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Myths and Realities about Musculoskeletal Injuries and Lifting Equipment

There are many misconceptions about how best to prevent musculoskeletal injuries when handling and moving patients. The first step towards solutions and their implementation is to counter the myths.

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Education on lifting techniques and training in body mechanics are effective in reducing injuries.

Decades of research shows that “proper” body mechanics are not an effective way to reduce injuries. There is no such thing as safe manual lifting. Training in manual lifting has limited value in health care settings.

Smaller, lighter patients and residents do not warrant use of Safe Patient Handling equipment.

The National Institute of Occupational Safety and Health recommends lifting no more than 35 pounds under the best ergonomic conditions.

Health care workers who are physically fit are less likely to be injured.

Research does not support this. Good health and strength may actually put healthcare workers at risks because their co-workers will likely ask them for help when a patient is manually lifted.

It is much faster to manually move a patient or resident than to take the time to get the SPH equipment.

Speed should not determine how a patient or resident is moved. It is safer for the patient and the worker if SPH equipment is used. Equipment should be kept in designated areas and are easily accessible to all employees.

Manual lifting is safer and more comfortable for patients/resident.

The use of SPH equipment is safer and reduces risks of injury for both the patient and health-care worker. Manual lifting results in micro-injuries to the spine and overtime, this can lead to a debilitating injury.

Lifting patients is the most high risk task.

The lateral transfer of a patient from bed to stretcher or repositioning a patient is also high risk.

Source: Nelson, A, (Ed.) Safe Patient Handling and Movement: A Guide for Nurses and Other Health Care Providers. 2006. Springer Publishing Company.

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