

Simple Lessons Learned: Bariatric Moving & Handling

HME's Clinical Nurse Educator, Helena Brennert has provided the tips below based on her over 12 years experience, where she has developed a wealth of knowledge in moving & handling techniques. Bariatrics is a topic that comes up often and it takes a team approach to ensure safe solutions for all team members & clients. If you have any questions or need assistance, Helena is available and would be pleased to help your team problem solve! Send her an email at:

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The World Health Organization states: Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A crude population measure of obesity is the body mass index (BMI), a person's weight (in kilograms) divided by the square of his or her height (in meters). A person with a BMI of 30 or more is generally considered obese. A person with a BMI equal to or more than 25 is considered overweight.

It is important to note that many main manufacturers of equipment, including power and manual wheelchairs, divide bariatrics into 2 groups,: 350-600lbs or 600-1000lbs. These ratings are based on the tested load limits of their products.







- 1. What can we do to decrease MSI injuries when working with bariatric populations?
 - * It all starts with prevention & correct staffing levels. This includes a risk assessment, risk control, correct equipment, correct furniture, health team consultation, and training/education. Clinical studies indicate that using 'good body mechanics' for manual handling reduces risk but it is not enough, you need the correct equipment.

2. What type of slings have the best success with bariatric populations?

- * First, you need to determine what is the function or task that is going to be preformed (ie. toileting, transfer, repositioning, walking)
- * Second, complete a full client "assessment". Questions to ponder:
 - How much support do they need under their legs or trunk?
 - What is their body shape (ie. apple or pear shaped)?
 - Apple body shapes tend to be better supported in a universal sling
 - Pear body shapes tend to be better supported in a hammock sling, as it has great leg support
- * Another popular sling choice is a hygiene sling. Why? As there is less fabric it makes the sling easier to apply.
- * Remember, there are no set guidelines, trial of different slings is often needed to find the best sling option for a client.
- * HME has variety of bariatric sling options available for trial.



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- * There are 2 parts to this answer: XY Gantry and Re-Positioning Sling.
- * An XY Gantry is a must. A straight rail track will not work because of the pull on and the limitations of the motor. Make sure you check the maximum load for the motor and the track prior to lifting the client.
- * A re-positioing sling is the correct sling to turn, lift, reposition, assist with peri care, and boost the client up in bed. If the client weights under 440 lbs, use the black fabric (Insitu sling). If the client's weight is over 440 lbs, you must use a nylon mesh or polyester fabric which has maximum lifting capacity suitable for the client (always check the label on the sling to verify).
- * An XY Gantry is always a better clinical option over a floor lift as XY Gantry systems have been proven to decrease musculoskeletal injuries.



4. Do I leave a sling under a bariatric client?

* Yes and No. It all comes down to your assessment and fabric you are using.

5. Can we manually lift a bariatric clients' limb?

* It all comes down to safe lifing loads. For example, if your client weights 350lbs, you can assume that one leg weights 56lbs as one leg is approximately 16% of a person's total body weight. Because lifting such a leg exceeds a safe lifting load, health-care workers should use a mechanical lift device and limb (band) sling while performing an activity such as this to off set excessive loading (VHA, 2006)



- * WorkSafe BC;
- * NIOSH (2006);
- * Nelson et al. (2006);
- * Muir et al (2003, 2004, 2007, 2008);

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