dyne system made by Gaymer, which are attached to an electronic pumping device which continually changes the air levels in different cells in the mattress, thereby gradually moving the sleeper during the night.

### Stairs

Climbing stairs can become unsafe. Yet toilets and bedrooms may be situated upstairs. Your Occupational Therapist can advise and may even be able to organise the provision of stair rails and grab rails. However, if climbing stairs is becoming impossible or unsafe, then alternatives are available. You may be eligible for a Disabled Facilities Grant towards the cost of a stair lift. This is normally arranged by your occupational therapist so think ahead. □

Stair lifts have a track fixed to the staircase and a seat takes you up and down. One major consideration regarding suitability is how easily/safely a person can transfer off and on the seat - or will be able to in the future. For this reason, many local authorities take the view that a stair lift may not meet the long-term needs and is therefore not the preferred option.

One final point; if you decide to buy or hire a lift privately, then please talk to an

Occupational Therapist first. They are very expensive items with little second hand value, and you need to know that they are safe for you to use.

### Home Adaptations

Often the most practical solution is to convert downstairs to include a toilet and bedroom or sell your home for a bungalow. Your local authority may provide a grant for structural changes to your home. Think ahead once more, the application process is often very slow.

Never do the work before applying for a grant! □

Check all the information on grants in the Disability Rights Handbook which can be borrowed from MND Scotland's library.

□ Check out VAT relief on building works from your local VAT enquiries office. Ask for the leaflet – *VAT relief for People with Disabilities*. If lifts and extensions are not practical, then converting existing ground floor accommodation may be sensible. For example, you might turn a dining room into a bedroom or reinstate a partition wall.

Your local authority may offer a Council Tax reduction if any part of your home is designated solely for the use of a disabled person.

### Further Reading

Factsheet 5A	Assistive Equipment
Factsheet 5B	Maintaining Mobility
Factsheet 5C	Getting the best from Physiotherapy