Guidelines for Journal and/or Textbook Reading

1. For journal reading, a minimum of two (2) peer-reviewed, practice-related professional journal articles (e.g. *The International Journal of SPHM; Ergonomics; Journal of the American Physical Therapy Association*) are equivalent to one (1) PDH.

2. For textbook reading, a minimum of two (2) chapters are equivalent to one (1) PDH.

3. All readings must be specific to Safe Patient Handling and Mobility (SPHM).

4. Verification documentation must include the following:
   - Date(s) the articles/chapters were read by applicant or certificant.
   - Annotated bibliography listing the APA reference of each reading along with a brief description of the content, validity of the research or ideas presented, and the conclusions drawn by the author(s) of the readings.
   - Description of how the content of the readings have impacted your current area of practice.

<table>
<thead>
<tr>
<th>Date Read</th>
<th>Reference</th>
<th>Annotated Bibliography</th>
<th>Describe How This Article Has Impacted Your Practice Area</th>
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<tbody>
<tr>
<td>05/06/2016</td>
<td>Marras, W.S., Knapik, G.G., &amp; Ferguson, S. (2009). Lumbar spine forces during manoeuvring of ceiling-based and floor-based patient transfer devices. <em>Ergonomics.</em> 52(3): 384-397.</td>
<td>The article describes a research study that investigates the differences between the forces on the lumbar spine using a floor-based lift as opposed to a ceiling lift. The authors evaluated pushing and pulling tasks using the two types of devices, testing 10 subjects (5 males/5 females) of varying weights. With the floor-based systems, wheel-size and floor type significantly influenced the results of A/P shear, as did turning maneuvers. Results indicated that while floor-based lifts provide much greater benefit than manual patient handling, ceiling lifts have little spine loading risk associated with their use. Therefore, ceiling lifts are preferable to floor-based lifts.</td>
<td>I work as a therapist in an acute care hospital. I also sit on our hospital’s Safe Patient Handling Committee. Many of the patients I work with come in severely deconditioned and need a lot of assistance to get back to their baseline. As our facility has begun to renovate some of the nursing units and break ground for a new building, I have advocated for the installation of more ceiling lifts, as they provide a preferable and much safer alternative to mobilize patients (e.g. transfers, turning and repositioning, boosting, gait training). While floor-based lifts serve their purpose in certain scenarios, I feel that having access to more ceiling lifts will reduce the amount of manual patient handling and ultimately decrease the amount of patient handling injuries we incur. As a therapist, I also feel that the use of ceiling lifts can help support my early mobility initiative.</td>
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