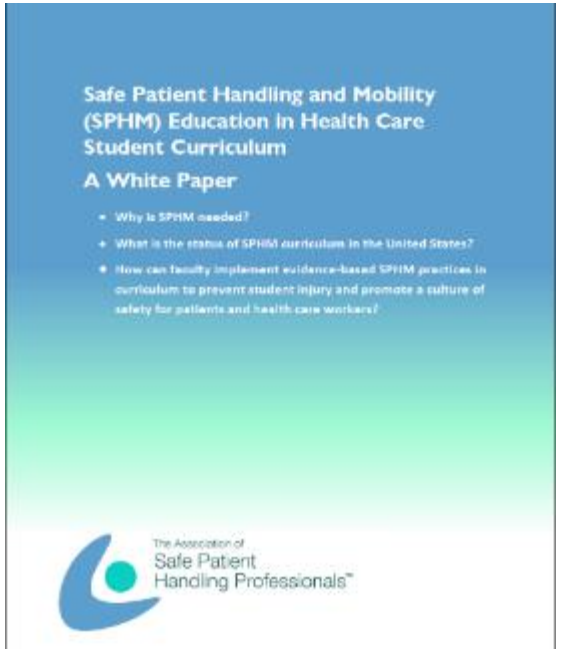
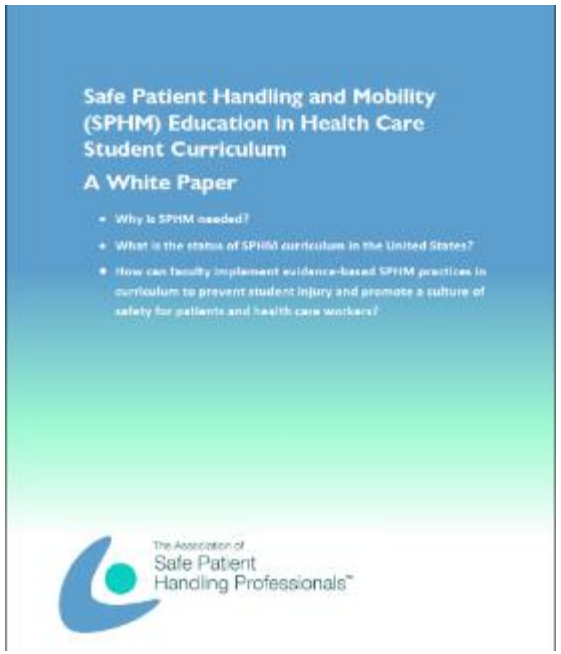
This PDF provides 2 presentations from the 2024 ASPHP national conference that describe:

1. **The Curriculum White Paper and**
2. **Case studies that illustrate how 4 health care schools integrated SPHM into nursing, physical therapy and radiography related curriculum**



1. **Safe Patient Handling and Mobility (SPHM) Education in Health Care Student Curriculum A Review of the White Paper *(Click here)***

2. **Safe Patient Handling and Mobility (SPHM) Education in Health Care Student Curriculum Panel Discussion *(Click here)***



SAFE PATIENT HANDLING AND MOBILITY (SPHM) EDUCATION IN HEALTH CARE STUDENT CURRICULUM
A REVIEW OF THE WHITE PAPER

MARGARET ARNOLD, PT, CSPHP, CEO
EARLYMOBILITY.COM
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LYNDA ENOS, RN, BSN, MS, COHN-S, CPE
ERGONOMIST/HUMAN FACTORS SPECIALIST,
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New Resources

OUT NOW

Individual and organizational factors associated with injury history and patient handling behaviors: Results from a nationwide survey of healthcare workers

Neal Wiggermann, Ruth Francis & Aieda Solomon

In Applied Ergonomics from Science Direct

From the

AIHA, ASPHP, ANA

'Safe Patient Handling and Mobility (SPHM)

A Process to Protect Health Care Workers and Recipients'

A White Paper

COMING IN MAY 2024

SPHM Education in Health Care Student Curriculum: A White Paper

Developed by:

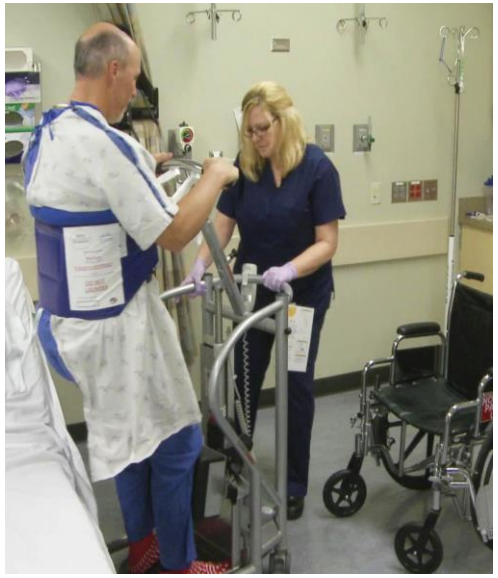
The ASPHP SPHM Curriculum Task Force - a subcommittee of the ASPHP Education Committee.

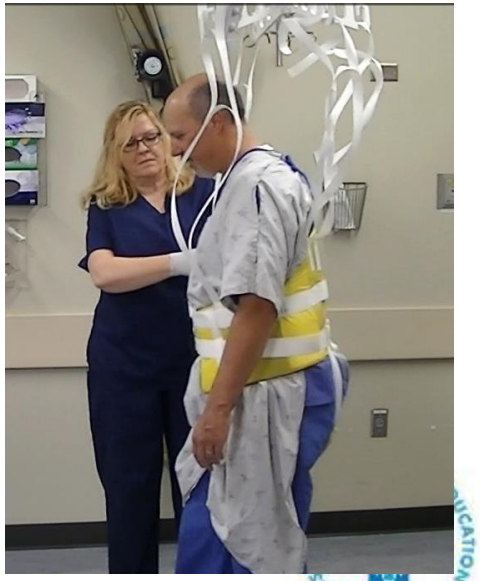
Purpose:

Advocate for and facilitate the incorporation of SPHM content for all students in US health care education programs in across multiple disciplines who will mobilize people in the health care continuum.

SPHM Education in Health Care Student Curriculum

What does that look like to you?





SPHM Education in Health Care Student Curriculum: A White Paper

Source: Kirsten Berdahl, PT, MEd, CSPHA, Safe Patient Handling Education (SaPHE) Program, GateWay Community College, Phoenix, AZ

The paper identifies:

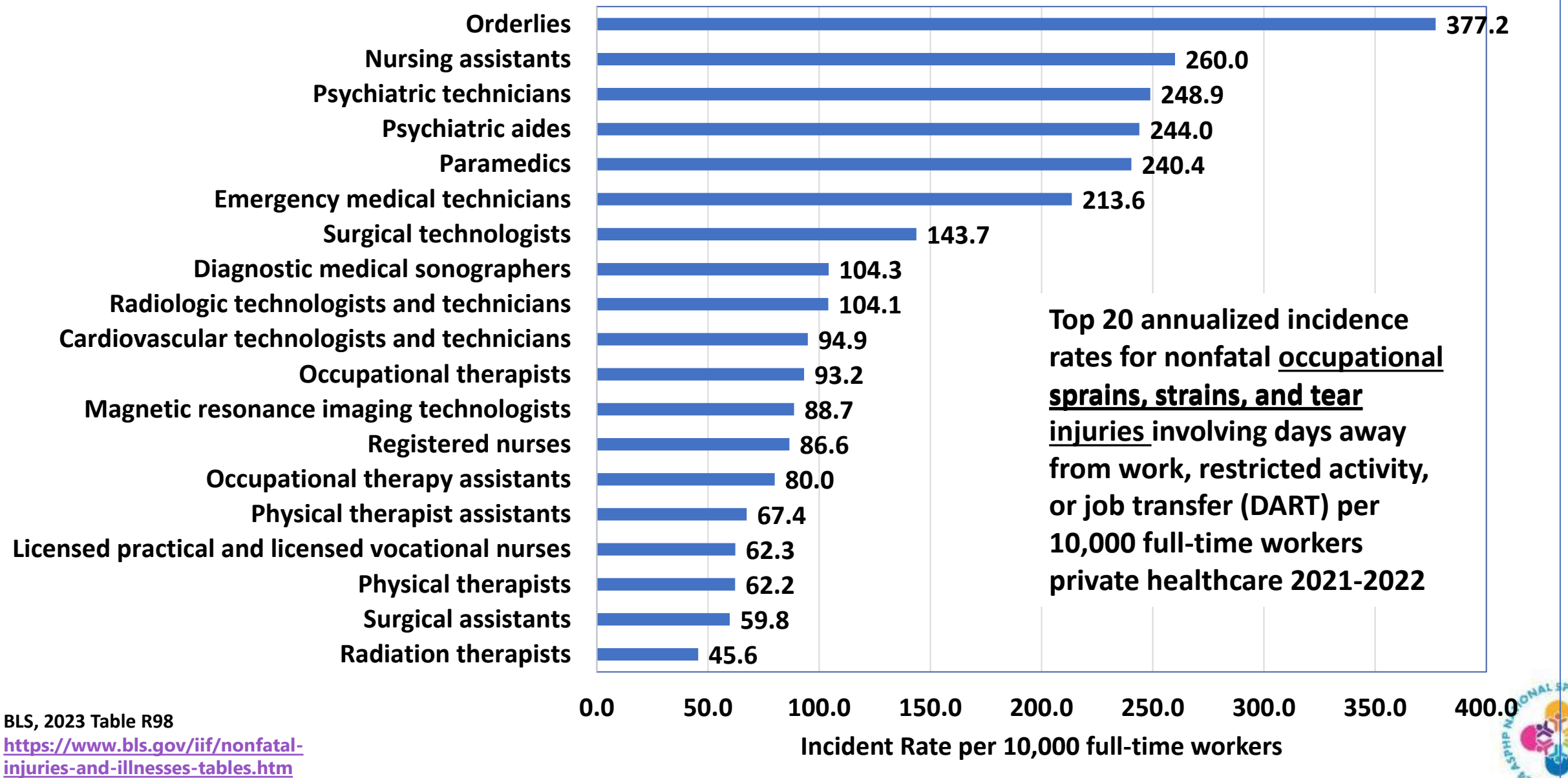
- Why SPHM content is needed across all academic programs.
- Current state of SPHM education from the literature.
- Successful models of SPHM education published in the literature.
- Gaps/barriers to curriculum content adoption.
- Desired future state of SPHM within health care student curriculum
- A foundation for development of recommended SPHM curriculum for all US health care student education programs.
- Recommendations to better prepare students to practice safely and without injury to themselves or to their patients.

Why SPHM Content is Needed

The Top 10 Occupations with the Highest Number of Nonfatal Occupational Strain, Sprain, and Tear Injuries Involving Days Away from Work in Private Industry 2021-22

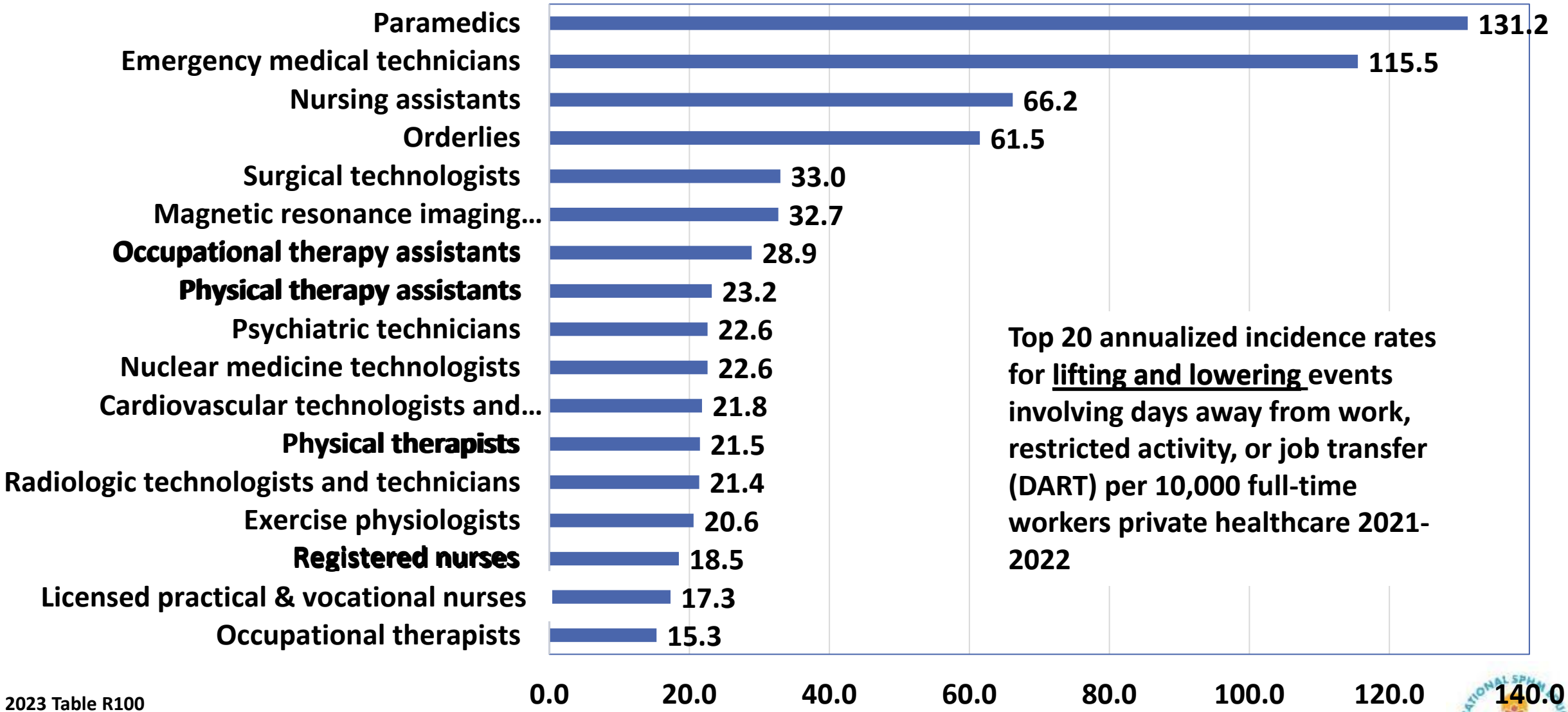
BLS, 2023 Table R9 https://www.bls.gov/iif/nonfatal-injuries-and-illnesses-tables.htm

Occupations whose work involves patient handling and mobility



BLS, 2023 Table R98
https://www.bls.gov/iif/nonfatal-injuries-and-illnesses-tables.htm

Occupations whose work involves patient handling and mobility



BLS, 2023 Table R100
https://www.bls.gov/iif/nonfatal-injuries-and-illnesses-tables.htm

Why SPHM content is needed

- **Cost of WMSDs associated with manual patient handling**
  - **Health care workers (HCW) – physical and psychological impact on the quality of life and career**
  - **Employers – worker compensation costs, absenteeism, burnout, higher employee turnover, reduced workforce efficiency**
  - **Patients - WMSDs negatively impact quality of care**

- **Evidence shows that multifaceted participatory SPHM programs can:**
  - **Reduce HCW injuries and associated costs**
  - **Increase job satisfaction and reduce turnover**
  - **Positively impact patient safety**
  - **Assist healthcare organizations to meet regulatory requirements e.g. ADA, FGI, State laws**

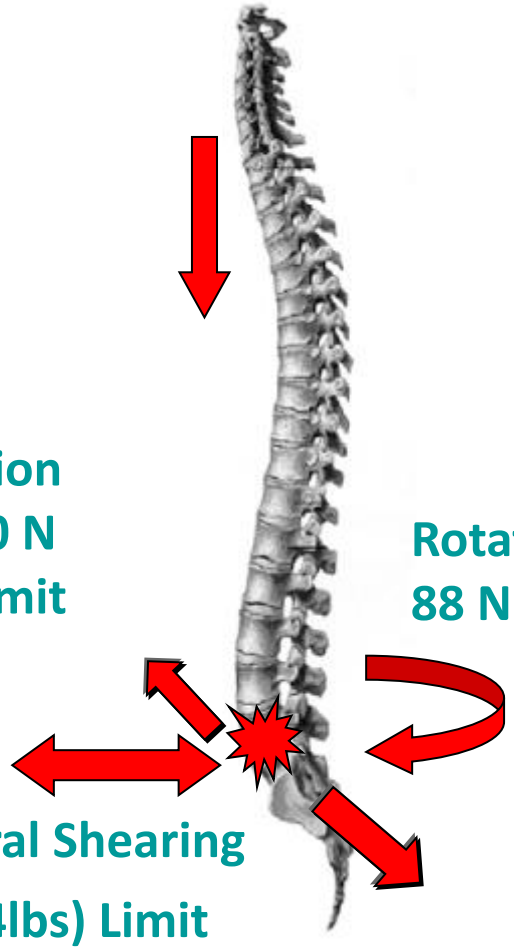
Why SPHM content is needed

Health Care Student Safety

- **Without exposure to SPHM techniques and technologies, students are at greater risk for injury during their clinical internships, before they even graduate**
- **Students need the latest evidence to keep themselves and their patients safe**
- **Recovery of patients can be prolonged or impeded without new graduate SPHM knowledge**
- **We are setting our healthcare students up for failure with outdated teaching on safe ways to assist with patient mobility**
- **Most importantly, students are graduating without the vital evidence-based knowledge that will help keep them and their patients safer**

What's the Connection between Manual Patient Handling and a 400 lb Male Silverback Gorilla?

Arrows show direction of load or force on lower back (L5/S1) when manually lifting and moving patients with recommended loading limits

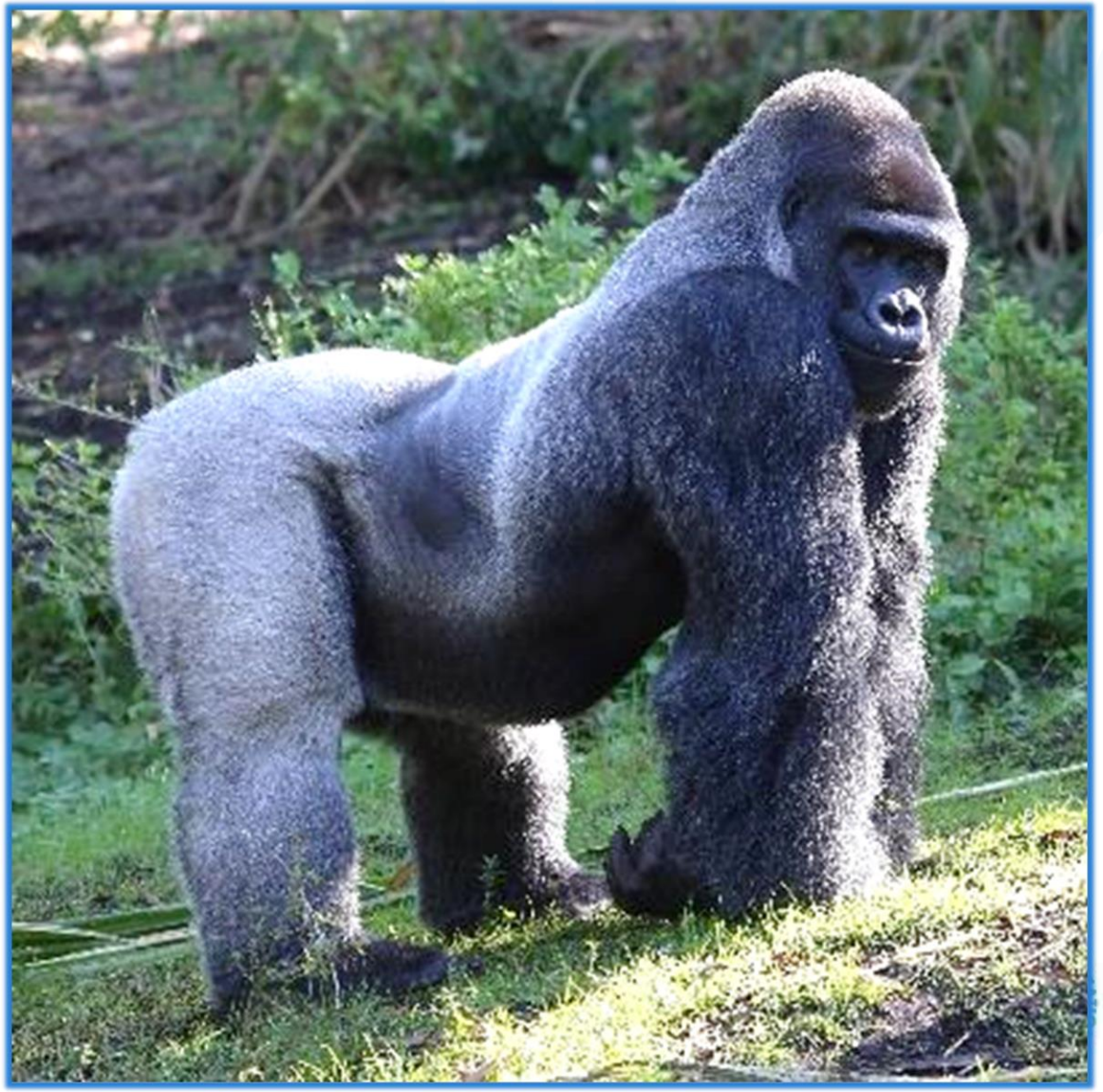


Compression
3400-6400 N
(764lbs) Limit

Rotation
88 N Limit

A-P and Lateral Shearing
1000 N (224lbs) Limit

Tolerance to repetitive loading can decrease over time



SPHM Curriculum White Paper Development Process

- A 2 – year journey!
- Extensive literature review using EBSCOhost Research Database
- English language academic journals and reports including dissertations from January 2005 through February 2022
- Initial search produced 770 titles with abstracts
- Title & abstract review by curriculum task force with 41 articles for inclusion
  - Related specifically to SPHM curriculum for students = 32
  - Related specifically to injuries/WMSDs related to the health care student population = 9
- Committee members reviewed articles & contributed to writing sections of paper
- Feedback was solicited from nursing and physical therapy faculty at 2 academic institutions prior to publication

Current State

- Students are taught needle stick precautions and PPE to guard against pathological harms, yet body mechanics and manual handling are often relegated to a couple hours of education using techniques that have been taught for decades and have proven to be hazardous to HCWs
- Most nursing, PT and OT schools still teach manual handling as a standard of care, even if they include SPHM content in curriculum
- Unclear definitions about what constitutes SPHM
- Terminology challenges
- Highly diverse methods, exposure and content
- Very few examples nationally of integrative curricular content embedded as standard of care

Barriers to Implementation of SPHM Education in Health Care Student Curriculum

External

- Health care culture: Primary focus on patient safety
- Lack of national SPHM regulation
- No requirement by licensing entities to require SPHM in curriculum
- Few core textbooks include current evidence-based principles of SPHM
- Lack of consistent SPHM practices in clinical practice locations
- Lack of standardized SPHM curriculum

Internal

- Lack of awareness of evidence-based SPHM principles by leaders/faculty
- Lack of funding to support equipment in labs for more access
- Lack of expertise to teach content
- Perceived lack of time by faculty in crowded curriculums
- Expectation by educators that rehabilitation therapists are the mobility/SPHM experts

= PPE

Protects against bacteria and viral pathogens that can cause us temporary or life-long problems with our health.

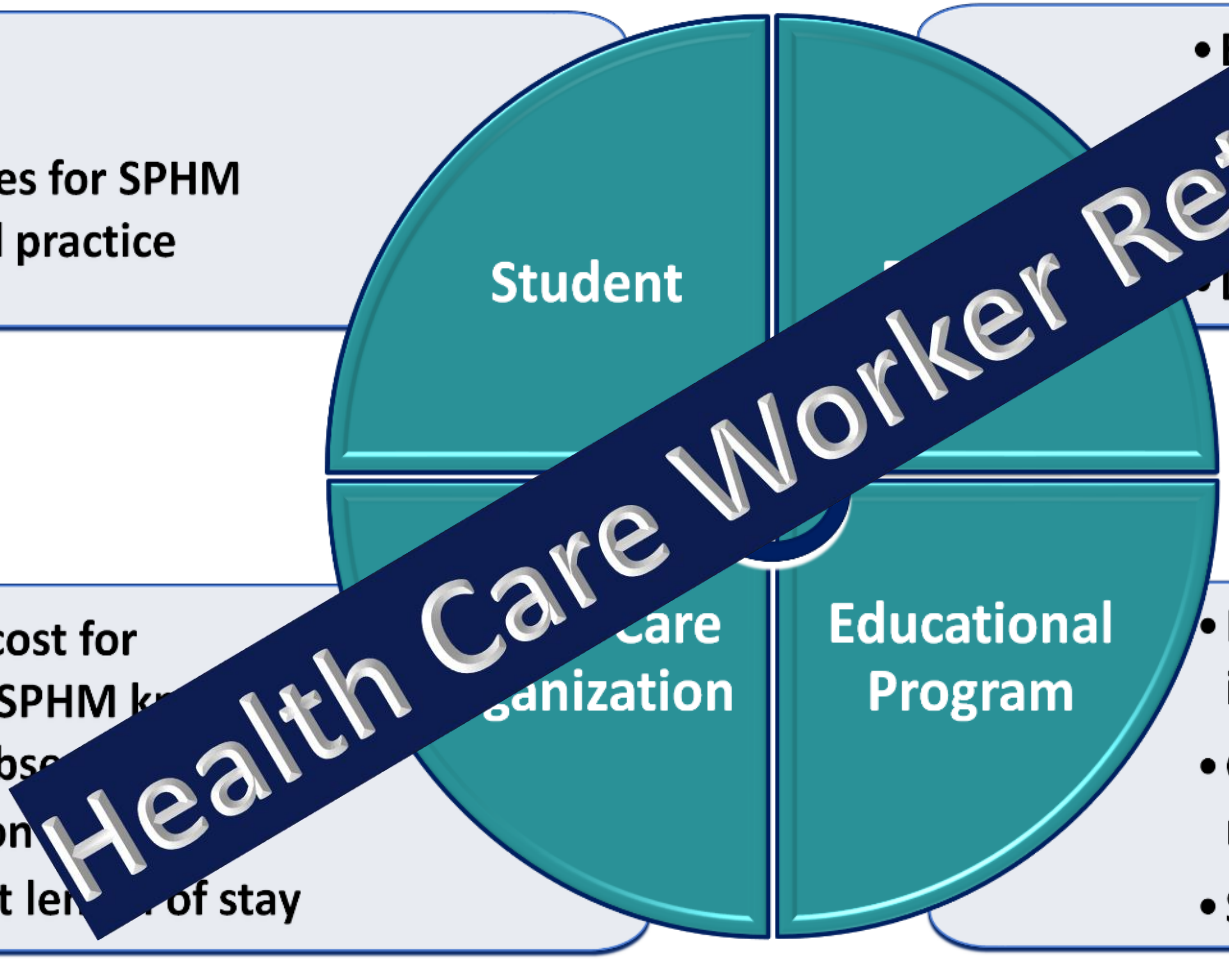
Use is Mandatory

= PPE

Protects against mechanical forces that can cause us temporary or life-long problems with our health.

Use is Mandatory

Benefits of Integrating SPHM into Curriculum



- Prevent injuries
- Develop advocates for SPHM content to clinical practice

- Lower training cost for graduates with SPHM k
injury costs & abs
- Work satisfaction
- Reduced patient le of stay

- Evidenced based curriculum by including SPHM content
- Graduates with SPHM knowledge move to clinical practice-keep safe
- Seen as leader

Health Care Worker Retention

Directives to Integrate SPHM in Education

Addressing external drivers that influence adoption and sustainment of SPHM into health care curricula

Directive 1. Change health care safety culture in the US to include equal emphasis on worker and patient safety.

Directive 2. Raise awareness of SPHM state regulations and standards.

Directive 3. Support and assist licensing entities and professional organizations to include SPHM in exams and be an accepted standard of care.

Directive 4. Request that current evidence-based principles of ergonomics and SPHM are included in core textbooks.

Directive 5. Partner with clinical practice locations.

Source: GateWay Community College, Phoenix, AZ

Directives to Integrate SPHM in Education

Addressing external drivers *cont.*

Directive 6. Assist to develop standardized curriculum in core evidence-based SPHM principles that is relevant to practice needs by discipline for all health care students who perform patient handling tasks.

Addressing internal drivers that influence adoption and sustainment of SPHM into health care curricula

Directive 7. Promote awareness of evidence-based SPHM principles and the importance of maintaining student, patient, and HCW health and safety.

Directive 8. Obtain SPHM technology for clinical skill labs.

Directive 9. Change the perception of 'no time' for additional content in an already-packed curriculum.

Appendices

- **Appendix A. Proposed steps to develop and disseminate evidence-based SPHM curriculum content in all health care student programs in the US**
- **Appendix B. SPHM Education Resources**
- **Appendix C. Curriculum Success Stories. (Provides a snapshot of how some schools have worked successfully with health care facility partners to offer SPHM education in their curriculum.)**
- **Appendix D. How to Get Started in Offering SPHM Education to Students – Tips for Faculty**
- **Appendix E. (Pictorial) Examples of High-Risk Manual Patient Handling Tasks and Safer Solutions Using SPHM Technology**

Source: Jamie Haines, PT, DScPT, & DPT Students & Community Partners, Central Michigan University

Effective SPHM Curriculum

SPHM education should be:

- **Multimodal, e.g.,**
  - **Lecture**
  - **Self-guided computer-based learning, and**
  - **Hands-on practice in simulation, virtual reality and in clinical environments**

- **Include active learning, role-play, case scenarios, and video examples**
  - **With competency assessment of skill and safety.**
  - **Time to practice both at school and on clinical placement**

- **Integrated and distributed throughout the curriculum, interdisciplinary, and coordinated with clinical sites**

- **Standardized as a core content for all healthcare students followed by discipline-specific content and practice**


Pat
MOVE!
FOR HEALTH


GREAT LAKES
LOONS

Next Steps - ASPHP

Finding partners to assist with:

- Marketing & disseminating the paper
- Raising awareness re the need of occupational health and safety curriculum in all healthcare education schools
- Development of core SPHM curriculum content for all health care students and content that is specific to different disciplines e.g., nursing, nursing aides, physical/occupational therapy etc.
- Support and assist licensing entities and professional organizations to include SPHM in exams and be an accepted standard of care
- Getting current evidence-based principles of ergonomics and SPHM are included in core textbooks

Source: Jamie Haines, PT, DScPT, & DPT Students & Community Partners, Central Michigan University

References

Please refer to:

ASPHP [2023]. Safe Patient Handling and Mobility (SPHM) Education in Health Care Student Curriculum. A White Paper by The Association of Safe Patient Handling Professionals, Inc. Warrendale, PA. March 2023. www.ASPHP.org

The SPHM Education in HealthCare Student Curriculum White Paper is available at:

https://asphp.org/wp-content/uploads/2023/09/SPHM-Curriculum-White-Paper.pdf

The White Paper was developed by the following members of the ASPHP Curriculum Committee

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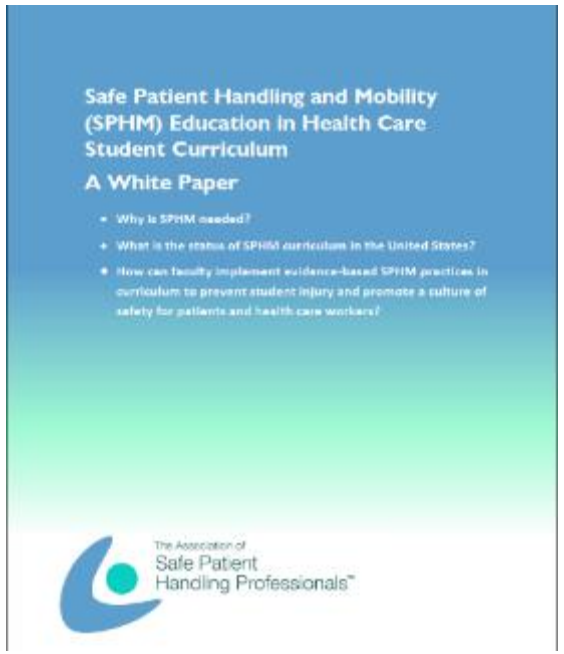
THANK YOU

SAFE PATIENT HANDLING AND MOBILITY (SPHM) EDUCATION IN HEALTH CARE STUDENT CURRICULUM PANEL DISCUSSION



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Safe Patient Handling & Mobility (SPHM) in a Nursing & Occupational Therapy program

Duke Health, Durham, NC

- **Three hospitals**
- **~ 200 clinics**
- **Schools of Medicine (DPT, OTD, PA) & Nursing**
- **Comprehensive SPHM program**

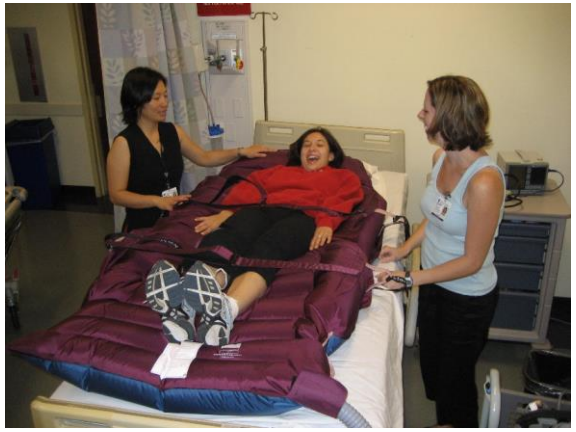
  hospitals (2004) & clinics (2010)

DukeMOVES™
Move Often, Very Early, and Safely

SPHM in Accelerated Bachelor of Science Nursing (ABSN) Program

Initial Efforts

2007 – CE lecture @ the Center for Nursing Discovery @ Duke School of Nursing

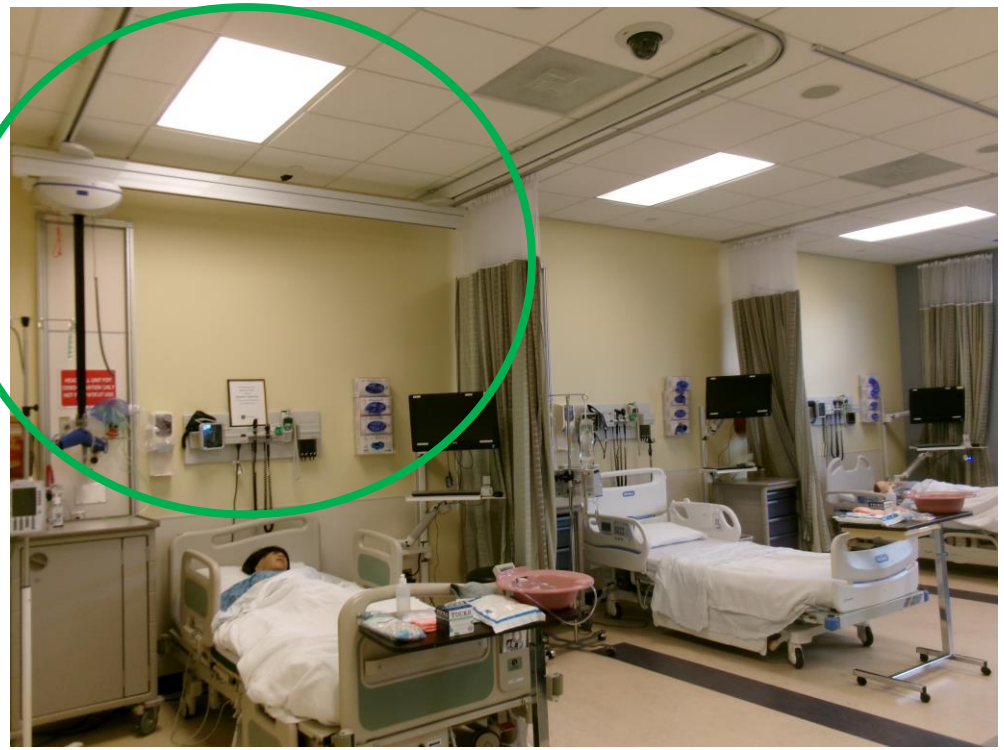


SPHM in ABSN Program

2010 - Installed a ceiling lift & a bariatric bed on permanent loan

2015 - Received “aged-out” floor-based lifts from hospital

2023 - Purchased new floor-based lifts



SPHM in Occupational Therapy Doctorate (OTD) Program

Initial Efforts

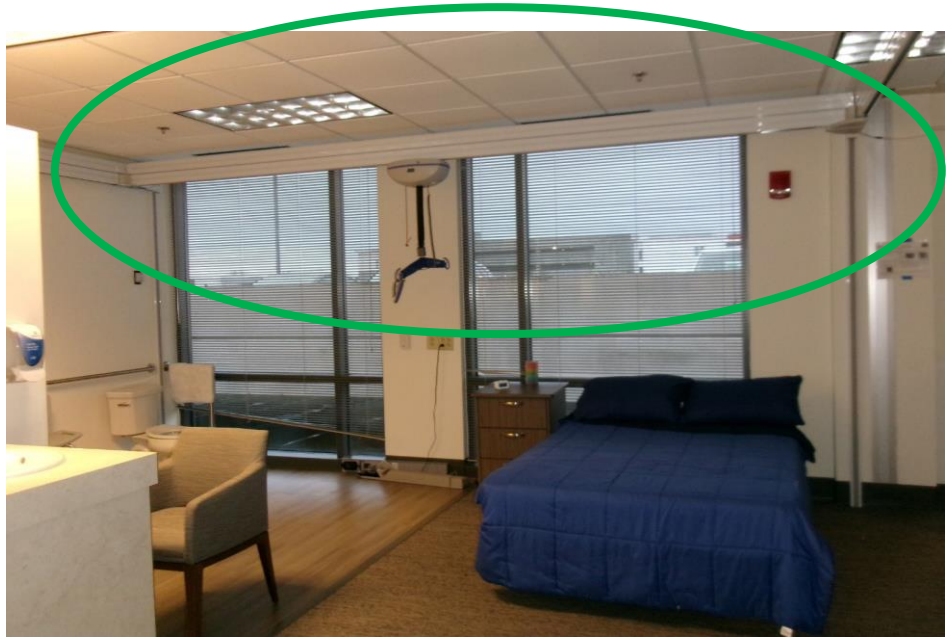
2019 – Educated OTD program director & business administrator about SPHM with a demonstration at PT/OT gym

2020 - Facilitated a wall-mounted lift donation and assisted installation in the ADL training space

2021 - Inaugural class & began ergonomics & SPHM lectures

2023 - Inherited floor-based lifts

SPHM in OTD Program – ADL Suite



Current Approach

ABSN	OTD
• SPHM lecture (one hour) for fall & spring Cohorts (~72 students/Cohort)	• Ergonomics & SPHM lectures in three courses (~ 40- 45 students per cohort)
• Mobility assessment & SPHM equipment use is integrated into health assessment	• Mobility assessment & equipment use in a case study; hands-on education in three, 3-hour classes
• Train clinical instructors who provide hands-on education	• Train clinical instructors & teacher assistants (2nd year students) to assist with hands-on practices

SPHM in ABSN Program

Successes

- ✓ Simulation lab & SPHM equipment availability
- ✓ Support from school administrators, faculty, & staff






- ✓ ~ 2400 nursing students know about to SPHM

SPHM in OTD Program

Successes

✓ Influenced and supported from the OTD program director, administrators, & faculty members




✓ Outfitted the ADL suite with SPHM equipment

✓ ~ 128 OTD students know about to SPHM

SPHM in ABSN & OTD Programs

Challenges

- ❑ **Ergonomics Coordinator is the only lecturer**
- ❑ Changes in clinical instructors
- ❑ Conduct mobility check & use **SPHM equipment as standard "work habit" for nurses**

Opportunities

- ❑ Re-connect with DPT program
- ❑ Use the equipment with the real clients in the ADL suite
- ❑ **Conduct pre & post studies with ABSN & OTD students**
- ❑ **Identify faculty member(s) to ensure SPHM sustainability**
- ❑ Educate other healthcare professionals within Duke
- ❑ **Raise awareness of SPHM practices in other disciplines' educational events**

Leah, Clinical Nurse, a Graduate of Duke School of Nursing

“If you have a voice, you have influence to spread.
If you have relationships, you have hearts to guide.
If you know young people, you have futures to mold.
If you have privilege, you have power to share.”

Wolfpack by Abby Wambach

Thank you!

Yeu-Li Yeung
yeuli.yeung@duke.edu

Safe Patient Handling and Mobilization (SPHM) in an Undergraduate Nursing and Radiation Therapy program

Oregon Health Sciences University (OHSU), Portland, OR

- Level 1 Trauma Public Academic Medical Center - 562 beds – Adult and Pediatric (151 beds)
- Comprehensive SPHM program in hospital and clinics – started 2010
- Schools of medicine; nursing; pharmacy; dentistry; public health
- Accredited The Radiation Therapy Training Program

SPHM in Undergraduate Nursing Program

Initial Efforts

2009 – Guest lecture to student nurses ; equipment donations by vendors; provided NIOSH curriculum to faculty together with training.

Over time – returned to having guest PT teach body mechanics training

2015 – Presented SPHM principles/program to nursing faculty to explore partnership with OHSU SPHM program

2015-2017 –Faculty & Students attend New Hire SPHM classes if space available

SPHM in Undergraduate Nursing Program

Current Approach

2017

- **Kristy I. Lanciotti, MN, RN, CPN, Assistant Professor of Clinical Nursing, joined the school of nursing.**
  Kristy was a SPHM champion (peer leader) in Pediatrics at OHSU

- **Survey data from students at the end of their program of study confirmed faculty concerns that we were not adequately preparing our graduates to protect themselves and their patients in the clinical setting.**

- **Sample Student Response:**

  "…when…it was apparent that I was expected to mobilize patients, I always had to call another staff member, but even then did not feel confident in assessing and supporting a patient. I relied on common sense and life experiences, but I did not come out of health promotion feeling like I had adequate knowledge."

SPHM in Undergraduate Nursing Program

Current Approach

- Initiated a formal program for delivery and spiraling of SPHM concepts and skill development in 3-year Baccalaureate and 15-month Accelerated Baccalaureate curricula.
- Pilot program - Summer and Fall 2017 with two consecutive Accelerated Baccalaureate (Acc Bacc) Cohorts (88 students total) and one 3-year cohort (40 students)
- Focus on delivery of SPHM content in early clinical courses e.g. in *Health Promotion* then reinforced during skills practice in clinical settings; observation/reflections assignment
- Train the trainer approach - SPHM clinical consultant trained key faculty to deliver classroom and hands-on components

SPHM in Undergraduate Nursing Program

Current Approach

Content:

- Pre-reading and access to OHSU SPM toolkit inc. videos
- Classroom lecture: Ergonomics and prevention of WMSDs & SPHM principles
- Hands-on in lab:
  - SPHM mobility assessment as part of nursing assessment
  - Exposure to powered lift equipment
  - Competency based training on lateral transfer devices

Length - 1 hour classroom; 3 hours in simulation lab

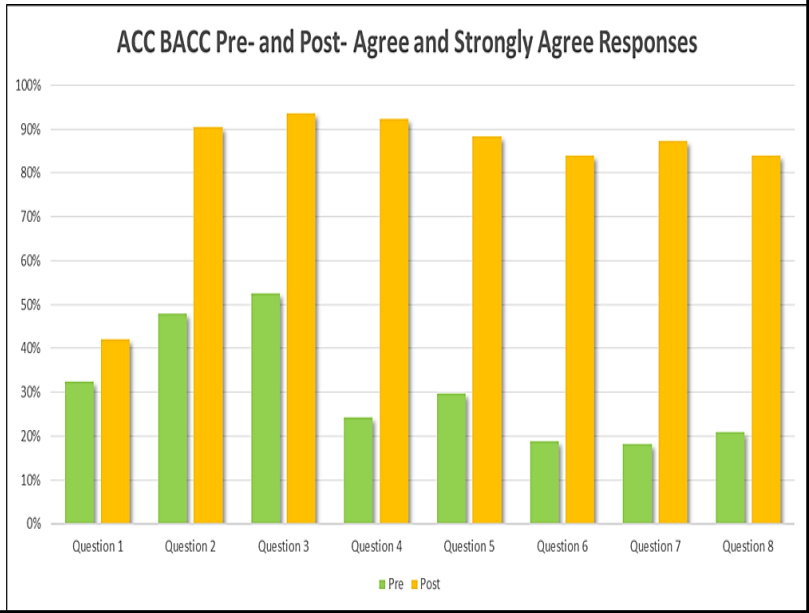
The content meets existing Oregon Consortium for Nursing Education (OCNE) competency framework www.ocne.org and aligns with the Quality and Safety Education for Nurses (QSEN) Competency of "Safety." www.qsen.org

SPHM in Undergraduate Nursing Program

Survey of students pre – post implementation (at 1 year)

40-65% increase in positive responses

1. Prior to Health Promotion, I felt confident in my knowledge about how to mobilize a patient safely
2. I feel prepared to recognize patient care activities that are a higher risk for caregiver injury
3. I can identify risk factors that can contribute to musculoskeletal injuries to caregivers in patient care environments
4. I feel prepared to assess a patient's ability to stand at the side of the bed.
5. I feel prepared to mobilize patients safely
6. When deciding how best to mobilize my patient, I know how to assess my patient and the environment and then consider based interventions
7. I am familiar with evidence-based tools to use to aid my assessment of my patient's ability to mobilize safely.
8. I feel prepared to assess a patient's ability to mobilize safely



SPHM in Undergraduate Nursing Program

Lessons Learned

- Success factors:
  - Starting with the “why”
  - Faculty and student enthusiasm
  - Support from
    - Clinical partner (OHSU Hospital); Undergraduate program administration; Clinical expert
    - Access to supplies and equipment

- Challenge: Limited time in curriculum, and difficult for students to retain information that is delivered all at once.

- Solution: Adjusted delivery to include introductory lecture on risk factors for musculoskeletal injury, then opportunity to practice hands on skills concurrently while learning other content in skills lab (e.g. physical assessment, bathing).

- Identified a workgroup representative from each course in the curriculum, to guide spiraling of SPHM content in their course(s).

SPHM in Undergraduate Nursing Program

Lessons Learned

- Challenge: SPHM equipment/access to equipment differs between clinical settings
- Solution: Stopped using skills lab time to practice equipment students never get to use in clinical setting (e.g. patient lifts). Focus on lateral transfer devices

Post-Pandemic

- April 2023 - Fully equipped SPHM training room shared by OHSU SPHM program and Simulation lab for use by all student programs
- Recruitment of students a priority
- High faculty turnover
- Limited resources to train faculty in SPHM
- Reviewing structure of train-the-trainer program for faculty and reinforcement of SPHM in curriculum

SPHM in Radiation Therapy Program

2019

Staff nurse (and faculty) in Radiation Therapy Dept identified the need for SPHM training for students

Began annual SPHM training for students

Conducted by OHSU Clinical Consultant

Focus:

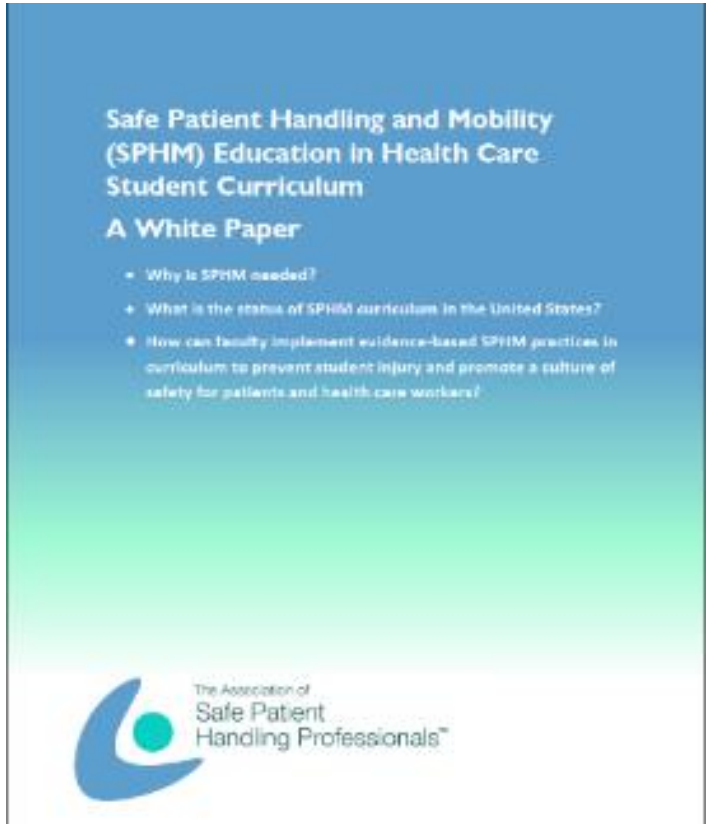
- **Core principles of SPHM**
- **Customized ergonomics principles**
- **Lateral transfer training - air assist and friction reducing device – hands on competency based**
- **Reinforced during clinical rotation at OHSU**
- **Receive other SPHM training in department during rotation as part of regular SPHM training for staff**

"IF EVERYONE IS MOVING FORWARD TOGETHER, THEN SUCCESS TAKES CARE OF ITSELF”

HENRY FORD

Thank you!

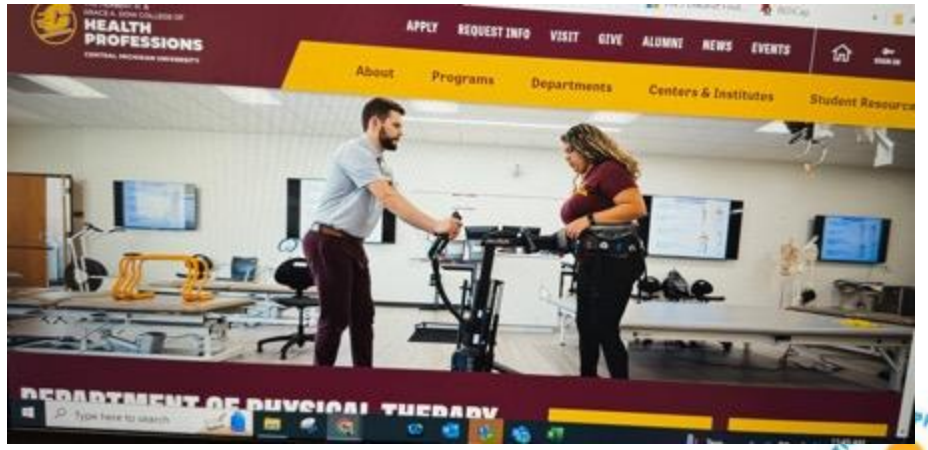
Lynda Enos
Humanfit@aol.com



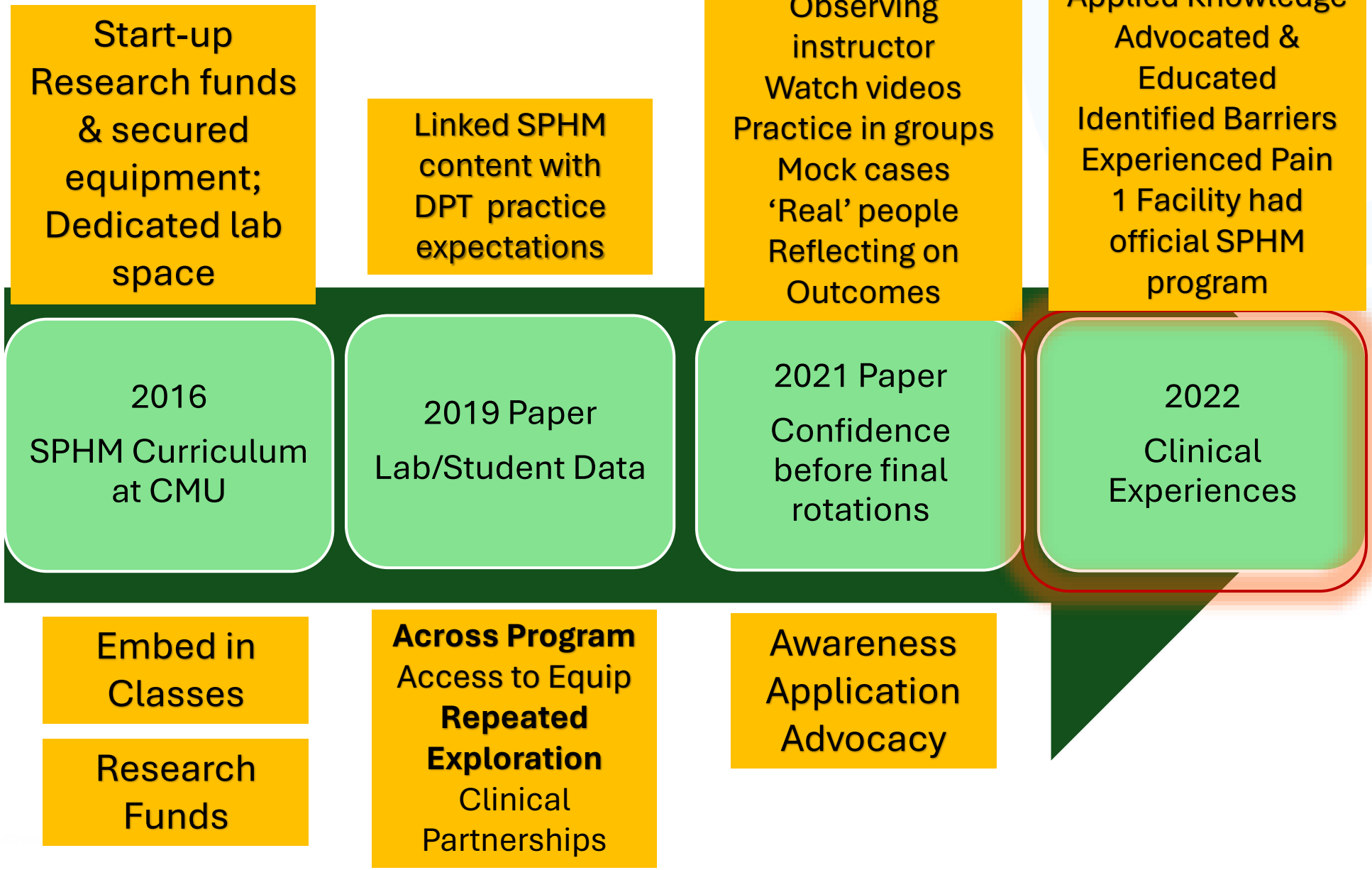
SPHM in DPT Program Central Michigan University

- ASPHP National Educational Event
- Margaret Arnold, PT, CEES, CSPHP
- In conjunction with Dr Jamie Haines, PT, DScPT, ABPTS Certified Neurologic Specialist
- ASPHP National Educational Event
- March 3, 2024 San Diego, CA

Central Michigan University is a public research university in Mount Pleasant, Michigan. It was established in 1892 as the Central Michigan Normal School and Business Institute as a private normal school.



Background

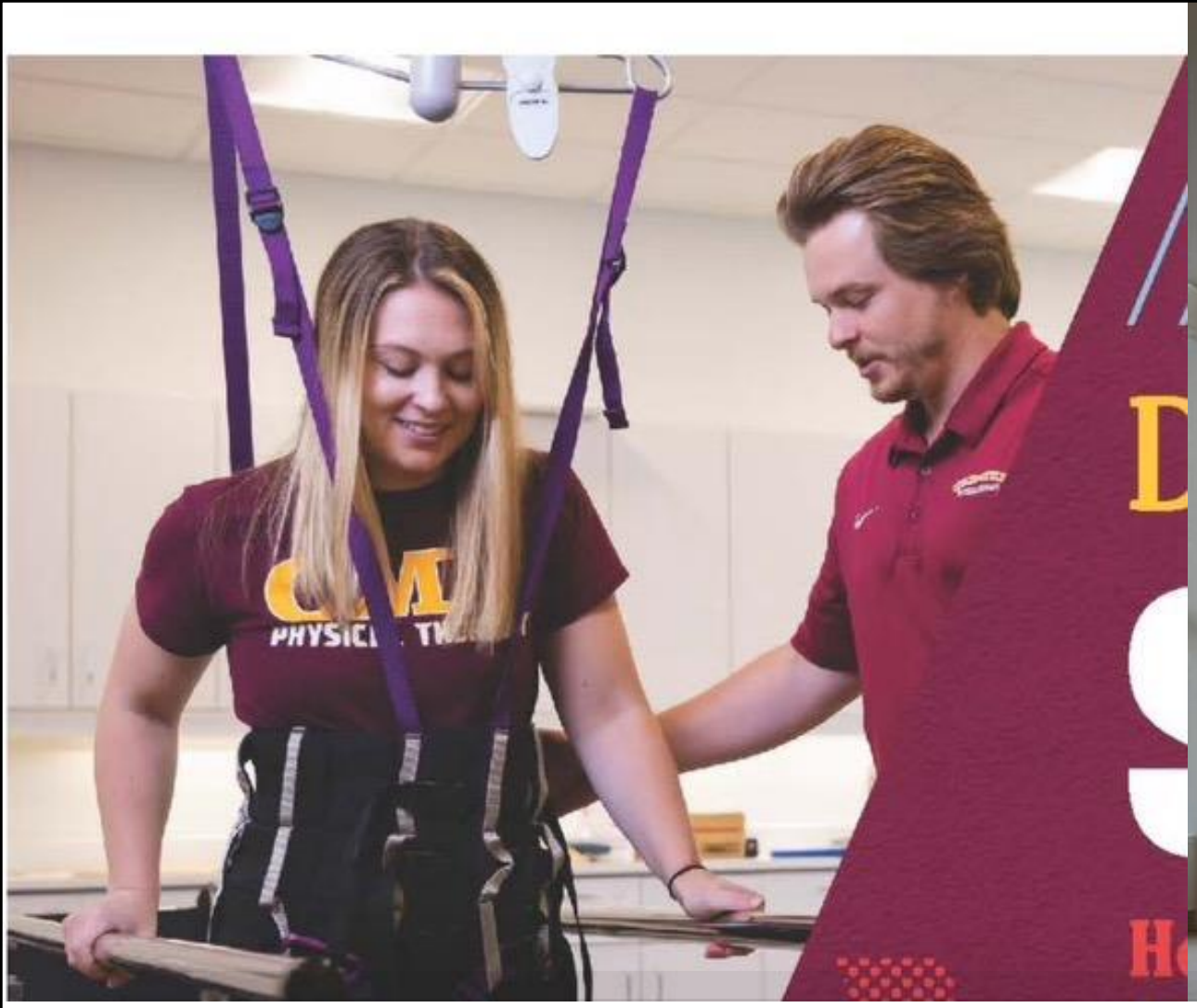

Start-up Research funds & secured equipment; Dedicated lab space
Linked SPHM content with DPT practice expectations
Observing instructor
Watch videos
Practice in groups
Mock cases
'Real' people
Reflecting on Outcomes
Applied Knowledge
Advocated & Educated
Identified Barriers
Experienced Pain
1 Facility had official SPHM program
2016
SPHM Curriculum at CMU
2019 Paper
Lab/Student Data
2021 Paper
Confidence before final rotations
2022
Clinical Experiences
Embed in Classes
Research Funds
Across Program
Access to Equip
Repeated Exploration
Clinical Partnerships
Awareness
Application
Advocacy

History of SPHM Program at CMU

- Dr Jamie Haines hired on as faculty in 2015
- We knew more than 1 day of instruction was necessary
- Using research funds, we were able to secure purchase of
  - Portable gantry system and Quickmove (Vancare)
  - Sara Plus and Sara Stedy (ARJO)
  - Friction Reducers (Patran)
  - Tram (Rifton)
  - Multi-function Harness (Inspire Outcomes)
- Forgiveness Easier than Permission

NEW Movement lab

- Ceiling lift in addition to gantry system (Guldmann)
- Slide sheets now part of every student kit (Patran)
- New lift at remote location in Houghton (Guldmann)
- Additional harness (Inspire Outcomes)



Unsolicited by Dr Haines, CMU using SPHM assistive technology pictures to promote “State of the Art” Facility

Benefits for the Facility

- Equipment has become the face of the PT program
- Hi-tech appearance and cutting edge
- College of medicine is using SPHM images
- Student tours - SPHM featured
- “I get to teach you the cutting-edge equipment that will let you do the most with your patients without hurting yourselves”
- Students are now involved in research using equipment
- Presented many posters with SPHM

Translating Safe Patient Handling & Mobility Curriculum into Clinical Practice: Clinical Education Experiences of Doctoral of Physical Therapy Students

Dr. Jamie Haines, DPT ~ Darie Kirschling, SPT ~ Summer Demeuse, SPT • Central Michigan University

Introduction

- The APTA recognizes physical therapists (PTs) as the leaders in advocating for Safe Patient Handling and Mobility (SPHM) principles including using equipment and educating other healthcare providers to reduce injuries and promote mobility.[1]
- SPHM principles are not an embedded part of most Doctor of Physical Therapy programs, despite research on student injury[2] and ability to offer therapeutic activity options earlier and more often, with medically complex or difficult to mobilize clients.[3]
- Students enrolled in DPT programs that included SPHM curriculum have positive attitudes regarding SPHM principles leading to greater usage and advocacy for SPHM in clinical education and post-graduation.[1]
- Central Michigan University DPT program incorporates SPHM principles across all three years of the program.
- The purpose of this study was to examine how a SPHM curriculum transferred to clinical practice during Doctor of Physical therapy students' final clinical education experiences.

Methods

Grounded theory qualitative research study:

- Subjects: 16 third year Doctorate of Physical Therapy students who completed final clinical education experiences
- Sample of convenience
- Data collection: Semi-structured individual interviews completed; audio-recorded
- Data Analysis: Data transcribed; identifiable data removed; constant comparative method utilized to develop consensus of main themes

Results

Confidence to Apply SPHM Knowledge in Clinical Practice

Acute/Subacute/Inpatient rehabilitation settings

"…..I decided [on what SPHM equipment to use] and I'd consult with [clinical instructor] if I really did have a question…but for the most part I was able to differentiate that on my own and we went with it."

Advocate for SPHM Principles Through Education of Others

"They [clinicians] felt the equipment would hinder them [patient] from being able to progress and so I had to defend my decision on why I wanted to use [the equipment], but I feel like I was able to effectively get the point across"

"When the Rifton TRAM came into the office my clinical instructor was like 'Oh what was this? This is cool looking.' So, I showed her how the harness worked, and I talked about how I used it for my patients to offload the patient…like weight bearing. My CI thought it was super cool."

Identify Barriers to Integrate SPHM Knowledge into Clinical Practice

CI knowledge/comfort level, access to equipment, lack of equipment, culture of facility

"I felt like [the patient] could have benefited from using the [equipment], but my CI said that the setup was extensive and[the patient] only had a week left and so [the CI] told me that we can't use it even though I know [the patient] would have benefited from it."

"I had asked about [using the equipment it while I was there, but the [facility] just reserved that [equipment] for the nurses and the neurological floor so it wasn't available to me."

Discussion

- Overall, students reported high confidence in using and advocating for SPHM principles and equipment in the clinical setting, especially in subacute, acute care, and inpatient rehabilitation settings.
- Students reported similar barriers in translating this knowledge into clinical practice as previous studies.[2]
- Students cited the repeated exposure throughout the program as the most important factor in developing confidence with SPHM.
- CMU SPHM curriculum provides continuous access to equipment, a variety of hands-on opportunities to develop confidence and critical thinking skills repeated through the three years program as recommended by Haines and Arnold[4]

Conclusion

Providing repeated, multi-modal experiences with SPHM equipment and principles throughout the DPT program appeared to provide students with enough confidence to apply and advocate for SPHM in clinical practice, especially in acute, subacute, and inpatient rehabilitation settings.

References

1. The role of physical therapy in safe patient handling. American Physical Therapy Association Web site. http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Practice/RoleOfPhysTherSafePatientHandlingHODP06-12-21-20.pdf. Published 2012. Accessed March 5, 2019.
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3. Damiugh A, Shyiko M, Margulis H, Campo M. Effects of safe patient handling and mobility program on patient self-care outcomes. The American Journal of Occupational Therapy. 2014;68(5):589-596.
4. Haines J, Arnold M. Integration of Safe Patient Handling and Mobility Principles in Professional Physical Therapist Education: A Case Report Journal of Physical Therapy Education. 33(2):113–125, June 2019

Journey of a Thousand Miles-Jan's Story: Promoting Assistive Mobility Technology in DPT Curriculum

Jamie Haines PT, DScPT, Emmy Kinner SPT, Hunter Lamarch SPT, Mathew Malone SPT, Anna Zaremba SPT
Central Michigan University, Department of Physical Therapy, Mount Pleasant MI, USA

SCAN ME

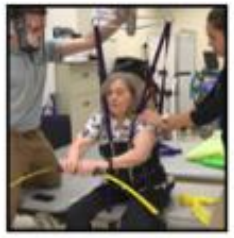
HEALTH PROFESSIONS PHYSICAL THERAPY CENTRAL MICHIGAN UNIVERSITY

"Equipment is the Catalyst"









Bed Mobility/Transfers	Sitting Balance	Standing Endurance	Pre-Gait "Sweet Spot"	Early Walking	Function at Home
Slide Board Transfer **1/19**: 2:40 minutes 1 transfer **6/22**: 1:12 minutes 5 transfers	**Midline Sitting Balance** **1/19**: 1 minutes before LOB **9/21**: 5 minutes before LOB **Dynamic Reach** **1/19**: unable **5/19**: forward 4 inches	**9/19** Initial standing **4/23**: 3-minute rounds for 24 total minutes	**8/22**: Safely working on 'jack-knife' to 'sweet spot'	**11/20**: E-Pacer 10 ft 30# unweighted **4/21**: 513 ft per walk	**4/23**: TRAM 150 ft outdoors






"The equipment gives me more confidence and eliminates my fear of falling"

Comparison of Muscle Activity in a Person With Severe Stroke During a Sit to Stand Activity With and Without Mechanical Patient Handling Equipment: A Case Study

AJ Lewandowski[1], Alyssa Morley[1], Kenneth Jenrow[2], Margaret Arnold, Jamie Haines[1]

1. Department of Physical Therapy, Central Michigan University 2. Department of Psychology, Central Michigan University

Health Professions

CMU Central Michigan University | The Herbert H. & Grace A. Dow College of Health Professions

Department of Physical Therapy

Introduction

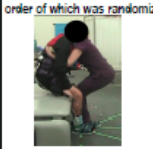
- The sit to stand (STS) movement is considered an important functional activity and has been linked to identifying fall risk and functional independence. [1,2]
- The primary lower extremity (LE) movers of STS are the quadriceps (QUAD), gluteus maximus (GM), hamstrings (HAM), tibialis anterior (TA), gastrocnemius (GAST), and soleus (SOL) muscles[3]
- Physical Therapists (PTs) commonly utilize repeated STS activities in treatment sessions to promote strength and function in people recovering from stroke. [1,2]
- PTs who perform manual patient transfers 6-10 times per day are 2.4x more likely to experience a work-related musculoskeletal disorder (WMSD). [4]
- Safe patient handling and mobility (SPHM) equipment helps caregivers and PTs mobilize difficult to move to promote recovery and active engagement during the rehabilitation process while reducing risk of PT and patient injury. [5]
- There is limited research investigating muscle activity during rehabilitation when SPHM equipment is utilized as compared to manual assist from a PT during rehabilitation.

Purpose

The purpose of this case study was to compare muscle activity in the LEs of a person with severe stroke with residual hemiplegia during a repeated STS activity under three assisted conditions: manual lift by a PT (ML), powered sit to stand lift with PT manual assist (FL), and mechanical assist by an overhead lift (OL) with PT manual assist.

Methods

Design: Case Study
Participants: MR and PT (physical therapist)
Data Collection:
MR performed 5 STS movements with a PT in the 3 conditions (ML, FL, or OL), the order of which was randomized.



Manual assist by PT (ML)

Powered floor lift (FL)

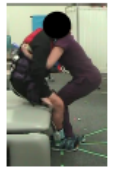
Overhead lift system (OL)

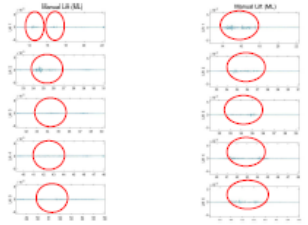
- EMG data (Delsys) collected from muscles TA, QUAD, and HAM from MR; ES from the PT
- Blood pressure, heart rate, and SpO2 were recorded prior to and between each trial.
- Before the trials, MR was instructed to use his best effort and contribute to the movement as much as he could while the PT provided physical assist/facilitation and verbal cues.
- MR was positioned in each piece of equipment by an expert in SPHM equipment.

Data Analysis
- Time series EMG data was plotted for each lift cycle on a normalized time scale, using MATLAB. The different lifting conditions are shown side-by-side for comparison and EMG data is reported in volts. Lift cycles were determined from accelerometer data from the L QUAD.
- Average total power for each lift was calculated from spectral analysis at frequencies below 59 Hz to minimize effects of interference and decrease artifact.

Results

Manual Lift | **R QUAD (intact) EMG Data** | **L QUAD (impaired) EMG Data**



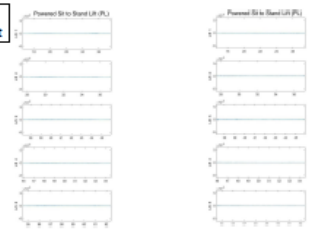


The ML condition showed activity in both QUADS during each repetition of STS.

The L (impaired) QUAD showed greatest EMG activity in this condition over the FL and OL conditions.

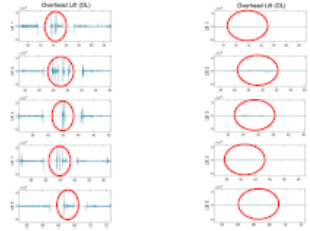
The EMG activity for the R (intact side) QUAD was more variable in this condition over the FL and OL conditions as indicated by the colored circles. .

Powered Sit to Stand Lift + PT Manual Assist



The FL condition showed minimal activity in both R (intact) and L (impaired) QUADS during all repetitions of STS in this condition compared to the ML and OL conditions.

Overhead Lift Harness System + PT Manual Assist

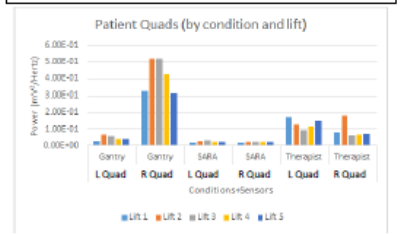


The OL condition showed EMG activity in both quads during each repetition of STS.

The L (impaired) QUAD EMG activity was higher than the FL condition, but less than the ML condition.

EMG amplitude was more consistent between all 5 repetitions of STS for the R (intact) QUAD, indicated by the colored circles.

Power of L and R Quad EMG Data for ML, PL, and OL Conditions



The FL condition generated minimal power in the R and L QUAD during each repetition. The ML condition generated more power in the L (impaired) QUAD than the R (intact) QUAD in every repetition, except the 2nd. The OL condition generated the most asymmetric power between the R and L QUADS. The R QUAD (intact) generated greater power than the L during each lift.

Discussion

- EMG data shows that the ML had the most activation in the L (impaired) QUAD, followed by the OL, then the FL. This is consistent with a similar study looking at the EMG activity during STS with a powered sit to stand lift (VERA lift).[6] This trend is the same for the power analysis of the L and R QUAD.
- The FL condition shows the least activity in both QUADS. This device allows for upper extremity weightbearing, which has been shown to decrease the need for LE muscle activation[7,8,9] and may explain why the LEs were less engaged.
- While the ML engaged the L (impaired) LE the most and allowed for more equal activation between the L and R QUADS, the increased activation of the R (intact) QUAD during the OL condition may contribute to retraining of central program generators of the brain even with less activation of the L (impaired) QUAD due to neural coupling.[10]
- LIMITATIONS: Limitations include small sample size and lack of useful EMG data from other muscle groups.

Conclusions

The data suggests the OL with PT manual assist was the preferred option to elicit total EMG activity in the LEs. This condition elicited more consistent EMG activity in the impaired LE as well as the greatest EMG activity in the intact LE than the FL and ML conditions. The increased activation of the intact LE may allow for greater retraining of the STS through neural coupling. The added safety afforded to the PT and the consistency of EMG activity across lifts indicates the OL is considered the preferred choice for repeatable LE muscle activation and retraining of the STS under these controlled conditions with this subject.

Future Research

This was a case study. Future research in this area should include more subjects, both people with stroke and PTs to improve rigor of results. Other opportunities could analyze muscle activity across different types of SPHM equipment during other rehabilitative activities to determine effectiveness in promoting muscle activity. Other studies analyzing EMG of the PT's trunk and cervical spine could provide insight into muscular activity during rehabilitative activities with and without SPHM devices.

References

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Acknowledgments

The researchers would like to thank the motion analysis lab for the use of lab space and equipment for data collection. The researchers would also like to thank Ksenia Ustinova and Mara Thompson for assistance with data analysis.

Contact Information

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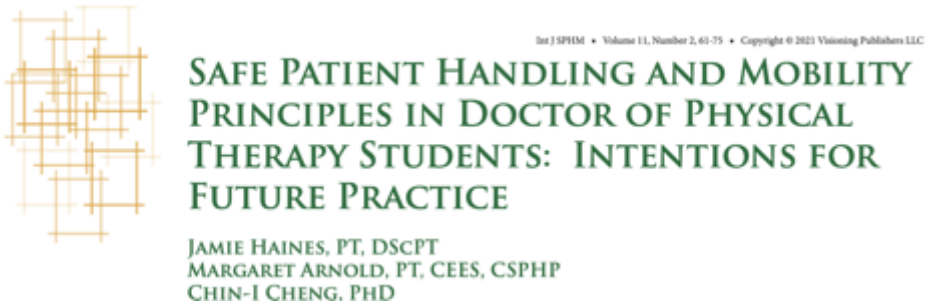
Haines J, **Arnold M**. Integration of Safe Patient Handling and Mobility Principles in Professional Physical Therapist Education: a case report. *Journal of Physical Therapy Education*. 2019, 33(2):113-125.

Haines J, **Arnold M**, Cheng C. Safe Patient Handling and Mobility Principles in Doctor of Physical Therapy Students: Intentions for Future Practice. IJSPHM 2021; 11(2).

Third article following up on clinical experiences currently under review for publishing



Program Framework

1st year

Intro to patient care course

Traditional body mechanics training for manual transfers (5-6 hrs)

SPHM equipment*: focused on transfer training w/ equipment (2 hours)

2nd year

Neurologic Mock lab

1 hr lecture/3 hr lab

Neurologic interventions course

5 hrs lab

Cardiopulmonary Acute Care

2 hr lab

3rd year

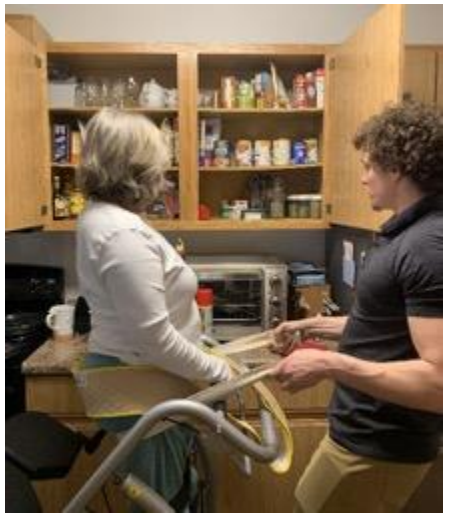
Complex Clinical Cases

1-2 hours

*SPHM equipment is defined as powered and non-powered sit to stand aids, powered ceiling lifts, body weight supported treadmill system, friction-reducing sheets and variety of slings/harnesses.

Additional non-mandatory experiences available through a weekly community exercise class and pro bono physical therapy clinic.

HANDS FOR HEALTH PHYSICAL THERAPY CLINIC



Mandatory:
Year 1: Foundations of Patient Care PTH 645
Year 2: PTH 745: Neurologic Interventions, PTH 732 Clinical Education III (MOCK LAB), PTH 736 E&D IV
3rd year: PTH 845 Clinical Decision Making in Advanced Therapeutic Exercise
Optional:
Hands for Health, MOVE, Pro-Bono Clinic

Key Elements identified by Students as MOST Useful

Physically putting a person in the equipment

Watching others use equipment (videos & in-person)

Implementing interventions

Reflecting on outcomes

Reflecting on use of recovery principles

- Many students have done in-services for their Clinical Instructors at their facilities
- Facilities with SPHM have added equipment and programs based on students' advocacy
- Students have been advocating for their patients' outcomes and for safety for themselves and their patients

- CMU Students with SPHM 2024
- Student Interview

Questions

- Margaret@Earlymobility.com
- Haine1jj@cmich.edu

- Jennifer
  - https://youtu.be/GchFfT85zcg?si=IRMc75UirQkrvjcf
- Interviews
  - https://youtu.be/Nd0SxPWGdPA?si=-HPehj3aNetH7Bp6
- Jan first steps
  - https://youtu.be/gBDOM09lE7g?si=wwqu_1hCX1MoFnVC
- Various student uses of SPHM
  - https://youtu.be/eljemnnCt4g?si=ybeCSetE8Qq_ycGo
- Chet mix
  - https://youtu.be/9XTZB1Q5Smw?si=7Cp463cZa9-iSrCQ
- Jan burning through benefits to get to Pro Bono Clinic
  - https://youtu.be/XxG5k1QgsT0?si=1-W35OIXY8lcn1js

Framework

Table 1. SPHM Module Framework for Neurologic Interventions Course

Professional Practice Expectations From Normative Model, and Physical Therapist Code of Ethics	Terminal Behavioral Objectives (TBO)	SPHM Instructional Activities/Objectives for Lecture and Laboratory Sessions
Clinical reasoning	Apply rationale for use of SPHM technology to advance patient performance and mobility outcomes	Lecture: Evidence review on principles of neuroplasticity and rehabilitation
8.1 Use Clinical judgment and reflection to identify, modify, and enhance clinical reasoning to minimize errors and enhance patient outcomes	Identify the most effective strategy to best achieve neurorehabilitation goals (use of reps, intensity, saliency, and error augmentation) when selecting manual or mechanical assistance for treatment intervention	Group discussion on barriers to implementing the evidence in neurorehabilitation
LINKAGE to TBO: Include SPHM handling principles as an integral part of clinical reasoning.	Consider patient/client dignity, engagement, security, comfort, and fear in selection of manual versus mechanical assistance for treatment strategy	Demonstration: Introduction to uses of SPHM technology
8.2 Consistently apply current knowledge, theory, and professional judgment while considering patient/client perspective in their management		Lab session—case scenario: Perform common neuro rehabilitative techniques with and without SPHM technology in mock patients:
LINKAGE to TBO: Evidence shows that patients feel safer and more secure and are worried about hurting the therapists when SPHM equipment is used.		Document rate of perceived exertion, heart rate, and bodily stress of student PT during activities
Code of Ethics- Principle #3: PTs shall be accountable for making sound professional judgments.		Document quality of intervention achieved with manual assistance and with mechanical assistance
LINKAGE to TBO: Evidence shows that injured therapists reported compromised care because of pain. Injuries can create ethical dilemmas to use appropriate recovery principles.		Document rate of perceived exertion, feeling of security, and participation of the patient role model with manual versus mechanical assistance
Plan of care	Appraise the role of SPHM technology in mitigating the harmful effects of immobility.	Lecture: Evidence review including epidemiology studies, cumulative trauma models, and biomechanical studies. Include impact of therapist WMSDs on therapist quality of life and patient care.
16.2 Determine a plan of care that is safe, effective, and patient/client centered	Explain the limitations of good body mechanics in preventing therapist injury during patient transfers and handling.	Small group discussion: Identify at least 3 clinical scenarios in PT practice that put a PT at risk of WMSD.
LINKAGE to TBO: Effective plan of care includes applying evidence of recovery principles regardless of patient complexity and BMI.	Integrate current evidence related to WMSDs and SPHM in design of neurorehabilitation plan of care.	Small group discussion: Provide 3 specific examples of how a PT may adjust work habits because of an injury
		Laboratory session: Design a plan of care for patient case scenario using principles of safety and patient/client centeredness, incorporating SPHM technologies.
Interventions	Implement and document interventions using neuroplasticity principles with SPHM technology including appropriate regressions/progressions.	Lecture: Effects and impact of immobility and impaired mobility across the continuum of care
17.1 Provide PT interventions to achieve patient/client outcomes.		Small group discussion: Identify 3–5 reasons PTs may choose not to use SPHM technology for rehabilitation
LINKAGE to TBO: Effective treatment interventions should follow evidence-based recovery principles regardless of patient complexity and BMI.		Laboratory session: Perform common neuro rehabilitative techniques with and without SPHM technology with mock patients using

Professional Practice Expectations From Normative Model, and Physical Therapist Code of Ethics	Terminal Behavioral Objectives (TBO)	SPHM Instructional Activities/Objectives for Lecture and Laboratory Sessions
		case scenarios, including progression and regression modifications.
17.4 Practice using principles of risk management	Perform neurorehabilitation interventions safely considering limitation of good body mechanics.	Document quality of intervention based on reps, intensity, dual tasking, arousal, saliency, error augmentation, patient-perceived safety, and comfort and engagement
Linkage to TBO: Manual handling is known to cause injuries to health professionals. Using SPHM principles minimizes risk of injury.		Small group discussion: Compare documentation with other groups in class and identify common themes
		Identify at least 2 appropriate therapy-related uses for each piece of equipment
		Group presentations: Compare and contrast therapist bodily stress and fatigue with and without use of SPHM technology
Code of Ethics-Principle #5: PTs shall fulfill their legal and professional obligations.	Discuss the impact of state and federal SPHM legislation on physical therapy practice	Lecture: Overview of APTA involvement in SPHM and legislative landscape.
LINKAGE to TBO: LINKAGE to TBO: APTA position statement on SPHM called PTs to be advocates and educators within organizational SPHM programs	Describe the professional responsibility of therapists practicing in facilities where safe patient handling and mobility programs are mandatory.	Partner discussion: Briefly summarize the history of SPHM initiative.
Code of Ethics-Principle #7: PTs shall promote organizational behaviors and business practices that benefit patients and society.	Identify the role of therapists in safe patient handling and mobility programs according to the APTA position statement.	Group discussion: Identify 2 main roles of PTs in SPHM programs according to the APTA position paper on SPHM
LINKAGE to TBO: APTA position statement on SPHM called PTs to be advocates and educators within organizational SPHM programs		

APTA, American Physical Therapy Association; WMSD, work-related musculoskeletal disorder.

GateWay Community College, Phoenix, AZ

Kirsten Berdahl, PT, MEd, CSPHA

GateWay Community College

Part of the Maricopa Community College District – the largest provider of workforce in Arizona

Enrolling about 4000 students/semester GWCC is one of the smallest colleges in our 10-college district

Yet, has the largest quantity of Health Care programs.

Center for Health Career Education

Associate Degree Programs

- Nursing (PN and RN)
- Physical Therapist Assisting
- Respiratory Therapist
- Medical Sonography
- Nuclear Medicine
- Medical Radiography
- Surgical Tech
- Health Services Management
- Electroneurodiagnostics
- Polysomnography

Certificate Programs

- CNA
- Phlebotomy
- Pharmacy Tech
- Ophthalmic Assistant
- Medical Assistant
- Medical Coding and Billing
- Surgical Technology
- OR Nursing
- Polysomnography Tech
- Hospital Central Service
- Health Unit Coordinator
- CT/MRI

20+ years Faculty -Physical Therapist Assistant "Body Mechanics and Patient Handling Expert"

- Voluntarily went to other programs (Nursing, Respiratory, Xray) and taught about body mechanics and basic patient handling

- Established good relationship with many Allied Health and Nursing faculty.

2017 Piloted SPHM Lab

- Small Workforce Grant
- Converted Computer Classroom
- 835 sq ft
- 4 hospital beds, stretcher
- 1 gantry ceiling lift
- 1 mobile floor lift
- 1 manual, 1 powered sit to stand
- Air Assist mat & jack
- Slide sheets, slings
- Mix of 2 major vendors

Jan 2017: Started holding these “Body Mechanics & Patient Handling” sessions in the SaPHE lab and sneaking in more and more SPHM.

Students loved it!

They saw the value immediately.

Rated it highly in their course evals.

2000 sq ft lab
new campus

2020

Statistics (Estimates)

Pilot Lab Jan 2017- Mar 2019

- 360 allied health students
- 1 exposure to SPHM

- Nursing students – 2-4 or more exposures

Fall 2020-Fall 2023

CNA and Allied Health

- 190 Sessions*
- 2985 Students
- 3806 Exposures
- 811 hrs of instruction

*Sessions are 1.5-4 hrs, ideal 2.5 hrs

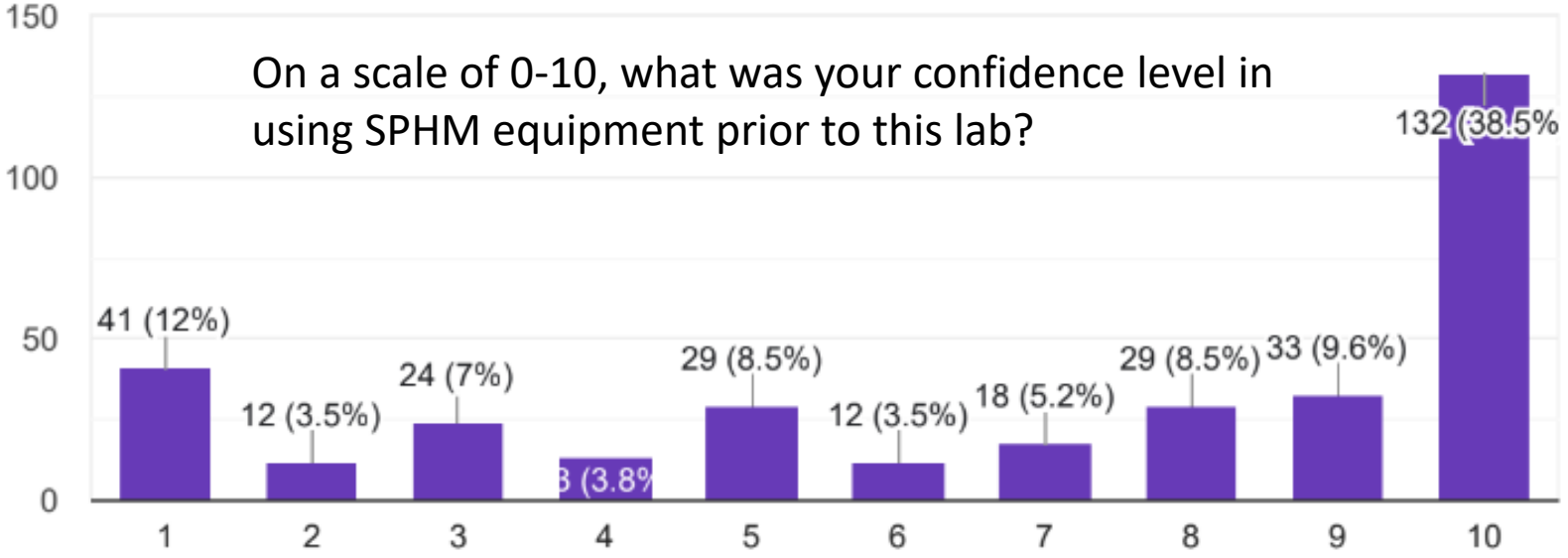
Programs that participate

Nursing

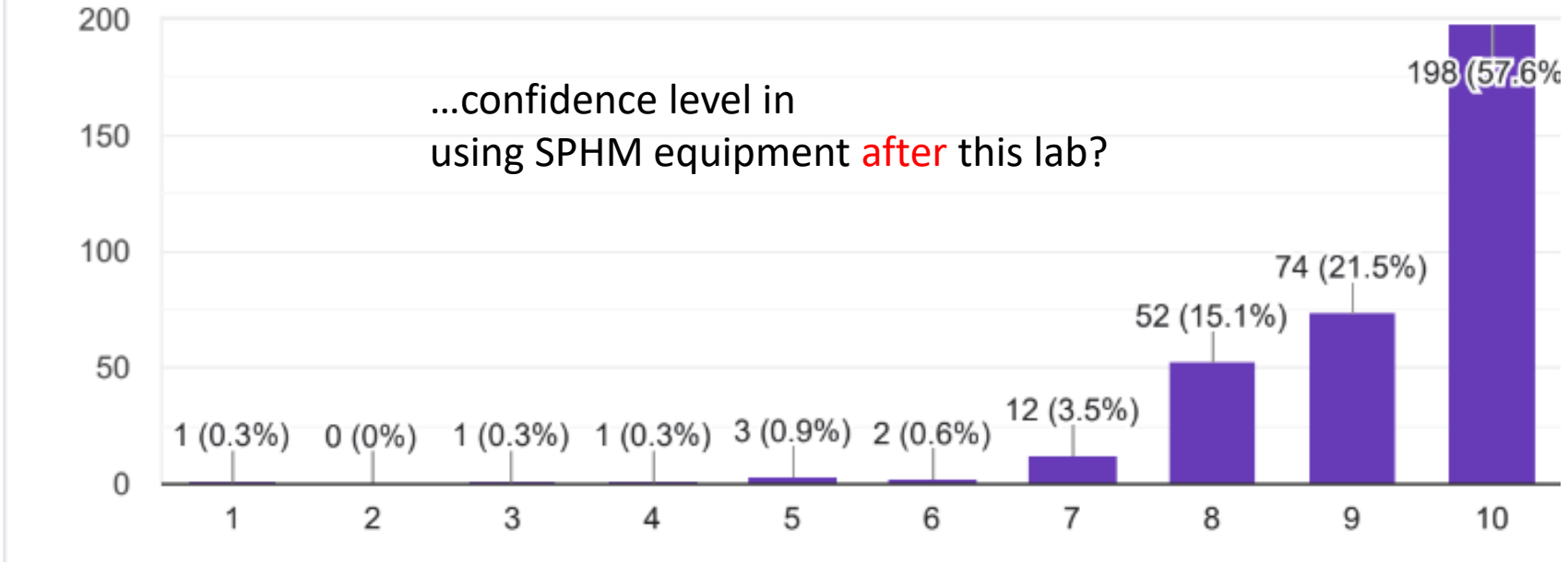
- Certified Nursing Assistant
- Practical Nursing (PN)
- Registered Nursing (RN) – in each of 4 blocks

Allied Health

- Nuclear Medicine (4 sessions)
- Medical Radiography (5 sessions)
- Occupational Therapy Assisting (1/2 credit = 8 hrs)
- Single sessions
  - Physical Therapy Assisting
  - Surgical Tech and PeriOp Nursing



AY 2022-2023
344 responses



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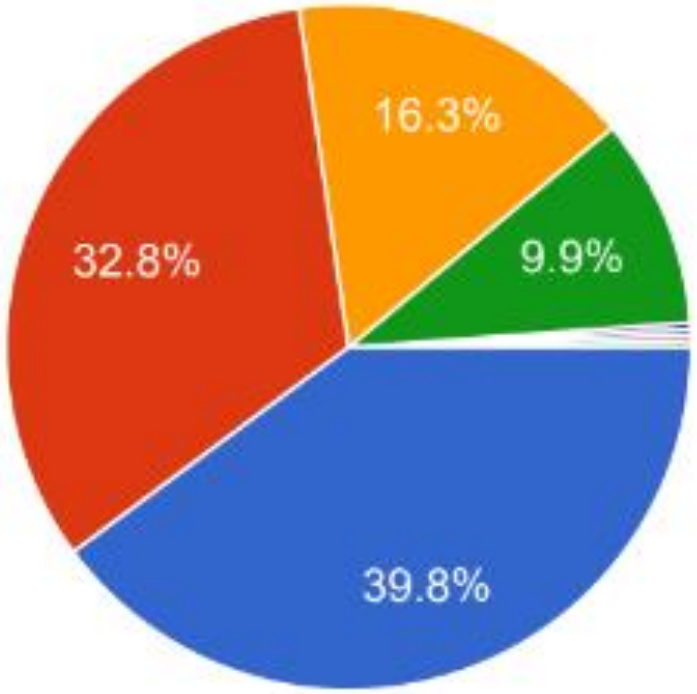
What is the most valuable thing you learned from today's lab?

344 responses



- Proper equipment use
- Safe patient handling risks in my job/program
- How to use SPH in my job/ program
- Reinforced skills I already ha…
- Was not applicable to my job/…
- How to use hover jack/ horizo…
- Air assist
- how important it is to avoid hu…

How to help your local college or University get started?

- Get your foot in the door
- This stuff sells itself!


It only takes a spark…
to get a fire going

Strategies for Clinicians to Help Colleges and Universities begin SPHM Education

- Find out what colleges/universities send students to your facility.
- Speak to their Program Directors or Clinical Coordinators
- Volunteer to be a guest presenter
- “New Technology”, “Evidence-based”

- Small commitment
- Students *love* to hear from professionals currently working in the field

Faculty quickly see the value for their students

When faculty attend our SPHM sessions with their students, They invariably increase time or number of sessions for the next semester or year.

Strategies for Clinicians to Help Colleges and Universities begin SPHM Education

- Volunteer to serve on an Advisory Panel.

These are committees of working professionals who advise occupational programs on latest trends, what they should be offering/covering.

- No time for serving on the panel? Try a conversation with the program's clinical coordinator

Schools listen to the their clinical partners. (because they need clinical rotations to be accredited)

Strategies for Clinicians to Approach colleges and Universities

- Assist with equipment acquisition
- Put Faculty in contact with vendors for possible donations or short term equipment loans
- Look into your facility's donation program

Strategies for Clinicians to Approach colleges and Universities

- Teach the teachers!
- Most programs have case scenarios. Help the instructor add SPHM technology to case studies they already use.
- Or offer the teaching tools you use for your employees.
  - (powerpoints, handouts, games, activities, assessments)
- You may have the opportunity to become an Adjunct (part time) Faculty member!

Fun to teach students!

The always laugh when they see their classmates getting lifted, suspended, etc

But they *really* see the value too.

They get excited about SPHM!

You can help “Spark Joy” for SPHM

Reach out to your local college or university

- Increase your circle of influence.
- Teach future healthcare workers to advocate for their safety and the safety of their colleagues and patients.
- Help grow the next generation of SPHM Champions!

Be that spark

that ignites SPHM education in your area.

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602-286-8520 https://www.gatewaycc.edu/community/saphe-lab

The SPHM Education in HealthCare Student Curriculum White Paper

CALL TO ACTION:

HELP US CHANGE THE TRAJECTORY OF CAREGIVER AND PATIENT SAFETY!

PLEASE SHARE WITH STUDENTS, FACULTY AND SCHOOLS!!!

Questions?

Interested in joining the Curriculum Task Force?

Contact Margaret Arnold – Margaret@Earlymobility.com

Lynda Enos at Humanfit@aol.com

References

Please refer to:

ASPHP [2023]. Safe Patient Handling and Mobility (SPHM) Education in Health Care Student Curriculum. A White Paper by The Association of Safe Patient Handling Professionals, Inc. Warrendale, PA. March 2023. www.ASPHP.org

The SPHM Education in HealthCare Student Curriculum White Paper is available at:

https://asphp.org/wp-content/uploads/2023/09/SPHM-Curriculum-White-Paper.pdf

SAFETY FIRST, ALWAYS:

Building a Foundation for Patient Handling and Early Mobility Excellence

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