Facilitating Turning and Positioning Healthcare Patients

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Current evidence demonstrates that the task of turning and positioning patients in bed presents a serious occupational risk to caregivers for developing musculoskeletal disorders (MSDs). A laboratory study was conducted to investigate a new solution developed to facilitate turning and positioning patients in bed. The study performed was designed to evaluate how a new solution reduced occupational risk to caregivers and contributes to improvements and positive outcomes for patients.

Turning and positioning in bed is important to the immobilized patient for comfort, maintaining skin integrity, enhanced healing and better outcomes. When a patient is immobilized for any reason and will spend extended periods of the day in bed, frequent and proper position changes can be beneficial to the healing process.

Recognizing the need and value for turning and positioning immobilized patients, the protocol of progressive mobility is becoming a more important part of care plans for patients in ICUs. Progressive mobility is defined as a series of planned movements in a sequential manner beginning at a patient’s current mobility status with a goal of returning to his/her baseline.

To achieve the care objectives for progressive mobility and enhance quality of care, patients require frequent repositioning; but this necessary activity of repositioning patients in bed can put both the patient and caregiver at risk for injury.

The Turning and Positioning System (TAP) was developed to incorporate friction-reducing properties while keeping the device under the patient. The TAP design also considers the posture of the caregiver while performing the task and attempts to encourage optimum posture. Handle extension straps are attached to the new repositioning sheet, which allow caregivers to assume a better grip while being in a more upright posture with less bending of the body trunk. An additional benefit provided by TAP are specially-designed foam wedges that are easily inserted under the patient once turned, effectively keeping the patient properly positioned.

Results from this pilot study indicate that through application of the TAP System, the high occupational risk activity of turning and positioning a patient in bed can be made safer and easier for caregivers to perform. Caregivers reported significantly lower perceived physical exertion was required to perform the turning and positioning task when using the TAP System. Greater physical exertion to the caregiver equates to greater stress on the musculoskeletal structure and increased risk for occupational injuries.
This reduction in perceived physical exertion translates into less force exerted on the musculoskeletal structure and a lower risk of injury to the caregiver.