



# **Taking Action for Optimal Community and Long-Term Stroke Care**

## ***A Resource for Healthcare Providers***

Chapter 6: Activities and Participation  
Section 6.3: Transfers and Repositioning

*Updated November 5, 2020*



# Disclaimer

- Taking Action for Optimal Community and Long-Term Stroke Care is for informational purposes only and is not intended to be considered or relied upon as medical advice or a substitute for medical advice, a medical diagnosis or treatment from a physician or qualified healthcare professional. You are responsible for obtaining appropriate medical advice from a physician or other qualified healthcare professional prior to acting upon any information available through this publication



# TACLS Overview

# Overview



## Taking Action for Optimal Community and Long-Term Stroke Care

A resource for healthcare providers

- This presentation has been developed to complement the information provided in Taking Action for Optimal Community and Long-Term Stroke Care
- TACLS content is aligned with the most current Canadian Stroke Best Practice Recommendations ([www.strokebestpractices.ca](http://www.strokebestpractices.ca))
- Some of the best practice recommendations are included in this resource for quick reference. For the full Canadian Stroke Best Practice recommendations visit: [www.strokebestpractices.ca](http://www.strokebestpractices.ca)
- As you consider the following information, always ensure that you are practicing and working within your scope of practice and seek advice from qualified and appropriate team members as needed

- In light of COVID-19, resources are being shifted across the healthcare continuum to help meet ongoing and changing needs.
- There may be some variability in the staff who would typically work with patients who have had a stroke.
- There are many **considerations** that are key to **promoting safety** and **optimizing recovery** when working with individuals who have had a stroke.
- TACLS can be used to help **support healthcare providers** and may be helpful to informal caregivers during this time by providing key information, skills and guidance when providing care to individuals who have had a stroke in any setting, from acute inpatient care to the community.

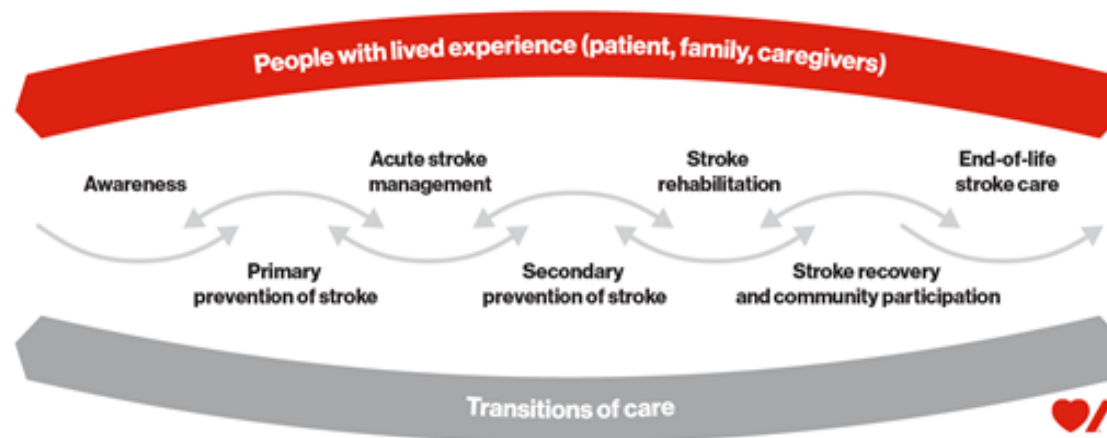
# Purpose and Use of TACLS

- TACLS slide presentations are designed to be used as a resource, in conjunction with the TACLS manual, for informing and educating healthcare providers about how to care for individuals who have had a stroke across care settings
- Informal caregivers may also find these resources helpful
- TACLS content is aligned with the Canadian Stroke Best Practice Recommendations ([www.strokebestpractices.ca](http://www.strokebestpractices.ca))



# Target Audience

- Healthcare providers who care for individuals who have had a stroke and are in acute care, inpatient rehabilitation, or community settings (such as at home or in long-term care)
- Informal caregivers, such as family members, may also find these resources helpful as they provide practical information to deliver safe and appropriate care



## Your Role as Part of the Stroke Team

- There have been major advances in treatment and care of individuals with stroke. The types of care received in the early days following a stroke can have a direct and significant impact on outcomes
- Your role, **observations** and your ability to **communicate effectively** within the team is **vital** to helping the individual with stroke get the best possible **care** and experience the best possible **recovery**
- Your **support** can help individuals **adjust** to the **changes** that stroke brings, find new ways to help them thrive as they recover, and learn and adapt to “the new normal” that is life after stroke



## Your role

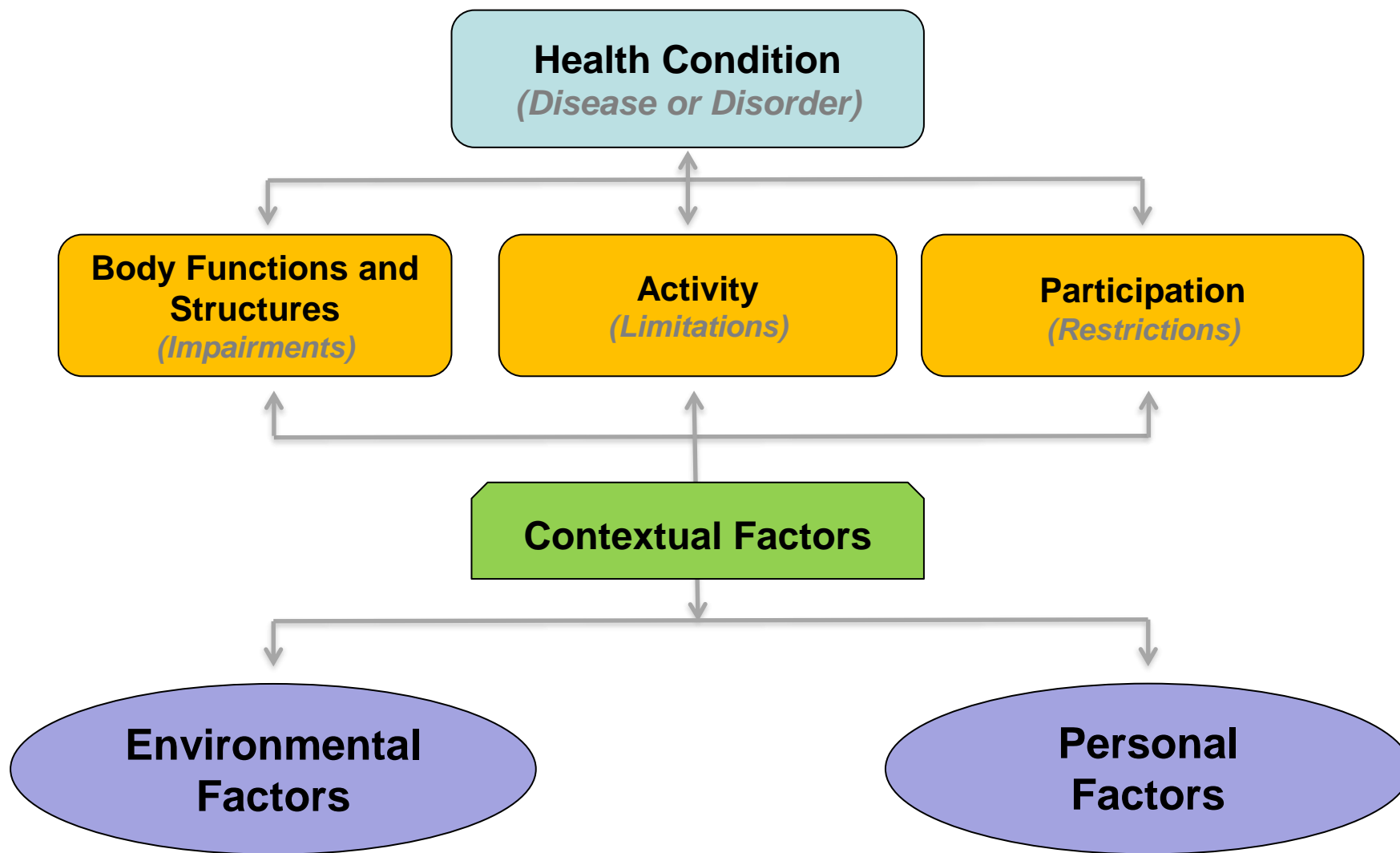
- It is very important to **review** and **understand** your role **within the stroke care team**
- **Consult** with your **team** if you
  - ❖ Are **unclear** about any aspect of the care plan
  - ❖ Have **questions** about how to implement the recommended care
  - ❖ Have **concerns** about the health of the person you are caring for
- Know your **direct contact** on the team and follow your workplace **guidelines** for **communicating** with **the team**
- **Do not delay** if a situation requires **immediate attention** – contact the appropriate team member as quickly as you can
- There may be times when the information in this resource **differs** from the **instructions** or **care plan** that have been developed by the organization you work for or by the stroke team. **In these cases, always follow the direction from your employer, your team, and the care plan**

## Your Role: Communicate with your Team

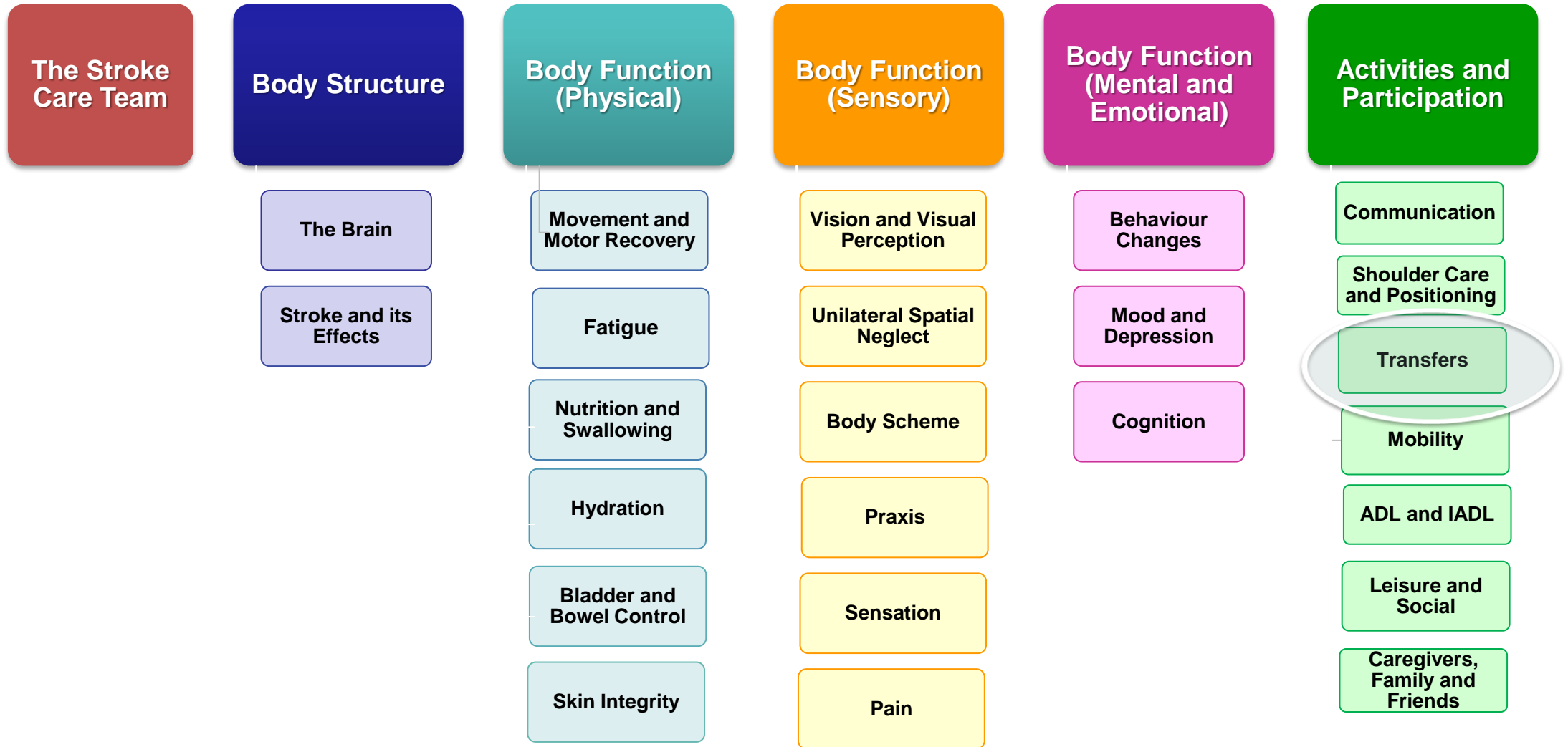
**Stroke care is a **TEAM** effort. The team is there to support you. Make sure to reach out to your team if you have any questions so that the safety and recovery of the individual you are working with and/or caring for is not compromised.**

# TACLS Structure

TACLS is organized to follow the International Classification of Functioning (ICF) structure.



# TACLS Content and Layout





## **Transferring and repositioning**

# Transfers and Repositioning

## In this section

- Safe client handling for transferring and repositioning a person
- Assisting with transfers and repositioning



# Key Messages: Transfers and Repositioning

- Stroke can affect a person's ability to move their body, transfer from one place to another and can increase their risk of falls
- Unsafe transfers and repositioning techniques can result in injury to you or the person you are assisting
- Prolonged sitting or lying in the same position increases the risk of complications such as pressure injuries and skin breakdown
- Using safe client handling techniques for transferring and repositioning a person, along with recommended equipment can increase their safety, confidence and independence
- Always follow the care plan and use recommended techniques and equipment

# Best Practice Recommendations

- Patients should participate in training that is meaningful, engaging, progressively adaptive, intensive, task-specific and goal-oriented in an effort to improve transfer skills and mobility
- Based on risk assessment findings, an individualized falls prevention plan should be implemented for each patient
  - ❖ The patient, family, and caregiver should be made aware of the patient's increased risk for falls and given a list of precautions to reduce their risk of falling
  - ❖ The patient, family, and caregiver should receive skills training to enable them to safely transfer and mobilize the patient
  - ❖ This should include what to do if a fall occurs and how to get up from a fall
  - ❖ The patient, family, and caregiver should receive education regarding suitable gait aids, footwear, transfers, and wheelchair use, considering the healthcare and community environment
  - ❖ Bed and chair alarms should be provided for patients at high risk for falls according to local fall prevention protocols



# Your Role as a Healthcare Provider

- There are many **techniques** to help a person improve their ability and safety to move on their own
- Using **correct** and **safe techniques** for transfers and repositioning, mobility **methods**, and appropriate **equipment** to help a person transfer and change position will increase their **safety, confidence, and independence**

# Transfers and Repositioning

- Stroke can affect a person's ability to move their body, transfer from one place to another and increase their risk of falls
- This can be frustrating and confining and may contribute to feeling socially isolated
- This is why it's important for the person and staff working with the person to receive education on how to safely move following stroke



# Definitions

- A **transfer** is when someone moves from place to place, such as:
  - ❖ Bed to chair
  - ❖ Wheelchair to toilet or commode
  - ❖ Into or out of a car
- **Repositioning** is when someone changes position on the same surface. This includes activities such as:
  - ❖ Changing position on a bed or chair
  - ❖ Changing position in a wheelchair

# Transfer Assessment

- The occupational therapist and/or physiotherapist will **assess** each person and determine the most suitable **technique** and **equipment** requirements
- **Factors** that will be taken into consideration during the **assessment** include a person's:
  - ❖ **Ability to move** and **weight bear through** arms and legs
  - ❖ **Weight** and **height**
  - ❖ **Balance**
  - ❖ **Weakness** on one or both sides
  - ❖ Ability to use **affected** side
  - ❖ **Visual** field loss, **unilateral spatial neglect** and/or **body neglect**
  - ❖ **Cognitive** abilities and **mental health** (e.g., impulsivity or impaired judgment, ability to follow instructions, initiation, energy to participate)

# Transfer Assessment

- Additional factors that will be taken into consideration during the assessment include a person's:
  - ❖ Behaviour, confidence or fear
  - ❖ Pain
  - ❖ Fatigue
  - ❖ Environment:
    - Equipment available
    - Whether the environment is spacious or cluttered
    - Whether the floor surface is hard or has thick carpet
  - ❖ Support available from caregivers, or staff
  - ❖ Other medical conditions
- The therapist team can provide training on how to complete the recommended transfer and use any required equipment to support safety, independence and minimize risk of falls



# Equipment

➤ Equipment that may be used for transfers and repositioning include:

- ❖ Arm slings
- ❖ Transfer belts
- ❖ Bed rails
- ❖ Wheelchairs
- ❖ Sliders
- ❖ Wall grab bars
- ❖ Floor-to-ceiling poles
- ❖ Trapeze bars
- ❖ Sit-stand lifts
- ❖ Floor lifts
- ❖ Overhead lifts
- ❖ Repositioning slings
- ❖ Sliding/Transfer boards



# Safety

## Safety guidelines:

- Safe client handling guidelines for moving people **may vary slightly from one site to another** and from an institution to the community
- **Terminology** to **describe** one versus two person manual assist **transfers** or amount of assistance required (e.g., minimal versus moderate assistance) can also vary between worksites
- **Be aware and always follow your employer's safe work procedures** including transfer and repositioning techniques



## Safety guidelines:

- Attend your organization's safe client handling education sessions as recommended by your site
- Review the safe work procedures at your workplace
- **Participate** in refresher sessions to make sure you are using correct techniques and are up to date with any changes that should be implemented
- Always **follow the recommended transfer and repositioning methods**



## Safety guidelines:

- Be sure to use **equipment** that has been **recommended** such as friction reducing devices (sliders), transfer belts and mechanical lifts
- Be sure to use the recommended **number of people** to assist with the transfer (e.g., one person vs two person manual assist)
- Be **safety conscious** at all times for both you and the person you are assisting
  - ❖ The safest method recommended may not be the fastest method, but will be recommended to help prevent injuries to the person being transferred/repositioned and the people assisting with the transfer/repositioning task

# Safety

- If you are ever **unsure** about a person's **ability** to transfer or reposition themselves, consult your **team** members before you assist
- An **occupational therapist and physiotherapist** can help provide guidance and demonstrate transfer and repositioning skills
- **Unsafe** transfers and repositioning can result in **injury** and **pain** to you and/or to the person being moved



# Know the Care Plan

When you are transferring or repositioning someone, remember to:

- **Check the care plan**
- **Use all recommended :**
  - ❖ **Methods/ techniques**
  - ❖ **Equipment**
  - ❖ **Number of people to assist**
- **Ensure the information is up to date and that there have been no changes in the person's physical or cognitive abilities so that safety isn't compromised**



# Body Mechanics

- Use good **body mechanics** to promote safety for all involved during a transfer and/or repositioning task. Some examples include:
  - ❖ **Position yourself close to the person** (so that you are not overreaching)
  - ❖ Bring your **shoulders** to a **neutral** position and **tighten abdominal muscles** (engage your core) to protect your back
  - ❖ **Keep elbows tucked** into your sides **and bend your hips and knees**
  - ❖ Stand with a sturdy and wide **base of support** so you will be in better control and can stay **balanced**
  - ❖ **Use your legs** to complete most of the work by shifting your weight from one leg to the other during the maneuver
  - ❖ When ready, weight shift with your legs to assist the person to transfer their weight
- The occupational therapist and physiotherapist can provide training and guidance to promote use of good body mechanics

# Environment

- Prepare the environment so that you are ready for the transfer such as:
  - ❖ Ensure a clear and safe path in the areas that you assist
  - ❖ Ensure all mobility aids/required equipment are ready and within reach
  - ❖ Make sure the surface that the person is transferring to is positioned correctly
  - ❖ Transfer surfaces should ideally be near equal height, just above the person's knee height or wheelchair seat surface
  - ❖ If applicable, adjust the bed (e.g., apply bed brakes, lower the bed rails, adjust the bed height)
  - ❖ If applicable, get the wheelchair ready for the transfer including:
    - Place the wheelchair close to the bed, parallel or at a slight angle, allowing the person to transfer as indicated in the care plan
    - Apply wheelchair brakes
    - Swing away or remove wheelchair footrests

# Preparing the Environment Example

- For example, when completing a one assist transfer with transfer belt from a bed to a wheelchair:
  - ❖ Set up the wheelchair as indicated in the care plan (e.g., close to the bed, parallel or at a slight angle)
  - ❖ Apply wheelchair and/or the bed brakes (if applicable)
  - ❖ Swing away or remove the wheelchair footrests
  - ❖ Adjust the bed to just above the person's knee height (if applicable) and lower the bed rails. Transfer surfaces should be near equal height

# Communication

- **Communicate** clearly before, during and after the transfer or repositioning task
- **Communicate** with the person, so they know what to expect
  - ❖ You could use “1-2-3 go” or “Ready, Steady, Stand”
  - ❖ Give short, clear and simple **instructions**
  - ❖ Communicate in a non-rushed and respectful manner



# Reminders

- Gather and use all prescribed equipment for the transfer, e.g., transfer belt, cane, walker, mechanical lift and/or sling. Refer to the care plan for type and placement
  - ❖ Use a transfer belt when recommended
  - ❖ Never lift a person using their clothing or their arm
- Never pull on the **affected arm** or **grab under the shoulder/armpit**. This can cause shoulder pain, injury, and long-lasting complications





# Reminders

- Assist the person to put on any brace or sling, e.g., arm sling or ankle-foot orthosis
- Provide support for the affected arm, as indicated in the care plan
  - ❖ Support the arm in a sling for a transfer but **only** if recommended in the care plan. Remove the sling after the transfer has been completed
- Ensure you and the person you are assisting are wearing non-slip shoes

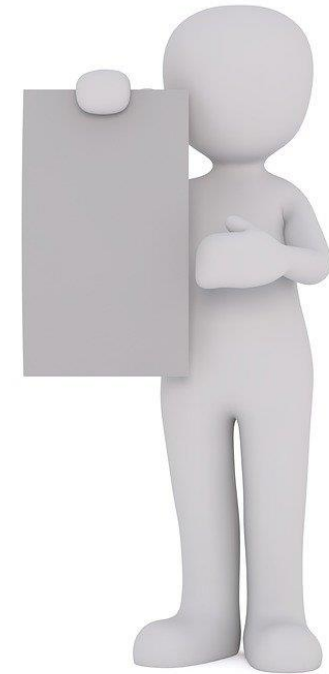


# Reminders

- Check the care plan to determine if the person should be transferring towards their right or left side
- It is typical for a person to transfer towards their stronger (unaffected) side
  - ❖ E.g., if a person is right side affected, they will likely transfer towards their left side. If moving from their bed to their wheelchair, the wheelchair would be set up to allow them to transfer in the direction of their left, unaffected side
- Face the person's affected side
  - ❖ This will allow you to be in a good position to support their affected knee using your leg as needed to prevent buckling (sometimes referred to as 'bracing' the affected knee)
- If the person uses a mobility aid (e.g., two wheeled or four wheeled walker) remind them to 'push to stand'. Encourage the person to push up from the surface they're transferring from (e.g., the bed, chair arm rests) and to not pull on the mobility aid as it is not secure

# Transfers and Repositioning

- A person's **ability** to transfer and reposition themselves **varies** and depends on the **stroke severity** and amount of **recovery** made
- As a result, different **methods** and **equipment** may be recommended for different people
- **Always follow the person's care plan**



# Types of Transfers

- There are many different types of transfers including:
  - ❖ One-person manual assist transfer
  - ❖ Two-person manual assist transfer
  - ❖ Mechanical lift: one or two-person mechanical assist
- There are also different approaches for one-person and two-person transfers including amount of verbal and physical assistance required. The amount of assistance required can change the transfer technique recommended
- The occupational therapist and/or physiotherapist will assess each person and determine the most suitable technique and equipment requirements
- Do not complete a transfer unless you have received appropriate training and have the skills and abilities to complete it safely. Consult with the stroke team and always check the current care plan

**If you are not sure that you can transfer or reposition a person safely, ask for help!**



# One-Person Manual Assist Transfer – Prepare for the Transfer

**Always follow directions in the person's care plan**

- *The following is an **example** of a one-person bed to wheelchair transfer*
- *In this example:*
  - ❖ *The person is able to reliably stand and weight bear through their legs, and take steps with assistance*

# One-Person Manual Assist Transfer – Prepare for the Transfer

1. The first step is to **prepare** for the transfer:
  - Always follow the directions in the person's care plan
    - ❖ What transfer method is recommended? Does person transfer to left or right side?
    - ❖ How should arm be supported; is a sling used during the transfer?
    - ❖ Does person require a transfer belt?\*
    - ❖ Does person require a leg brace/AFO?
    - ❖ Are any mobility aids required?
    - ❖ Are there any pieces of medical equipment that need to be managed (e.g., Foley catheter bags, IV pole)
  - Gather all required equipment. If applicable, put on arm sling and/or foot brace
  - Ensure you and the person you are assisting are wearing non-slip footwear



\*The person must be **assessed** for contraindications to using a transfer belt. Consult with the therapy team

# One-Person Manual Assist Transfer – Prepare for the Transfer

1. The first step is to **prepare** for the transfer (continued):
  - If applicable, **adjust bed: apply brakes, drop side rail, lower to height closest to wheelchair seat height so that the person's feet rest on the floor**
  - Position the wheelchair close to the bed (parallel to or at a slight angle to the bed) and remove footrests\*. There should be enough space to stand between the bed and the chair
  - Put on the transfer belt if recommended, just above the hip bones and at the small of the waist

\* It may be recommended to also remove the wheelchair armrest closest to the bed with some transfer methods. Consult the care plan





# One-Person Manual Assist Transfer

2. **Help and/or verbally cue** the person get into the **starting position**: shift their hips forward so their feet are flat on the floor, shoulder width apart and their knees are over their toes
3. **Stand in a wide stance, facing the person but off to the affected side slightly**. Have one foot pointing in the direction you are moving towards and your other leg supporting the outer part of the person's affected knee\*, **ready to support the affected knee to prevent buckling**
4. **Bend your knees** so that you are at a height closer to that of the person you are assisting

\* The therapist team can show you how to position your leg to support the affected leg/knee if indicated

# One-Person Manual Assist Transfer

5. If the person is wearing a **transfer belt**, use your hand closest to the person to **reach** behind and **grasp the loop** of the transfer belt. Do not put your entire hand and wrist through the loop. Use your other arm to **support the person's affected forearm** (use a sling if recommended)
  - ❖ If the person is not wearing a transfer belt, support them with one hand on their lower back. Use your other hand to support their affected arm. Follow the directions in the care plan
  - ❖ Always use a transfer belt if it has been recommended

# One-Person Manual Assist Transfer

6. The person should place their **hands on the surface they are sitting on** (e.g., the bed, or wheelchair armrests) to help **push up**
7. Ask the person to **lean forward** from the hips (sometimes the verbal cue of 'nose over your toes' is helpful) and on the count of three, have the person **push up from the bed with their arm(s) and through both of their legs** as much as possible
8. **Bend through your hips and knees while keeping your back straight. Engage your core (i.e. abdominal muscles) and contract your thigh muscles** to support and protect your back
9. On the count of three, **help the person stand** by **shifting your body weight** from your foot that is supporting the affected leg to your foot that is angled towards the wheelchair keeping your knees bent

# One-Person Manual Assist Transfer

10. Once the person is standing, **straighten** your hips and knees but remain in a **wide** base of **support**
11. Make sure the person stands and takes the time required to adjust and/or regain their **balance**
12. The person may now reach for and use their **walker** or **cane** if applicable
13. Have the **person take small steps** to step toward the wheelchair and turn and **back up towards the wheelchair**. Be sure to **support of the person's affected knee as needed**
14. Ensure the person has backed up far enough so that the **back of their legs touch the seat of the wheelchair**

# One-Person Manual Assist Transfer

15. Have the person reach back and place their hand(s) onto the armrests if possible
16. Have the person start to bend forward at the hips as they prepare to sit
17. Continue to stand beside the person with a wide base of support. On the count of three, instruct them to gently lower to the seat, shifting your weight from your back foot (that is supporting the person's affected knee) to your front foot as you assist the person to sit
18. Replace wheelchair footrests and remove the transfer belt and arm sling if used. Support arm as recommended in the care plan
19. Have the person readjust their sitting position in the wheelchair to ensure good posture. Assist as needed

# One-Person Manual Assist Transfer

If the person cannot safely complete the transfer with one-person assistance, sit the person back down. A re-assessment by an occupational therapist or physiotherapist may be required to determine if a two-person manual assist or mechanical lift is indicated



# Two-Person Manual Assist Transfer

- Some **organizations** do not **allow** two-person manual assist transfers
- If this is the case where you work, a **mechanical lift** may be the best option for those who require more help than one-person assist
- **Know and follow your employer's policies for safe client handling and client specific situations**

# Using the Two-Person Manual Assist Transfer

- The two-person manual assist transfer may be recommended when the person:
  - ❖ Is cooperative, but requires **greater physical and verbal support** (e.g., variable physical abilities or behaviours)
  - ❖ Requires more support to follow **directions**
  - ❖ Needs **support** from both sides to maintain **balance**
  - ❖ Has balance, mobility and/or perceptual impairments resulting in increased pushing on the unaffected leg (tendency to fall towards the affected side)
  - ❖ Needs additional **support** to move from sit to stand or reverse
- Two people are needed for this transfer. The set-up and transfer techniques for the two people may vary based on the method recommended for the two-person transfer



# Two-Person Manual Assist Transfer – Prepare for the Transfer

Always follow directions in the person's care plan

- *The following is an **example** of a two-person bed to wheelchair transfer*
- *In this example:*
  - ❖ *The person is able to reliably stand and weight bear through their legs, and take steps with assistance of two people*

# Two-Person Manual Assist Transfer – Prepare for the Transfer

1. The first step is to prepare for the transfer:
  - Always follow the directions in the person's care plan
    - ❖ What transfer method is recommended? Does person transfer to left or right side?
    - ❖ How should arm be supported; is a sling used during the transfer?
    - ❖ Does person require a transfer belt?\*
    - ❖ Does person require a leg brace/AFO?
    - ❖ Are any mobility aids required?
    - ❖ Are there any pieces of medical equipment that need to be managed (e.g., Foley catheter bags, IV pole)
  - Gather all required equipment. If applicable, put on arm sling and/or foot brace
  - Ensure you are and the person you are assisting are wearing non-slip footwear



\*The person must be **assessed** for contraindications to using a transfer belt. Consult with the therapy team

# Two-Person Manual Assist Transfer – Prepare for the Transfer

1. The first step is to prepare for the transfer continued:
  - If applicable, **adjust bed: apply brakes, drop side rail, lower to height closest to wheelchair seat height so that the person's feet rest on the floor**
  - Position the wheelchair close to the bed (parallel to or at a slight angle to the bed) and remove footrests\*. There should be enough space to stand between the bed and the chair
  - Put on the transfer belt if recommended, just above the hip bones and at the small of the waist



\* It may be recommended to also remove the armrest closest to the bed with some transfer methods. Consult the care plan

# Two-Person Manual Assist Transfer

2. **Help** the person get into the **starting position**: shift their hips forward so their feet are flat on the floor, shoulder width apart and their knees are over their toes
3. Care providers stand on either side of the person, facing the person's side
4. Care providers **stand in a wide stance with** one foot pointing in the direction they are moving towards, **ready to brace the affected knee to prevent buckling\***
5. Care providers **bend their knees** so that they are at a height closer to that of the person they are assisting

\* The therapist team can show you how to position your leg to support the affected leg/knee if indicated

# Two-Person Manual Assist Transfer

6. Care providers grasp a loop of the transfer belt with the hand that is behind the person (do not put entire hand and wrist through the loop)
7. Ask the person to lean forward from the hips (sometimes the verbal cue of 'nose over your toes' is helpful) and on the count of three, have the person push up from the bed with their arm(s) and through both of their legs as much as possible
8. Care providers bend through their hips and knees while keeping their back straight. Care providers should engage their core (i.e. abdominal muscles) and contract their thigh muscles to support and protect their back

# Two-Person Manual Assist Transfer

9. Care providers assist the person to stand, **shifting their weight** from their back foot to the front foot
10. Care providers **move into a tall standing position** as the person moves up, **maintaining** a wide **base of support**
11. Make sure the person stands and takes the time required to adjust and/or regain their **balance**
12. The **person may now** reach for and **use their walker or cane** if applicable

# Two-Person Manual Assist Transfer

13. Have the person take small steps to step toward the wheelchair and turn and back up towards the wheelchair. Be sure to support of the person's affected knee as needed
14. Ensure the person has backed up far enough so that the back of their legs touch the seat of the wheelchair
15. Have the person reach back and place their hand(s) onto the armrests if possible

# Two-Person Manual Assist Transfer

16. Care providers continue standing beside the person with a wide base of support and **instruct the person to push their buttocks towards the chair** and on the **count of three, gently lower to the seat**
17. Care providers **shift their weight** towards the direction that the person is sitting
18. **Replace wheelchair footrests** and **remove the transfer belt and arm sling** if used. Support arm as recommended in the care plan
19. Have the **person readjust their sitting position** in the wheelchair to ensure good posture. Assist as needed



# Two-Person Manual Assist Transfer

If the person cannot safely complete the transfer with two-person assistance, sit the person back down. A re-assessment by an occupational therapist or physiotherapist may be required to determine if a mechanical lift is indicated



# Follow Guidelines

- The one- and two-person bed to wheelchair transfers described are **only an example of possible methods**
- In all cases, follow the **guidelines** taught in your facility or community program
- Always talk to someone from the **team** if **difficulties** are encountered for either you or the person you are assisting



# Repositioning

- Follow your employer's **guidelines** and the **care plan** for **repositioning** a person in bed, in a wheelchair, or on another surface
- This task can be very **specific** to each person
- Repositioning may require **equipment** such as friction-reducing devices (sliders), a repositioning sling and/or a mechanical lift. It may require one, two, or more staff to complete
- Always practice good body mechanics
- **Always follow the care plan** and talk to someone from the team if difficulties are encountered for either you or the person you are repositioning



# Test Your Knowledge

1. When considering a transfer, what factors should be considered?
  - a. A person's physical abilities (e.g., does the person have weakness or difficulty with motor control)
  - b. The person's height and weight
  - c. A person's fatigue
  - d. The healthcare provider's level of comfort and training in safely moving the person
  - e. All of the above

# Test Your Knowledge

True or false:

2. If necessary, you may lift the person by placing your hands under the shoulder or armpits.
3. Everybody who has had a stroke will use the same transfer method.
4. A two-person manual assist transfer may be required when the person is cooperative but requires greater physical and verbal support.

# Conclusion

- More information regarding stroke and stroke care can be found at [www.strokebestpractices.ca](http://www.strokebestpractices.ca)
- For additional resources visit: <https://www.strokebestpractices.ca/resources/professional-resources>
- Questions and comments can be sent to [strokebestpractices@heartandstroke.ca](mailto:strokebestpractices@heartandstroke.ca)

- The Taking Action for Optimal Community and Long-Term Stroke Care: A Resource for Healthcare Providers (TACLS) and the TACLS Power Point Presentations may be downloaded and printed for personal and/or educational, non-commercial and not-for-profit use only, provided that you do not modify any of the Content or Format and you do not remove or alter any visible or non-visible identification, marks, notices, or disclaimers. You may link to these resources from your website, however, posting/storage of these resources on your website is not permitted (see [Linking Policy](#) for more details). All images in these resources are copyright protected, and may not be reproduced without permission. Please refer to the Heart and Stroke Foundation's (Heart & Stroke) [Copyright Permission Guidelines](#) for further information regarding acceptable use of these resources. To obtain permission to use or copy these, or any other Heart & Stroke resources, please submit your request in writing using this [online form](#).





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