

# Tips for Documenting Transfers

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## HAND PLACEMENT

Does your client push off from chair to stand and safely reach back to chair to sit?  
Does he/she reach for grab bars?

2

## SPECIFY SURFACE

Wheelchair, firm chair, soft chair, toilet, commode, bed, added height

3

## CHECK VITAL SIGNS

is your client SOB? Does your client have a hx of cardiac issues? Record RPE, modified borg, HR, O2, and BP readings

4

## INTERVAL TRAINING

Are you working on endurance? Record sets and reps with RPE and modified borg

5

## USE OF UPPER EXTREMITIES

Can you client safely stand from surface without use of UE or does he/she require UE?

6

## COGNITION

Does your client have difficulty with motor planning, sequencing or following directions?

7

## EDUCATION

Would your client benefit from a seat cushion or grab bar? Educate on locking brakes of w/c or rollator walker

8

## POSTURE

is your client seated upright? Does he/she scoot to edge of seat prior to standing? Can he/she maintain static stand?

9

## WEIGHT SHIFTING

"Nose over toes" for weight shifting anteriorly. Correct anterior or posterior pelvic tilt

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## SURFACE HEIGHT

Does your clients seat surface need to be adjusted? Does he/she have a raised toilet seat?