

PEROSH Conference Prolonging working life

24-25 november 2024



eUlift+



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Key figures on ergonomics in Belgium



Physical

57%

Stress, Anxiety,
depression

24%

Somatic

19%



Low back pain is the most common musculoskeletal disorder

Sectors with the most
physical complaints
Construction



Care



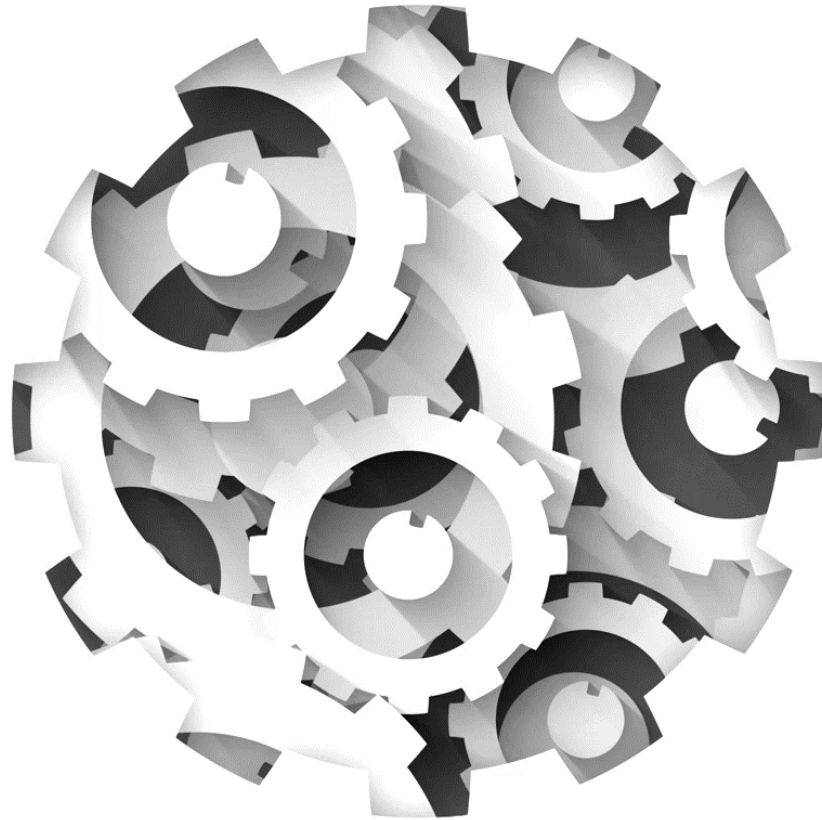
Logistics



Production



eUlift



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BMAT / MK5

Without aids

With aids

Obese patient



PR1

Creating interactive platform

PR2

eUlift+ app

PR3

e-learning

PR4

Learning path

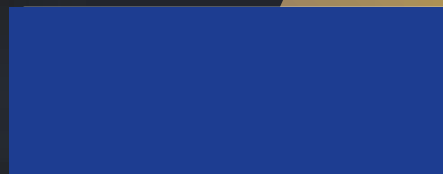
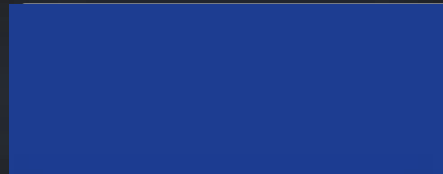
PR5

Tailored training



PR1

Creating interactive platform



Patient handling for caregivers

2024



Goderis, T. & Ollevier, A.
editors eUlift
1-1-2024



- Free download at website
- Accessible at the app



Handbook

Handbook

1. General ergonomics
2. Anatomy and function
3. Biomechanics
4. Pathology and dysfunction
5. Pain education
6. Postures
7. Natural movements
8. Basic postures and movements
9. Care tasks
10. Haptonomy
11. Clients with obesity
12. Patient transfer and skin care

Body type	Apple	
Fat concentration	Around the belly	
Characteristics	• The belly is usually hard • Waist circumference is larger than hip circumference • Knees and hips follow normal movement • Center of gravity is more at the front (risk of falling when bending forward)	
Names	Ascites distribution	Pannus distribution
Characteristics	• Fat tissue: behind abdominal muscles • Belly is hard • Skin is tense • Respiratory problems in lying • Trunk flexion more difficult	• Fat tissue: for abdominal muscles • Belly hangs • Skin less tense • Fewer breathing problems when lying down • Trunk flexion easier

Right picture eUlift).

rd
on the hip circumference
tion
hs

Body types

In addition to the classification based on BMI and Mobility Class, the box choice of the safest way to move and care for the obese person. Broadly body types, the apple and pear type. If the largest fat mass is around the 'apple', which in turn can be subdivided into two subtypes: the ascites d distribution (Figure 3). With a 'pear' the concentration of fat is somewhere in the legs. Here too we distinguish two subtypes: the abducted distribu distribution (Figure 4).

By the way, heavy people usually don't really have a pure pear or apple: mixture of both. The weight distribution has consequences for, among o the obese client stands up. Someone with the 'pear' body type can bring ('Vorlage'), and then stand up calmly and stably. If someone with the 'a would fall over. The stand-up speed and stability are not fundamentally types. It is important that obese people have their own way of exercisin also possible within the classifications 'apple' and 'pear'. Obese people c way that non-obese people can. So start from your own way of getting u between people with an apple or pear shape in terms of the type of sling transferring with a passive lift. Pear shaped individuals usually require a leg support. If there is an apple shape, an XXL sling is often sufficient. So the legs in the longitudinal direction is needed.

Figure 3: Body type apple (copyright picture eLift).

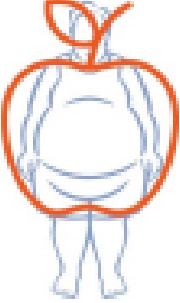
	Body type	Apple
	Fat concentration	Around the belly
	Characteristics	• The belly is usually hard • Waist circumference is 13 cm • Knees and hips follow no • Center of gravity is more falling when bending for
	Types	Ascites distribution
	Characteristics	• Fat tissue: behind abdominal muscles • Belly is hard • Skin is tense • Respiratory problem lying • Trunk flexion difficult

Figure 4: Body type pear (copyright picture eLift).

	Body type	Pear
	Fat concentration	Around the hips and the legs
	Characteristics	• Belly is usually not very big and hard • The waist circumference is smaller • The legs are often less able to b
	Types	Abducted distribution
	Characteristics	• Fat tissue: inner legs • Legs are spread in standing and sitting (abduction)

Practical Guidelines Physical Load

If we know which MKS Mobility Class the person with for Physical Load (Hignett, S., et al, 2014) to roughly to prevent physical overload for caregivers.

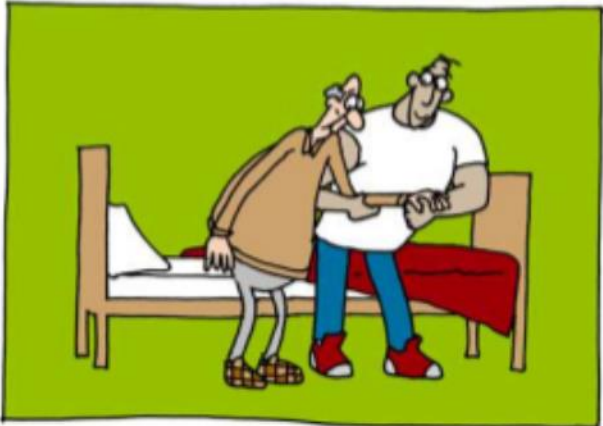
Mobility class A concerns a fully active client independently. It is important to start with the body type (pear versus apple). For more or less independently. Keep in mind the obese client. Someone with sufficient trunk balance, therefore uses a stand within the limits, as an electrically that the aids client is more. This

But no matter how concrete these two examples are, always support them non-verbally. For example, grab the parrot yourself while saying "Would you like to grab the parrot?" and place the hands on the client's shins while saying "Do you want to put your feet under the chair?".

Nevertheless, it can happen that you lose contact, for example because a colleague comes in. Then you start making contact again. This applies to all clients, but to an even greater extent for clients who have neurological problems, memory problems or poor vision. If these types of clients don't see you for a while, for example because you walked to the sink or to the door, they can be very confusing, for example. In this case, you can use the following strategies:



Copyright picture: Auke Herrema



hirtelen mozdulatok óriási túlterhelést okozhatnak a mozgásszervi rendszerben. Előfordulhat amikor befejeztük a számolást, a beteg még nem tudta elindítani a mozgást. Vagy azért, mert fájdalmai



PR2

eUlift+ app



Partners:

Co-funded by the Erasmus+ Programme of the European Union

Assess Patient Mobility

Banner mobility tool 2.0

MK5 (Mobility Classes Knibbe)

Replacement decision diagram KM5

Level 1
Max. Assist

Sit and shake

Level 2
Mod. Assist

Stretch

Level 3
Mod. Assist

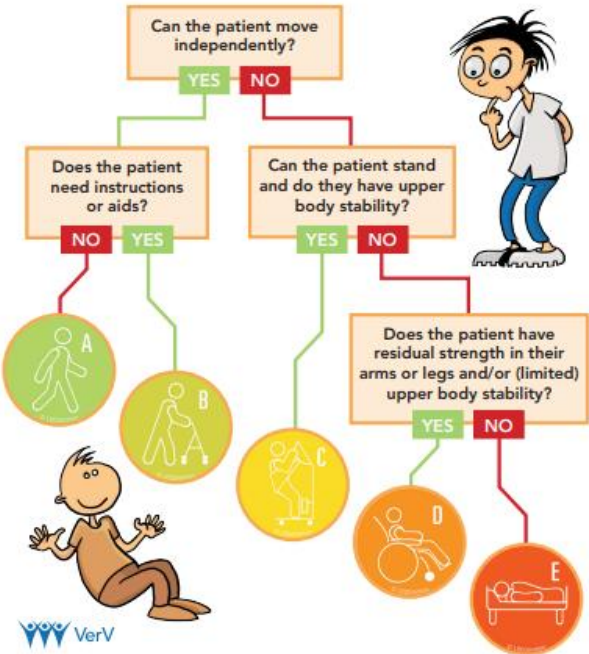
Stand

Level 4
Min. Assist

Step

Level 4+
Min. Assist

Discharge



eUlift app

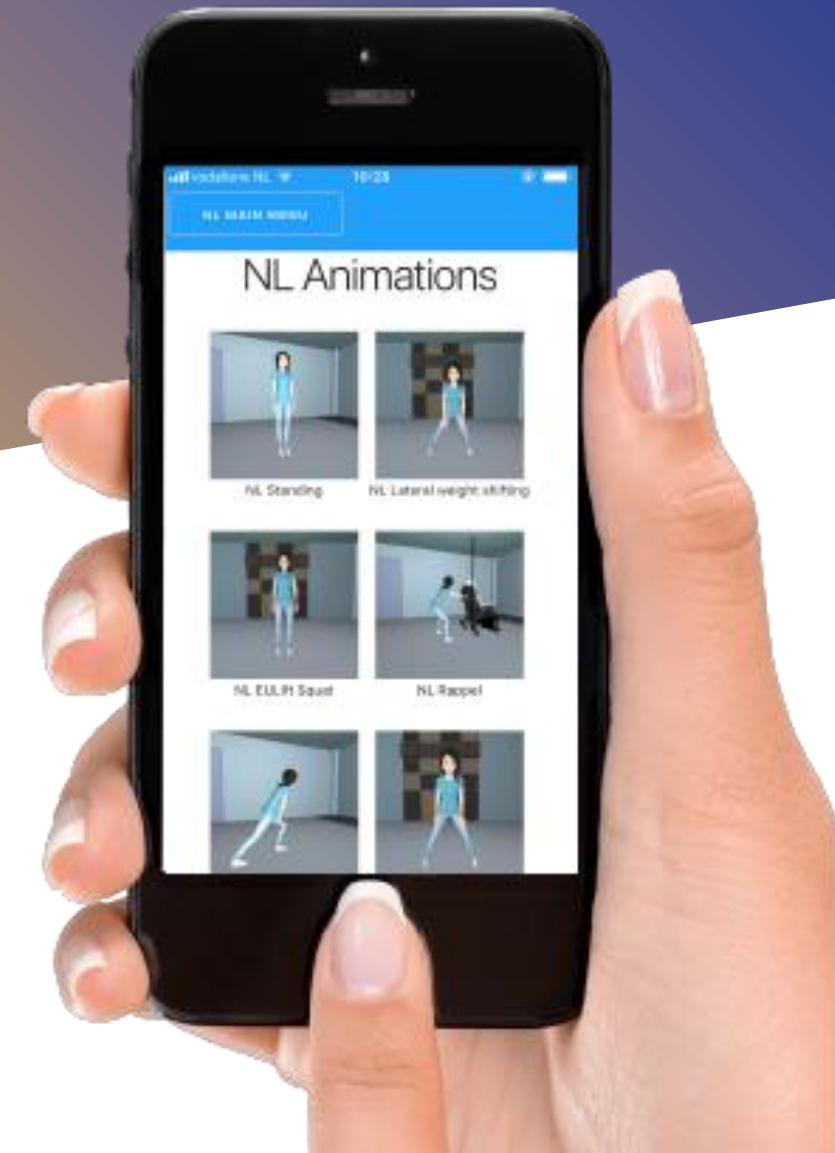
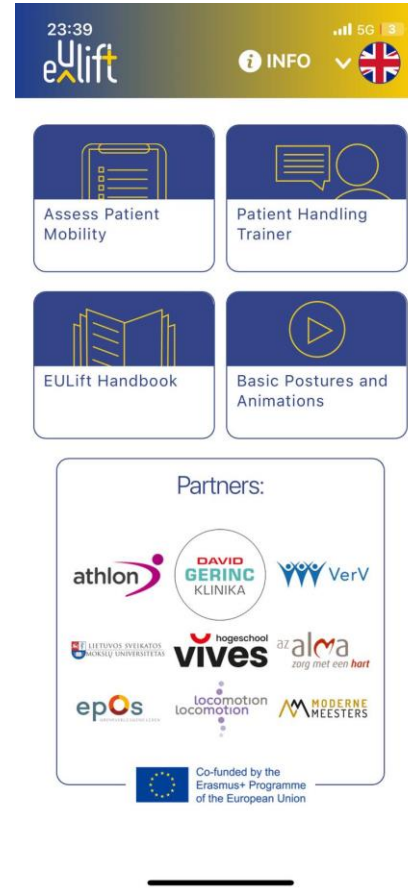
#0: Assess Patient Mobility

#1: Choose BMAT or MK5

#2: Define the mobility of your client (1-4 or ABCDE)

#3: Select the transfer

#4: Watch the transfer in 3D on your phone



Overview 3D-animations

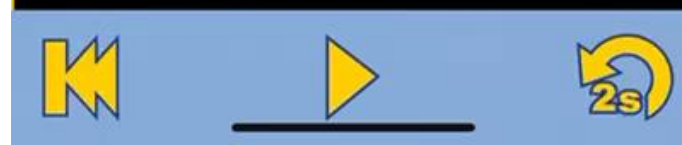
BMAT / MK5

Without aids

With aids

Obese patient

 Higher in seating position (in (wheel)chair)	E			D			C			B			A					
	z	H	O	z	H	O	z	H	O	z	H	O	z	H	O			
 From sit to stand	E			D			C			B			A					
							z	H	O	z	H	O	z	H	O			
 From sit to sit	E			D			C			B			A					
							z	H	O	z	H	O	z	H	O			
 From sitting to lying	E			D			C			B			A					
							z	H	O	FAQ	z	H	O	FAQ	z	H	O	FAQ
 Rolling from back to side lying	E			D			C			B			A					
	z	H	O	z	H	O	z	H	O	z	H	O	z	H	O			
 Higher in bed	E			D			C			B			A					
	z	H	O	z	H	O	z	H	O	z	H	O	z	H	O			
 From stand to sit	E			D			C			B			A					
							z	H	O	z	H	O	z	H	O			
 From lying to sitting on the edge of the bed	E			D			C			B			A					
							z	H	O	z	H	O	z	H	O			





PR3

e-learning

Assessment tools provided by eUlift:

1

BMAT

2

MK5



3

TilThermometer

4

BMI40+
Facility Check

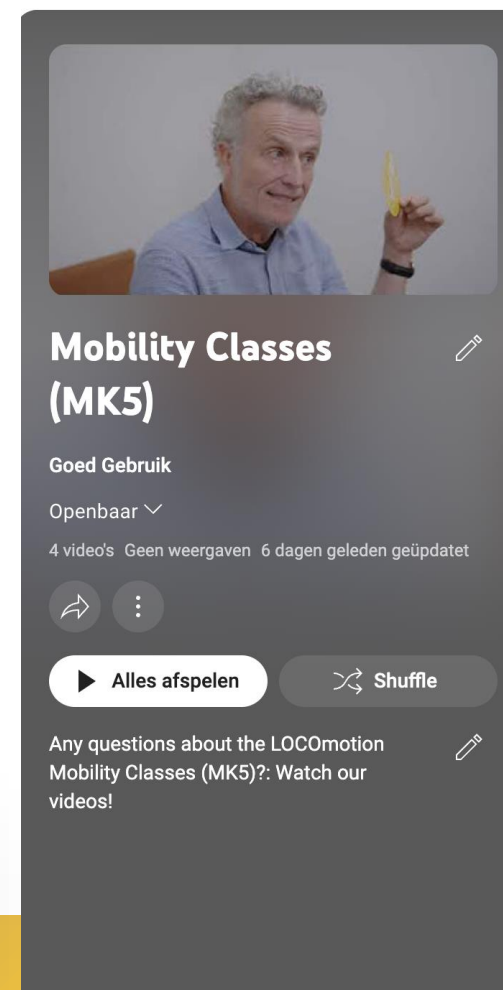
eUlift+



Find MK5 instruction video's (English and Dutch):
<https://eulift-app.com/train-de-trainer/>



Mobility Levels (MK5)



TilThermometer



Explanation of the Mobility classes



Steps

Basic information

1. Transfers within the limits of the bed/stretcher and horizontal transfers
2. Transfers from and to bed, (wheel)chair, etc.
3. Putting compression stockings on and off
4. Showering, washing, caring for and bathing a client who is sitting
5. Showering, washing, caring for and bathing a client who is lying down
6. The number of tools available (not for home care)

Your results

2. Transfers from and to bed, (wheel)chair, etc.

Guideline: If the client needs help with getting in and out of bed or (wheel)chair, equipment such as an active or standing lift (provided the client has a stable shoulder and torso, understands the action and some support function in one or two legs), passive lift or ceiling lift. Some of this equipment can also improve the self-reliance of the client, if used properly.

Number of clients per mobility class

A	0	B	0	C	0	D	0	E	0
---	---	---	---	---	---	---	---	---	---

Number of clients where a standing lift is used

A	0	B	0	C	0	D	0	E	0
---	---	---	---	---	---	---	---	---	---

Number of clients where a passive lift is used

A	0	B	0	C	0	D	0	E	0
---	---	---	---	---	---	---	---	---	---

Next step >



Assesse with www.tilthermometer.com

BMI 40+ Facility Check

Download the BMI40+ Facility Check

Download the BMI40+ Facility Check in your favorite language by clicking the button below.

[ENGLISH >](#)[DUTCH >](#)[HUNGARIAN >](#)[SPANISH >](#)

www.eUlift-app.com

BMI40+ Facility Check

Is your healthcare organization ready to provide care for obese individuals?



5 Sliding sheets

- Are the sliding sheets wide enough for transfers within the boundaries of the bed? The sliding sheet must be much wider than the obese person. It must extend out well beyond the sides of the obese person.

☐ Yes ☐ No ☐ N/A

- Does the sliding sheet consist of at least two layers? This can be two separate sheets, or a double-layer/tube style.

☐ Yes ☐ No ☐ N/A

Chairs

Is the maximum weight capacity of the seats sufficient? Consider wheelchairs, toilet chairs, shower chairs, chairs in the waiting areas, examination chairs, etc.

☐ Yes ☐ No

Are the chairs wide enough that the buttocks do not get stuck between the armrests?

☐ Yes ☐ No

Are the armrests strong enough to support the person when putting their weight on them to stand up?

☐ Yes ☐ No

Are the wheelchairs adjustable, based on body type (apple, pear)?

☐ Yes ☐ No

If the chairs are not powered, is no more than 20–25 kilograms of force required to move them manually?

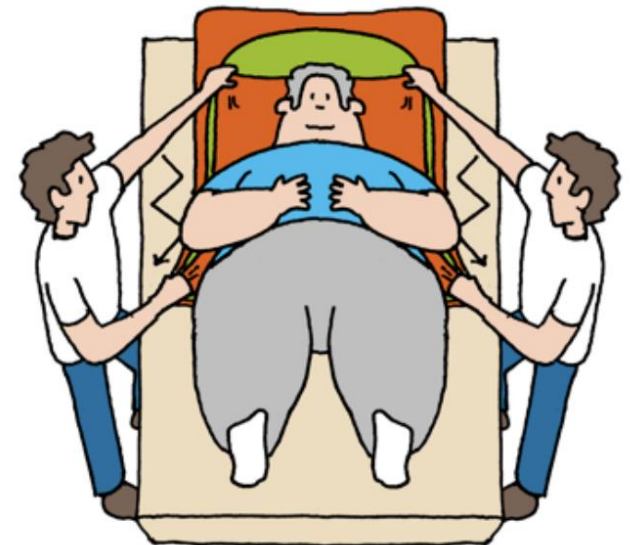
☐ Yes ☐ No



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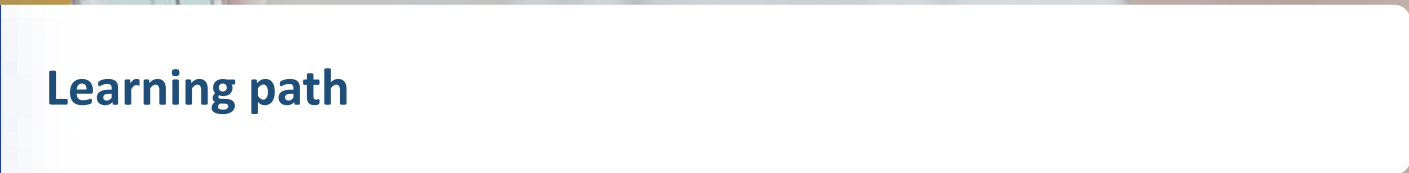
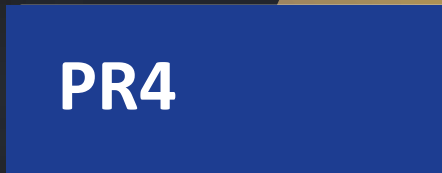


Copyright image: eUlift



Copyright image: Locomotion

BMI40+ Facility Check



1 Basic biomechanics

- 1.1 Introduction ☐
- 1.2 Intervertebral disc when moving ☐
- 1.3 Forces on the lumbar vertebrae ☐
- 1.4 Exercise ☒

Exercise



0/6

evenly

backwards

torsion

forward

increases

turning

When bending forward, the space in the front of the vertebrae decreases. The core moves , increasing the tension on the back. When bending backwards, the space at the rear of the vertebrae becomes smaller. The nucleus moves so that the tension at the front

Learning path

Keypoints

1

Full training in safe patient handling

2

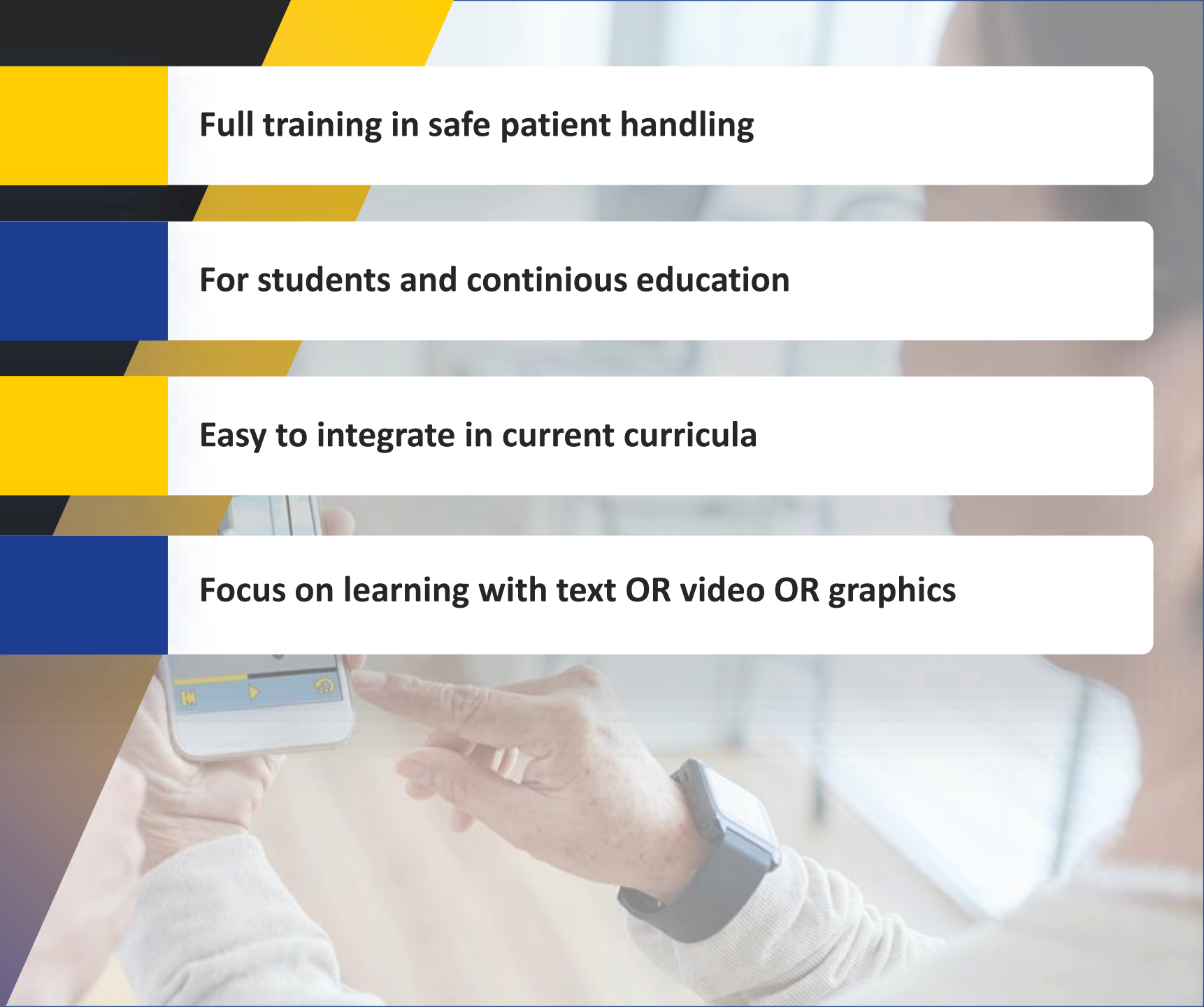
For students and continuous education

3

Easy to integrate in current curricula

4

Focus on learning with text OR video OR graphics





PR 5 / tailored training / FAQ's



Tildoek aanbrengen in lig
Patiënt mobiliteitsklasse D



Obese zorgvrager

Lig naar zit MK C

Questions?

Thank you for your attention

athlon

az alma
zorg met een hart

DAVID
GERINCKLINIKA

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locomotion

VerV

MODERNE
Meesters
RECLAMEBUREAU
hogeschool

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