

HEALTH EDUCATION

Why Use a Gait Belt?

Using a gait belt while transferring or walking a patient will provide **you** and **the patient** increased **safety** and **security**. You can control a patient's balance and can keep the patient from falling by using a gait belt. You also decrease the chance of hurting your back.

Putting on the Gait Belt

- With the patient seated, place the gait belt snugly at the patient's waist (except in certain cases). Fasten the buckle in front of the patient. There should be just enough room to get your fingers under the belt.
- When positioned correctly, the belt will be between the bottom of the patient's rib cage and the top of the pelvis.
- The belt may loosen when the patient stands up, so be sure to snug it again before further activity.

Using the Gait Belt

- Grasp the belt from its underside with your fingers pointing toward the patient's head to assist with activities such as standing, turning, and walking.
- While walking with a patient, walk behind and slightly to the side while holding on to the gait belt.
- If the patient loses his balance, use the belt to help him regain it. If you need to give more help with maintaining balance, use one hand on the shoulder (not the arm or clothing) as well as on the gait belt.

- If the patient begins to fall and you cannot prevent it, slowly lower him to the floor, using the gait belt to help control his descent. It is also helpful to let the patient "slide" down your leg, if possible.

Proper Body Mechanics

Use proper body mechanics to decrease the chance of hurting your back:

- Bend your knees and keep your back straight.
- Tighten your abdominal muscles to protect your back.
- Lift using your leg muscles. Do not use your back muscles.
- Do not twist your body while moving or lifting a patient.

Exceptions – Placing the Gait Belt Higher

If any of these apply to your patient, place the gait belt higher on the trunk at the level of the armpits. It still needs to be snug and may need to be tightened when the patient stands. If the patient is female, be sure it is not over her breasts.

- Recent abdominal surgery or back surgery with a healing or tender incision
- Pregnancy
- Umbilical or inguinal hernia
- PEG tube
- Colostomy or ileostomy

Talk with a staff member about any questions or concerns.