

This is based on our team's personal experiences providing home care services for patients with Parkinson's disease.

Individuals with mid to late-stage Parkinson's often need hands-on assistance for moving between beds, chairs, and toilets due to symptoms like muscle rigidity, balance problems, and freezing. Safe transfer techniques – combined with assistive devices – can protect both the person with PD and their caregiver from falls or injury. Below is a structured guide to common transfer scenarios, recommended devices, and best practices (drawn from expert physical therapy and Parkinson's organization guidelines) to ensure safety and dignity during transfers.

General Safety Principles for Transfers

- **Prepare the Environment:** Before any transfer, clear the area of hazards. Remove loose rugs or clutter that could cause tripping or slipping, and ensure floors are dry
 - Position the wheelchair or target seat as close as possible to where the person is transferring *to reduce the distance and effort required*
 - Always **lock wheelchair brakes** and flip up or remove footrests before moving the person
 - If one side of the person's body is stronger, **position the wheelchair on their stronger side** so they can lead with that side during the pivot
 - Good lighting can also help prevent missteps.
 - **Communication and Planning:** Explain each step of the transfer to your loved one **before and during the move**
 - Agree on a plan and use a countdown (e.g., "Ready, 1-2-3-stand") so you both move in sync
 - Encourage the person to do as much as they are able – they should contribute effort by pushing off surfaces or using their legs if possible, rather than you doing all the work
 - This not only makes the transfer easier but also preserves the person's mobility skills.
 - **Proper Body Mechanics for Caregivers:** Protect yourself from strain by using the **correct lifting technique**. Bend at your knees and hips (as if doing a squat) and lift with your leg muscles **instead of your back**
- . Keep your back straight and your core (abdominal) muscles engaged for support

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- . **Position your feet apart** (shoulder-width or wider) with one foot slightly ahead of the other to maintain balance.
- . Stay as **close to the person's body** as you can while lifting or pivoting – holding them close reduces leverage on your back.
- . Never twist your torso while holding the person; **pivot your feet** to turn your whole body instead of twisting your spine.
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- **Avoid Pulling on the Person's Arms or Shoulders: Never lift by grabbing under a person's arms** – this can cause pain or injury to their shoulders
- . Instead, **hold around their torso/hips or use a gait belt** (transfer belt) for a secure grip.
- . A gait belt, snugly fastened around the person's waist, gives you a safer handhold and better control than pulling on limbs.
- . Similarly, **do not let the person pull on your neck or shoulders** during the transfer, which can hurt you both; they should push off the bed or chair or use grab bars for support.
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- **Use Two-Person Assist or Devices When Needed:** Know your limits and the person's abilities. Generally, one caregiver alone should **not attempt to lift more than about 35 lb (16 kg) of a person's weight** during a transfer

. If the individual is very heavy or cannot assist at all, use a mechanical lift or get a second helper to prevent injury. Always have any needed equipment (gait belt, lift, etc.) ready *before* starting the transfer.

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- **Proper Footwear:** Have the person wear shoes with non-slip soles or grippy socks whenever possible

. This gives them better traction when they stand and helps prevent feet from sliding during the transfer. Ensure their feet (and any mobility aid like a walker) are positioned securely before they attempt to stand.

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- **Go Slow and Prevent Falls:** Don't rush a transfer. Move in stages (e.g., from lying to sitting, then pausing, then to standing) so the person can get their balance. If the person tends to experience *freezing* (suddenly feeling "stuck"), be patient and use short verbal cues or a gentle rocking count ("nose over toes...1-2-3 stand") to help initiate movement

. If the person starts to lose balance or a fall is imminent, **do not try to catch them by straining your back**. Instead, **guide them down to a safe surface** (the bed, chair, or floor) while protecting their head.

. It's often safer to ease them to the floor than to risk a hard fall or injure yourself. After any fall, check for injuries and get help if needed; Parkinson's experts recommend having a plan in place for safe fall recovery (ideally practiced with a physical therapist ahead of time)

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Assistive Devices to Facilitate Transfers

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Using assistive devices can make transfers much safer and easier for both the person with PD and the caregiver. Common transfer aids include:

- **Gait Belts (Transfer Belts):** A **gait belt** is a sturdy belt that wraps around the person's waist, giving caregivers a secure handle to hold during transfers
- Many gait belts have sewn-in handles for multiple grip options. By holding the belt, you can support the person's weight at their center of mass and **prevent sudden slips without grabbing arms** or clothing
- The belt should be snug (below the ribcage, above the hips) and you should grip it from underneath during the lift. Parkinson's organizations strongly encourage using transfer belts for anyone who cannot stand fully independently, as they make **assisting much safer for both parties** (*Note: Avoid using a gait belt if the person has severe abdominal surgery or feeding tubes, etc., unless cleared by a professional.*)
- **Transfer Boards (Sliding Boards):** A **transfer board** is a flat board (often wood or plastic) that **bridges two surfaces**, allowing a person to slide from one to the other in a seated position. For example, to go from bed to wheelchair, one end of the board is placed under the person's buttocks and the other end on the wheelchair seat. With the caregiver's help (and often using a gait belt), the person slides across the board rather than taking steps. Transfer boards are very useful if the person **cannot bear weight on their legs** but has some upper-body strength or if space is too tight for a lift
- Always ensure the board is well-placed (to avoid slipping out) and **have the patient lean away from the board** during the slide to reduce pinching. *Tip: Use a transfer board in conjunction with a gait belt for optimal safety.* It typically requires two people to assist if the person cannot aid the transfer themselves

rehab specialists or therapists can train you on proper slide board techniques.

- **Mechanical Lifts:** For individuals who are very weak, immobile, or heavy, **powered or manual patient lifts** (often called "Hoyer lifts" or sling lifts) can do the heavy lifting for you. These devices use a sling under the person and a hydraulic or electric hoist to lift them from the bed and lower them into a wheelchair, or vice versa. There are also **stand-assist lifts** (e.g., Sara Lift, Sit-to-Stand lifts) that help raise a person who has some weight-bearing ability to a standing position with support
- Mechanical lifts **dramatically reduce strain on caregivers** and are the safest way to transfer someone who cannot reliably support themselves. Ensure you are trained in using the specific lift and always check that **straps, slings, and hooks are in good condition** before use

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- While using a lift can feel involved, it prevents accidents that could occur with manual lifting. Many models are portable on wheels and can be used for bed-to-chair, chair-to-toilet, or even floor recovery transfers. *(If obtaining a lift, consult a healthcare provider; insurance may cover these devices in some cases)*
 - **Grab Bars and Handrails:** **Grab bars** are fixed safety rails that can be installed in key locations like next to the toilet, in the shower/tub, or alongside the bed. They provide a secure place for the person with PD to hold or push against during a transfer. For example, in the bathroom, **wall-mounted grab bars by the toilet** can help the person pivot and sit down with support from their arms
 - Caregivers should encourage the person to hold the grab bar (or armrests) instead of clinging to the caregiver during the final descent onto a seat
 - When installing grab bars, make sure to **attach them firmly to wall studs** with screws – suction-cup bars are not reliable and can give way
 - In the toilet area, a **toilet safety frame** (which is like a small railing that fits around the toilet) can also provide handles to push up from or lower down to. In the bedroom, a **bed rail or transfer handle** can help with adjusting position or starting to stand. Grab bars significantly **reduce fall risk in bathrooms**, which are high-risk areas for Parkinson's patients
 - **Raised Toilet Seats and Chairs:** A common modification for PD patients is using an **elevated (raised) toilet seat** or a 3-in-1 commode over the toilet. By adding height to the toilet, the person does not have to bend down as far to sit or stand up, making the transfer easier and safer
 - Many raised toilet seats come with armrests/handles as well. Similarly, ensure the person's **chairs are at an appropriate height** – low, soft couches can be very difficult to get out of. Use chairs with firm cushions or add risers under furniture legs if needed so that when seated, the person's hips are at or above knee level (easier for standing)
- Lift chairs** (recliners that mechanically lift up) are another device that can gently boost a person to a standing position, though they are more for independent use.
- **Others:** There are numerous other assistive tools that can help with transfers and mobility. A few examples include:
 - **pivot discs** (a circular turntable placed under the feet to help a caregiver swivel a person during a pivot transfer)
 - **swivel cushions** (for easier car transfers)

- **transfer poles** (tension-mounted poles that provide a vertical grab bar in any room).
- Walkers (especially Parkinson 's-specific walkers like U-Step) are crucial for mobility between transfers but should be used with caution during the actual lift/pivot (often the caregiver holds the person, not the walker, during the critical part of the transfer). Always choose devices appropriate to the individual's needs and **have a therapist train you** in their use. Regularly inspect equipment for wear and tear (frayed belts, loose screws) and replace as needed to maintain safety

Step-by-Step Transfer Techniques

Below are step-by-step instructions for three of the most common and challenging transfers: **bed to wheelchair**, **wheelchair (chair) to toilet**, and **assisted standing/sitting**. Each is assumed to involve a caregiver's help. *Before each transfer, always explain what will happen and ensure the person is ready and wearing safe footwear.* Use a gait belt on the person if they need significant support.

Bed to Wheelchair Transfer (Pivot Transfer)

Helping someone from lying in bed to sitting in a wheelchair is a multi-step process. The goal is to move them from the bed to the wheelchair **without twisting or sudden movements**, usually by first sitting them up, and then performing a controlled pivot transfer. Here's how to do it safely:

1. **Preparation:** Position the wheelchair close to the bed at a **45-degree angle or parallel**, on the side of the bed corresponding to the person's stronger side if applicable
2. **Lock the wheelchair brakes** and flip up or remove the footrests so they're not in the way
3. Ensure the bed is at an appropriate height (if adjustable, lower the bed so the person's feet will reach the floor when sitting)
4. Have the **gait belt** on the person if you'll be using one. Also, help them put on their shoes or non-slip socks before getting up
5. **Assist to Sitting Position:** If the person is lying down, help them **roll to their side facing you** (toward the wheelchair side)
6. Stand at their side, and place one arm under their upper back/shoulders and the other arm under their thighs or behind their knees
7. Ask the person to help, if they can, by swinging their legs off the bed. In one smooth motion, **swing their legs off the edge of the bed** while using your other arm to raise their upper body, pivoting them to a sitting position at the edge of the bed

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8. (Using the momentum of the legs can assist in bringing the torso upright.) Allow them to sit for a moment to ensure they are not dizzy. **Scoot them to the edge of the bed**, so their feet are firmly on the floor
9. **Pre-Transfer Positioning: Apply the gait belt** snugly around the waist (below the ribs, above the hips) if not already on
 1. Spread your feet shoulder-width apart and position yourself close to the person. If they have one leg weaker, you may want to **block that knee**: place your own knee in front of their weaker knee to prevent it from buckling when they stand.
 2. The person's feet should be about shoulder-width apart, slightly back under the bed for a strong base. Have them **place their hands on the bed** or on your forearms (NOT around your neck) for balance, or on the arm of the wheelchair if reachable.
 3. You in turn should either **grasp the gait belt** from the front or reach your arms around their back to grab the belt or clasp your hands around their mid-back
 4. Keep your back straight and **bend your knees** so you are in a slight squat, ready to lift.
10. **Standing Up:** Communicate that you'll stand on the count of three. As you count "1-2-3," the person should lean forward ("nose over toes") and push down through their feet and hands if possible
11. At the same time, using your legs (not your back), **lift them up into a standing position** by straightening your knees.
12. **Keep them close to you** (their torso against yours) as you stand up together. If they are able, they can help by pushing off the bed with their hands. Continue to hold the gait belt for stability. *(If at any point the person starts to fall, guide them back down to the bed or onto your thigh, and **do not strain your back** – reset and try again.)*
13. **Pivoting to the Wheelchair:** Once the person is upright and stable, **pivot together toward the wheelchair**. Keep your hands on the gait belt and **take small steps**, turning your whole body (not twisting your back) so that the person's back is toward the wheelchair
 1. A pivot is often done by "stepping around" in a semicircle. Aim to position them so the **back of their legs lightly touch the wheelchair seat**. (Always pivot **toward their stronger side** if they have one – i.e., they turn toward the wheelchair using the stronger leg as the lead

14. **Sitting Down in the Wheelchair:** Once aligned, instruct the person to reach back for the wheelchair armrests if they can. Then, **lower them into the wheelchair seat in a controlled manner.** To do this, the caregiver bends their knees and hips (squatting down) while maintaining a hold on the gait belt, and the person bends their knees and leans forward as they descend
 1. **Use your legs to ease them down;** shift your weight from your back leg to your front leg as you gently lower the person onto the seat.
 2. The person should aim to land with their hips as far back in the seat as possible. Make sure **not to let go** until they are fully seated and balanced.
15. **Follow-up:** Ensure the person's **buttocks are all the way back in the chair and they are sitting upright.** Reattach the wheelchair's footrests and place the person's feet on them, or have them reposition their feet securely on the footplates. Reattach the wheelchair armrest if you removed it for the transfer. Finally, **unlock the wheelchair only once the transfer is complete and the person is safely positioned**

Tips: Throughout the transfer, keep talking to the person ("How are you doing? Almost there, now let's turn slowly...") to gauge their comfort. If they have a freezing episode when initiating the stand or turn, pause and use a cue (like "let's rock once and then stand on 3") or gently shift weight to help them start. Remember to maintain good body mechanics—if you feel off balance, pause and reposition rather than risk a sudden move. With practice, the stand-pivot transfer can be done smoothly in one continuous flow (sit-to-stand, pivot, stand-to-sit). Consider practicing with a physical therapist if you're unsure of the technique.

Wheelchair (Chair) to Toilet Transfer (Bathroom Transfer)

Transfers to the toilet can be challenging because bathrooms are tight spaces and involve additional steps (like managing clothing). Planning and using proper techniques will maintain safety **and** the person's dignity. There are two main scenarios: if the wheelchair fits into the bathroom vs. if it doesn't. We'll describe the ideal case (wheelchair fits beside the toilet), and note adjustments if it cannot fit through the door. This example assumes the person can do a **stand-pivot** transfer with help. (If the person cannot stand at all, a bedside commode or mechanical lift may be necessary instead.)

1. **Bathroom Setup: Remove any rugs or floor clutter** in the bathroom beforehand to prevent tripping. Make sure the toilet is ready (lid up, toilet seat down) and any needed grab bars or toilet riser are in place.

2. If possible, **position the wheelchair inside the bathroom at a 90° angle to the toilet** – close enough that there's just room for the person to stand and pivot to the seat.
3. The wheelchair should be parallel to the toilet or at a slight angle, with the wheelchair's **front facing the side of the toilet**. If the person has a weaker side, place the side **closest to you (the caregiver)** and the stronger side closer to the toilet, so you can support the weaker side during the pivot.
4. **Lock the wheelchair brakes.** Ensure the path to the toilet is clear (e.g., shower doors open, trash can moved). If space is extremely tight, you might have to keep the wheelchair outside and do a short walk-in transfer (explained below).
5. **Prepare the Person:** Apply the **gait belt** around the person's waist (under any jacket or clothing) if needed
 1. Before standing, **undo or adjust clothing** that might get in the way. For example, unbuckle belts or unbutton pants while the person is still seated in the wheelchair (this is easier than when standing)
 2. You don't need to lower your garments yet; just make sure they're unfastened. Have the person **scoot to the edge of the wheelchair seat** and position their feet slightly under them, about shoulder-width apart.
 3. Their feet should be flat on the floor, aligned under their knees (you might mark optimal foot spots on the floor with colored tape for consistency, as Parkinson's Foundation suggests). If the wheelchair has removable armrests and it helps, you can take off the armrest on the side next to the toilet to free up space.
6. **Body Position and Stance:** You (the caregiver) should stand in front of the person, as close as possible. Keep your knees bent and back straight
7. **Secure your grip:** either hug your arms around the person's torso under their arms (grasping the gait belt from the back) or hold the belt from the front with both hands. Make sure the person's **feet are in a stable position** and their shoes are not slipping. If their legs are weak, you can brace their knees with your own knees (especially the outer leg) to prevent them from collapsing when the weight comes on them.
8. **Standing Up from Wheelchair:** On the agreed cue ("1-2-3-up"), help the person **rise to standing**. They should lean forward ("nose over toes") and push up from the wheelchair's armrests if available (or the seat) with their hands. Simultaneously, using the gait belt and your legs, lift and guide them up.

9. **Block their knees** with yours if needed to give their legs support while standing.. Importantly, **do not allow them to pull on you** (avoid them grabbing your neck or shoulders); having them push off the wheelchair or reach for a grab bar is safer. . Once upright, ensure they have their balance. (This is essentially a sit-to-stand – see the next section for more tips on that.)
10. **Pivot Toward the Toilet:** With the person standing, **pivot together in small steps** until the person is positioned in front of the toilet. If the wheelchair was at a right angle to the toilet, you will likely turn about 90°. Guide them to **take tiny steps and turn** – you can instruct “Let’s turn slowly” while you rotate their body toward the toilet
 1. Stay facing the person and move your own feet – don’t twist your back. As you pivot, **back the person up until they feel the toilet seat/commode against the back of their legs**
 2. (If you had to start outside the bathroom: you would stand the person up just outside the door, then sidestep with them a few paces into the bathroom until in front of the toilet.
 3. Keep your hand on the gait belt and your other arm around them for support during those steps. Then proceed with the pivot as above, turning 180° to get them facing away from the toilet.)
11. **Lowering Onto the Toilet:** Once the backs of the person’s knees touch the toilet, it’s time to sit down. **Quickly ensure pants/undergarments are lowered** to an appropriate level before sitting (to avoid a mess or having to stand again). You can do this either:
 1. **just before the descent**, using one hand to tug down the clothing while the other hand holds the gait belt securely
 2. have the person hold a grab bar for balance while you briefly use both hands to lower their garments to thigh or knee level. (This step requires some discretion and will depend on the person’s ability to stand momentarily. If possible, having a second caregiver assist with clothing can be helpful.) After clothing is out of the way, **resume a firm two-hand grip on the gait belt**
12. Instruct the person to reach back for the toilet seat or grab bar. Then **bend your knees and lower the person straight down onto the toilet** as they bend their knees and hips to sit.
13. Have them **lean forward a bit while sitting down** – this helps avoid a backward fall and also makes space if you are helping with clothing. Make sure you keep your back straight and lower with your legs (like a squat) as the person sits.

14. **Do not let them collapse down**; guide them until they are fully seated on the toilet. If available, encourage them to **hold onto a grab bar or the toilet's handrails** during the descent for extra support.
15. **Positioning and Safety on the Toilet:** Once seated, ensure the person is **steady and comfortable**. If they use a safety frame or grab bars, make sure their hands are within reach to help them balance while on the toilet. For privacy or dignity, you can step out briefly if it's safe to do so, but stay close enough to hear if they call. (Never leave someone who is very unstable unattended on a toilet; if you must step away, make sure they have an emergency call device or are secure.)
16. **Transferring Off the Toilet:** When the person is ready to get up, essentially **reverse the process**. Make sure clothing is out of the way or on properly before standing (e.g., ensure pants are not tangling their feet). Lock the wheelchair and position it (if it was moved) or have it still in place. Help the person **stand up from the toilet** by using the gait belt and having them push up from the toilet seat or grab bar. Often toilets are lower than chairs, so this may actually be a bit more effort – the use of a raised toilet seat can reduce that strain
17. As they stand, **pull up clothing** (you might pause with them in a standing position holding a grab bar while you raise their pants). Then pivot back to the wheelchair and **slowly sit them down into it**, just as described in the bed-to-wheelchair steps. Make sure to **keep the wheelchair close** – ideally, position it beforehand at the angle they stood up from for an easy pivot back. *Special Notes:* Bathroom transfers can be made safer with equipment: consider an **elevated toilet seat** with arm supports, and definitely install **grab bars** if you haven't already
18. If the person has very poor balance or you're finding pivot transfers too risky, a **commode chair** (a chair with a toilet opening) that can be wheeled over the toilet might be used – you would transfer the person onto the commode chair outside the bathroom where there's more space, then roll them over the toilet. For nighttime needs, a **bedside commode** can reduce trips to the bathroom.
19. Always prioritize safety and modesty: plan ahead so clothes are managed with minimal exposure and the person doesn't feel rushed or embarrassed. Using a **bathrobe or blanket** over the lap during transfers can preserve dignity. Lastly, **never leave the person unattended on the toilet unless you are sure they won't fall** – many falls happen when individuals try to get up alone. Communicate clearly ("I'm right here, let me know when you're ready to get up") so they don't attempt it themselves out of urgency.

Assisted Sit-to-Stand and Stand-to-Sit (Chair Transfers)

Standing up from a chair and sitting down may seem simple, but for someone with Parkinson's, it can be a complex transfer, often requiring cues and assistance. *Retropulsion* (tendency to fall backward) can occur when sitting down, and *freezing* can hinder initiating a stand. Caregivers can use several techniques to make standing and sitting safer:

- **Choose the Right Chair:** Whenever possible, have the person use a **sturdy chair with armrests and a firm seat** for easier transfers

. Avoid chairs that are too low, too soft (like plush sofas), or unstable rocking/swivel chairs. A higher seat means they don't have to bend as deeply to stand. If the only available seat is low or soft, adding a firm cushion can increase height and stability. Ensure the chair is **against a wall or otherwise can't slide** backward as they attempt to stand. Lock any wheels on the chair.

- **Scoot to the Edge:** Before standing, ask the person to **shuffle their hips forward to the edge of the chair**

. This positions their center of gravity forward and places their feet directly under their body. You might have to help lift them forward or rock them gently to gain momentum. Check that **both feet are flat on the floor**, about shoulder-width apart, and **slightly behind the knees** (so that when they lean forward, their weight goes through their feet)

. You may literally cue: "Bring your bottom to the edge and tuck your feet back a little."

- **Nose Over Toes:** Use simple verbal cues to guide the motion. One common cue is "*nose over toes*", meaning have the person **lean their upper body forward, bringing their nose in line with their toes** when seated

. This forward lean is critical – it shifts weight onto the feet. People with PD might need an external cue to overcome hesitancy or freezing; telling them "Now lean forward, nose over toes" provides a target. You can even place your hand in front of them and have them try to touch their nose to your hand as a cue.

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- **Push from Armrests:** Instruct the person to **place their hands on the armrests of the chair (or on their knees if no armrests)**. To initiate standing, they should **push down through their arms** to help lift their torso, *not* pull on the caregiver

. If you are assisting, stand in front of them with a gait belt on them, and **assist by lifting at their waist** or belt. Avoid yanking on their arms – you might steady their arms or shoulders but do not pull them up by the hands. The person's **head and shoulders should come forward (nose over toes)** as **the hips and bottom rise** out of the chair.

- **Standing Up (with assistance):** If the person needs help to come to a full stand, use the gait belt and your proper body mechanics. Count “1-2-3” and on “3,” they push with legs and arms while you **lift with the gait belt** from a squatting position. **Keep your knees bent and back straight** as you help them up

. You can **brace their knees** with your own knees to prevent buckling if they have weakness. Continue to support them until they are fully upright and balanced. Encourage them to straighten their hips and stand tall once up (people with PD often remain stooped – gentle encouragement to stand straight can help). **Do not let them flop forward or backward** – keep a firm grip until they're steady.

- **Sitting Down:** When helping someone sit, the key is a **slow, controlled descent**. Position the person so the **backs of their legs touch the chair** – this ensures they are directly in front of the seat and at the correct distance

. Remind them to **reach for the armrests** or seat of the chair with their hands. Often saying “Reach back for the chair” helps them remember this step. Have them bend slightly forward (to avoid falling backward into the chair). Then, either on a “1-2-3” count or just gradually, let them **lower their bottom down onto the seat**. They should **bend at the knees and hips** as they go down, and you bend your knees to help ease them.

. **Keep a hand on the gait belt** or at their shoulder/chest to help control their speed. The person should aim to **land gently** – no “plopping” down. Using the armrests to **slowly ease down with their arms** can prevent a hard fall into the chair.

. If the person tends to fall backward, standing slightly in front of them (so your body can block an uncontrolled fall) or keeping a hand at the gait belt can give added control. Once they are seated, encourage them to **scoot back into the chair** if they end up too far forward on the seat.

- **Avoiding Retropulsion:** People with Parkinson's may sometimes unconsciously push backward when trying to sit (a phenomenon where they lean or step back). To counter this, always remind them to **bend forward at the hips when sitting**, and consider **placing the chair against a wall** so it can't slide. In therapy, sometimes a **slight forward tilt of the chair seat** or using cues to “reach for your toes” can help break the tendency to fall backward. Each person is different, so observe their behavior and adjust accordingly (e.g., if they often miss the chair, make sure they feel the chair on their legs and use your verbal cues).
- **Use of Walkers:** If the person uses a walker to stand, ensure the walker is properly positioned (close by and in front of them). **Never let them pull up on the walker to stand if it's not stabilized**, as it can tip – the walker should be held in place (by locking it if it has brakes, or by a second person, or by its own weight) while they push up from the chair. Generally, the sequence is: push off the chair to stand, then grab the walker once standing
- When sitting, they should back up until they feel the chair, then release the walker and reach for the chair to lower down. Always **remind them to use the walker only when fully upright**, not during the act of rising or sitting.
- *Tips:* For practice, consider doing **sit-to-stand exercises** with the person during therapy or exercise sessions – repeated practice can improve their leg strength and confidence. Use consistent cues (like “1-2-3-up” and “reach back, slowly down”) every time, so the person develops a routine. If the person has trouble initiating standing, a **rocking motion** (gentle small rocks forward and back) three times and then standing on the third can help build momentum. Always stay alert for signs of dizziness (orthostatic hypotension is common when standing up – give them a moment to stand before moving). If dizziness is an issue, standing more slowly and in stages (sitting on the edge of the chair, then half-stand) might help. Lastly, **positive reinforcement** and patience go a long way – celebrate even small successes, as the effort can be challenging for your loved one.

Additional Tips and Resources

- **Fall Prevention Strategies:** Beyond the transfer technique, general fall-proofing of the home is crucial. Ensure pathways are clear, **remove tripping hazards**, and consider home modifications like night lights, **non-slip mats**, and securing any loose cords. In the bathroom, grab bars and non-skid mats are essential
- **Never rush** a person with Parkinson's; their movements are slower and rushing can lead to missteps.
- **If freezing is a big problem**, work with a physical therapist on cueing strategies (laser pointers on walkers, rhythmic counting, etc.) to help initiate movement. Parkinson's Foundation experts emphasize making **wider turns** (avoid pivoting in tight spaces) to reduce freezing and fall risk.
- **Caregiver Self-Care and Injury Prevention:** Caregivers should also take care of their own bodies. If regular transfers are part of your day, maintain your **strength and flexibility** with simple exercises (strong leg muscles and core will protect your back)
- **Use teamwork** – if another family member or aide is available, don't hesitate to perform two-person transfers for safety. Listen to your body: if you start to feel back strain, stop and reassess your technique or get help. According to caregiving experts, even professional nurses get injured from repetitive patient lifting, so using **assistive devices and proper form every time** is key.
- **Remember the slogan: "Lift with your legs, not your back."** Try to **balance the workload** – for instance, use a lift for the bed-to-bathroom in the morning (when the person might be stiff and heaviest) to save your back for other tasks.
- **Professional Guidance:** It is highly recommended to **work with a physical or occupational therapist** for individualized transfer training. They can assess your loved one's specific abilities (strength, balance, degree of rigidity) and teach you tailored techniques or suggest equipment that suits your home setup. Many Parkinson's organizations provide **educational resources** as well – for example, the Parkinson's Foundation's *CareMAP* video series includes "how-to" videos on topics like safe mobility at home and bathroom transfers.. Watching these videos together can reinforce proper techniques. Local Parkinson's disease support organizations or clinics may also offer caregiver training classes on safe transfers and fall management.
- **Visual and Video Resources:** Seeing transfer techniques in action can greatly improve understanding. Consider checking out reputable videos such as

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- A physical therapist's demonstration of a *"Sit-to-Stand Transfer for Parkinson's"* (which shows how to assist someone with PD in standing using a walker), or
- A caregiver training videos like *"Wheelchair to Toilet Transfer"* by rehab specialists. The MMlearn caregiver training site, for instance, provides step-by-step videos for transferring to a car, toilet, etc., which illustrate the proper use of gait belts and body mechanics
- **Plan for the Unexpected:** Despite best efforts, falls or near-misses can happen. Have an **emergency plan:** a phone or alert button nearby in case you need extra help
- . Keep essential phone numbers handy. If a transfer fails, **don't panic** – stay calm and ensure the person is safe, then either try a different approach or call for assistance.
- It's better to take a moment and regroup than to force a risky move. Parkinson's can be unpredictable (the person might be weaker at "off" medication times, for example), so adapt the timing of difficult transfers to when they are at their best (e.g. after medication is taken and symptoms are under better control, or after a brief warm-up exercise).

By following these techniques and tips, caregivers can significantly **reduce the risk of falls and injuries** during transfers while preserving the comfort and dignity of the person with Parkinson's. Safe transfers are a cornerstone of daily care in advanced PD – with practice, patience, and the right tools, they can be done efficiently and confidently. Always stay informed through reliable sources like the Parkinson's Foundation, the American Parkinson's Disease Association (APDA), or your healthcare team for the latest recommendations on mobility and caregiving.