

#### **WEBINAR**

# Exploring the Efficacy of Portable Lift-Assist Devices to Reduce Exposures Compared to a Manual Lift

Amanda Calford | August 9, 2022



The Centre receives funding through a grant provided by the Ontario Ministry of Labour, Training and Skills Development.

#### **Background – The Problem**



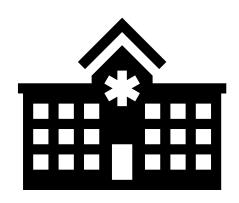
Image from: <a href="https://powerlifttraining.com/levigait-landing-page/">https://powerlifttraining.com/levigait-landing-page/</a>





#### **Background – Lift assist calls**

✓Lift assist calls occur when Emergency Medical Services (EMS) are called to lift someone who has fallen or is stuck in an undesirable position (Cone et al., 2013)



Long Term Care



Community





## **Background – Lift assist calls**



Image from: <a href="https://twitter.com/niagaraems/status/1363906028773904387">https://twitter.com/niagaraems/status/1363906028773904387</a>





### **Background – Potential Solution**

- ✓ Emerging portable lift assist devices have the potential to decrease the number of manual lifts completed by paramedics
- ✓If portable lift assist devices decrease exposure associated with completing a lift, they could also be used in Long Term Care and other facilities









## **PROJECT OBJECTIVE**

To evaluate the efficacy of the Elk and Raizer lift assist devices relative to a fore-aft lift for lifting a person from the floor to a stretcher, considering user perception and biomechanical exposure data.

#### **Methodology - Participants**

- ✓21 participants were recruited from a paramedic service in Ontario
- ✓Scheduled in pairs to facilitate 2-person lifting procedures







Fore-aft lift - manual



Elk – lift assist (6x speed)



Raizer – lift assist (4x speed)







Fore-aft lift - manual







Elk – lift assist (6x speed)







Raizer – lift assist (4x speed)

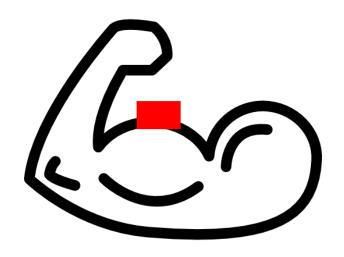






#### **Methodology – Biomechanical outcome measures**

#### Electromyography (EMG)







## Rating of Perceived Exertion

| re | ttort            |
|----|------------------|
| 6  | no exertion      |
| 7  | very, very light |
| 8  |                  |
| 9  | very light       |
| 10 |                  |
| 11 | fairly light     |
| 12 |                  |
| 13 | somewhat hard    |
| 14 |                  |
| 15 | hard             |
| 16 |                  |
| 17 | very hard        |
| 18 |                  |
| 19 | very, very hard  |
| 20 |                  |



Task 1 (Device retrieval and set-up)

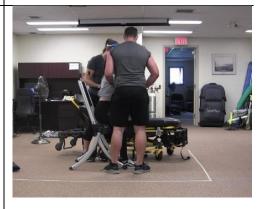
Task 2 (Device operation)

Task 3 (Patient transfer)

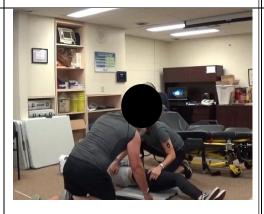
Raizer



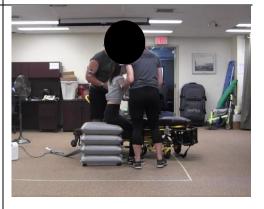




Elk



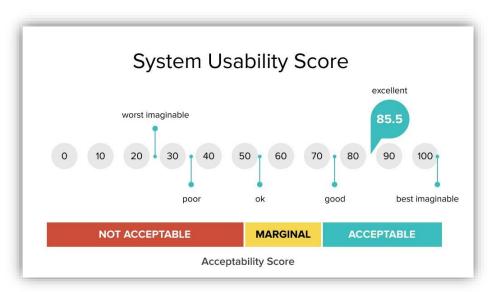




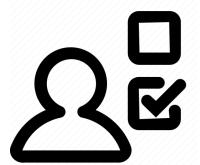




#### **Methodology – Perception-based outcome measures**



User preference



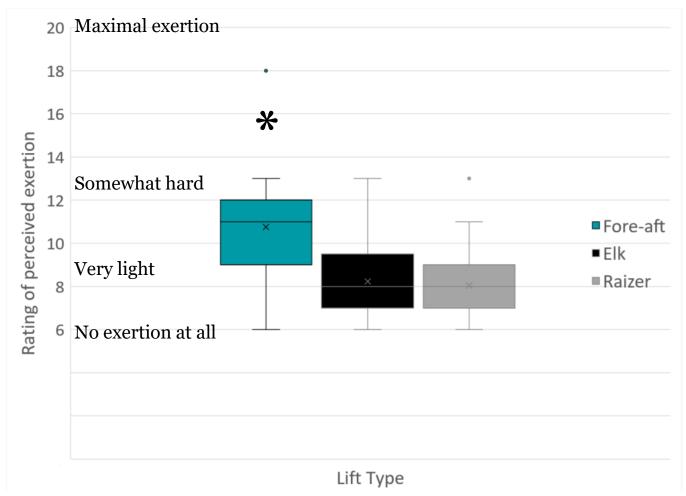
Exit interview







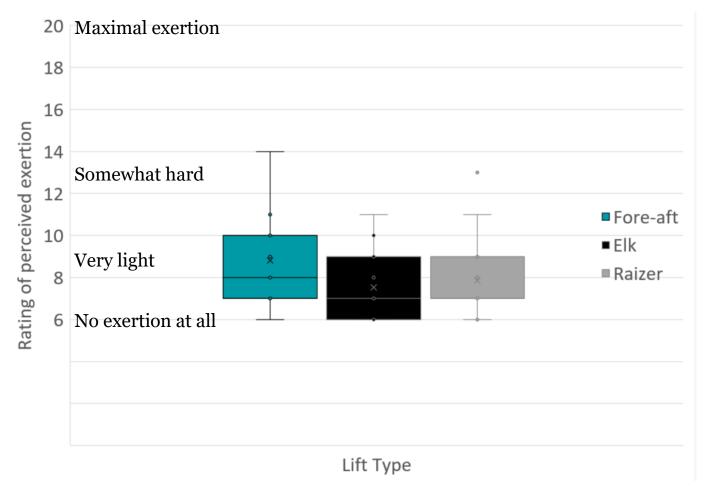
# Results – RPE was significantly higher for the lead lifter during the fore-aft lift relative to using an assistive device







# Results – RPE did not change for the assistant lifter across different lift types







#### Describe FMO showed lift essiet devises maintained ar

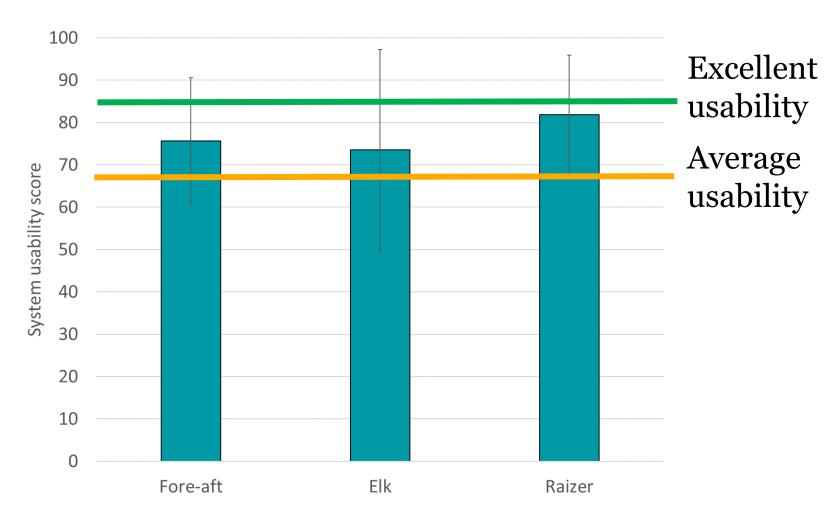
#### **Assistant Lifter Muscle Activation**

| •      |         | Max Muscle Activation |                     |          | Average Muscle Activation |                     |          |
|--------|---------|-----------------------|---------------------|----------|---------------------------|---------------------|----------|
|        |         | Device<br>setup       | Device<br>Operation | Transfer | Device<br>setup           | Device<br>Operation | Transfer |
| Elk    | L_Bicep |                       |                     |          |                           |                     |          |
|        | R_Bicep |                       |                     | -        | -                         | -                   | -        |
|        | L_ESPI  |                       | -                   | -        | -                         | -                   |          |
|        | R_ESPI  |                       |                     | -        |                           |                     |          |
| Raizer | L_Bicep |                       |                     |          | -                         |                     | -        |
|        | R_Bicep |                       | -                   | -        |                           |                     |          |
|        | L_ESPI  |                       | -                   | -        |                           |                     |          |
|        | R_ESPI  |                       |                     | -        |                           |                     |          |





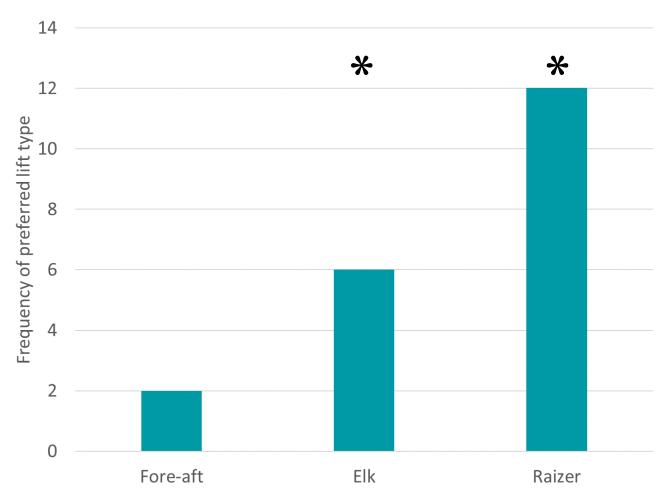
#### Results – no significant difference in perceived usability







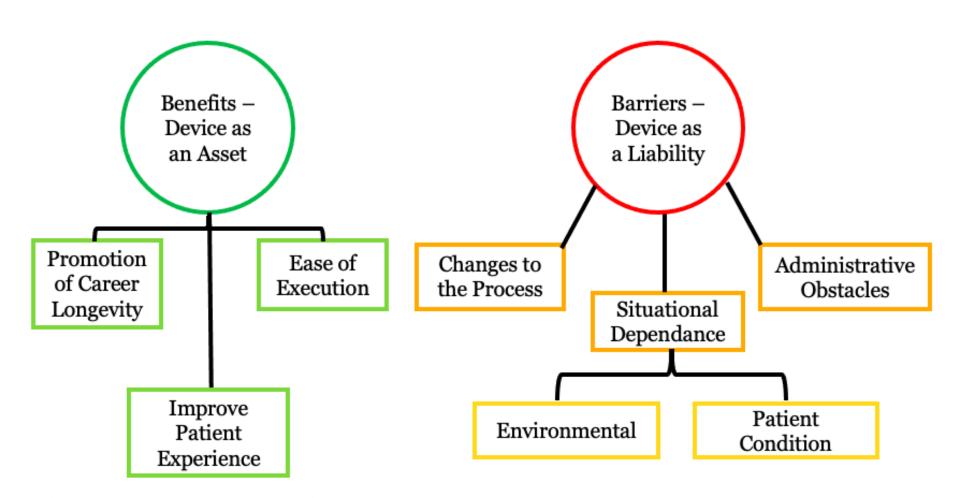
## Results – Participants preferred a lift assist rather than performing a fore-aft lift





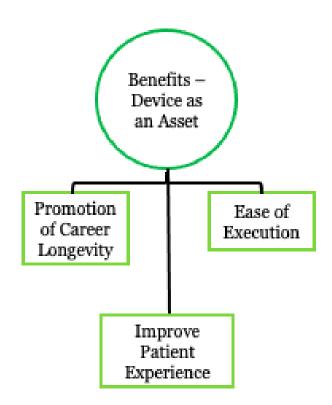


#### **Results – Interview feedback**









Theme: Benefits – Device as an Asset

Sub-Theme: Promotion of Career Longevity

- Decrease in physical exertion
- Decrease in risk of injury
- Decrease in mental stress/anxiety

Sub-Theme: Ease of Execution

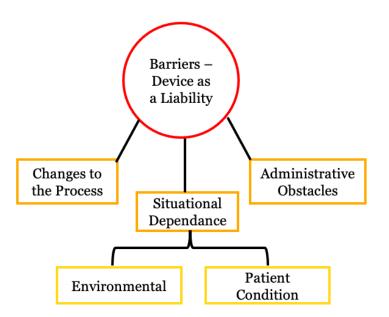
- Easy to use
- Easy set-up
- Minimal affect from time regarding usage
- Easy to clean

Sub-Theme: Improve Patient Experience

- Lift with device is gentle for patients and provides support
- Can be used on patients of different characteristics







Theme: Barriers – Device as a Liability

Sub-Theme: Changes to the Process

- Different exertion
- Learning curve

**Sub-Theme: Administrative Obstacles** 

- Liability concerns
- Money and maintenance
- Device distribution and accessibility

Sub-Theme: Situational Dependance

• Use of a device versus a manual technique is dependent on the situation

Sub-Sub Theme: Environmental

- Space
- Floor

**Sub-Sub Theme: Patient Condition** 

- Emergence level
- Chronic injury vs acute injury





#### **Discussion**

- ✓ Overall, biomechanical exposure decreased with use of a lift assist device
  - ✓ Expect to see further decreases with a heavier patient
- ✓ Many barriers revealed in exit interviews can be addressed with strong administrative controls

Changes to Process

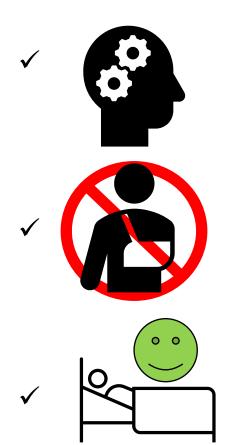
Administrative Obstacles







#### **Discussion**



Devices were perceived to be easy to learn and use, decrease injuries, increase career longevity, and increase patient experience, which is important for adoptability

(Noble and Sweeney, 2017, Conrad et al., 2007, Ruiter & Liaschenko, 2011)





#### **Key take away points**

- ✓ Paramedics perceive lifts to be less demanding when using a lift assist device
- ✓ Devices were perceived to increase patient comfort and experience
- ✓ Paramedics prefer access to lift assist devices
  - ➤ Raizer preferred by more, but may want access to both devices if feasible / possible

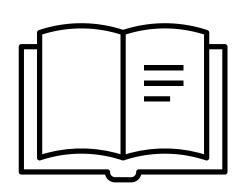




#### **Key take away points**

- ✓ Training and when-to-use guidance are important to support adoption
- ✓ Change management process may be important to help paramedics move away from "tried and true" fore-aft lift method









#### **Next Steps**

- ✓ Submitting our paper to a peer-reviewed journal for publication
- ✓Different populations (i.e. LTC staff), intervention study, cost-benefit-analysis could be considered
- ✓ Future work planned evaluating other products aimed at decreasing injuries during patient handling tasks



#### **Acknowledgements**









**Centre of Research Expertise** for the Prevention of **Musculoskeletal Disorders** 













