



## **Southeastern MN Center for Independent Living, Inc. (SEMCI) SAFETY, EMERGENCY, AND BACK CARE INFORMATION**

### **SAFETY GUIDELINES IN HOME CARE**

#### **GENERAL SAFETY PRECAUTIONS**

- Always be watchful for unsafe situations in home and with consumer.
- Know how all equipment works that you will be using.
- Assure all electrical equipment is in good condition.
  - Do not use cords that are frayed, have wires showing, or appear to have loose connections (lights blink on and off)
  - Do not overload an outlet with multiple cords
  - Keep electrical cord/equipment away from water or wet items
- Set brakes or stabilize equipment and furniture when consumer is moving.
- Remove scatter rugs; identify loose handrails and other potential hazards.
- Keep emergency and agency telephone numbers near telephone(s).
- Know emergency plans for fire, weather, and consumer injury/severe illness.
- No smoking is permitted in the residence or on the property of the consumer. Identify potential hazards if consumer smokes, such as falling asleep with lit cigarette.

#### **SAFETY WITH CHILDREN**

- Do not leave infants, toddlers, or young children unattended when they are awake.
- Do not leave children unattended outside.
- Sides of child's crib should be up at all times except when giving care.
- Do not turn away from child when crib rail is down; place hand on child if turning to reach for supplies or clothing.
- Remove from child's reach all toys or items which are small enough to be placed in mouth or supplies that could cause injury.
- Know where family keeps items that could be hazardous to children such as: medications, cleaning supplies, yard/garden chemicals, matches, lighters, or firearms.
- Keep doors to stairways and outdoors closed and locked.
- Keep cords from window blinds, lamps, and other items out of reach.

#### **SAFETY WITH ELDERLY PERSONS**

- Know sensory changes of elderly person (vision, hearing, temperature, pressure sensations), which may be a safety problem.
  - Provide adequate lighting
  - Check bath water temperature
  - Speak clearly and face the person
- Prevent falls. Identify environmental hazards such as dark stairways, scatter rugs.
- Protect persons who are confused or have memory problems
  - These persons may have Med Alert bracelet with name and address
  - Neighbors may be aware if person tends to wander

### SAFETY WITH VERY ILL PERSONS

- People who are very ill often cannot make good judgments or decisions because their pain or weakness or level of alertness affects clear thinking.
  - Be alert to potential unsafe situations during this time
- Know oxygen safety rules:
  - No smoking in person's room or where oxygen is stored
  - Do not use wool blankets, nylon clothing or items that may cause static electricity. Use cotton items whenever possible.
  - Keep plugs, other than for oxygen equipment, out of outlets in the person's room. Do not use electrical appliances such as heating pads, hair dryers, or electric shavers in person's room.
  - Follow agency policies and procedures for assisting a person with oxygen. Follow directions given by Qualified Professional (QP) and report anything unusual.

### SAFETY IN THE KITCHEN

- Keep kitchen free of clutter to avoid spills and accidents.
- Be alert to working safely with the stove.
  - Do not leave kitchen with items cooking on stove.
  - Keep handles on cooking utensils turned to the side or back.
  - Do not wear clothing with large bulky sleeves that could catch on handles of utensils or catch fire when working over stove.
  - Keep items such as potholders, paper towels, and napkins away from burner.
  - Check handles for temperature before lifting or moving to another surface.
  - Take care when carrying containers with hot liquids.
  - Keep spills wiped up. If grease/hot fat ignites, cover pan with lid to extinguish or pour on baking soda. Do not put water on it.
  - Be sure all burners (electric and gas) are turned off when finished.
  - Keep children away from stove while cooking.
- Store knives and other sharp cooking tools so blade is protected. Use carefully.
- Do not use broken or chipped glasses, dishes, or other containers.
- Know whether person having a pacemaker can be in the kitchen when a microwave is being used.
- Know location of fire extinguisher.

### SAFETY IN THE BATHROOM

- Determine if fixtures (toilet/commode/sink) are secured to floor or wall.
- Determine if person can manage bathroom safely. Are grab bars and other devices needed to assist the person?
- Be sure hot and cold-water faucets are marked correctly.
- Be alert to slippery surfaces. Be sure a bath mat is secured.

# CALLING 911

## CALL 911 IF A PERSON HAS/IS:

- NO PULSE
- UNSTOPPABLE BLEEDING / UNCONTROLLED NOSE BLEED / VOMITING BLOOD
- UNCONSCIOUS / UNRESPONSIVE
- A FRACTURED / BROKEN BONE
- TROUBLE BREATHING OR HAS STOPPED BREATHING
- CHEST, ARM, NECK PAIN
- UNABLE TO MOVE LIMBS
- SERIOUS BURNS
- DRUG OVERDOSE
- CONFUSION / DIZZINESS / SLURRED SPEECH / SUDDEN BLINDNESS
- HEAT STROKE

**WHEN IN DOUBT OF SERIOUSNESS OF THE SITUATION, OR IF YOU ARE UNSURE, LET THE 911 OPERATOR MAKE THE FINAL DETERMINATION.**

## WHAT YOU NEED:

- PHONE (CELL OR LANDLINE)
- A DEEP BREATH
- KNOW YOUR LOCATION

## WHEN CALLING 911:

- LOCATION OF EMERGENCY
- KNOW WHAT HELP WAS GIVEN TO INJURED
- LISTEN TO 911 OPERATOR AND ANSWER EACH QUESTION
- REMAIN CALM

**DO NOT HANG UP UNTIL 911 OPERATOR TELLS YOU TO DO SO**

## AFTER THE CALL:

- ONCE EMERGENCY PERSONNEL ARE GONE, CONTACT QUALIFIED PROFESSIONAL (QP)/SUPERVISOR IMMEDIATELY
- COMPLETE AN INCIDENT REPORT AND RETURN TO THE HUMAN RESOURCES MANAGER WITHIN 24 HOURS

## **EMERGENCIES IN THE HOME**

### **POISONING**

- Look for container. Follow antidote (neutralizes poison) listed on container.
- Call poison control center; 1-800-222-1222
- Get as much information as possible from the person or a witness.
  - What was the poison?
  - Was it inhaled, swallowed, injected, or absorbed through the skin?
  - How much was swallowed etc.? Or how much is left in the container?
  - What are the symptoms? (unconsciousness, difficulty breathing, vomiting, skin reactions, swelling, difficulty swallowing etc.)

### **BURNS**

- Small burns – first degree (red and painful like sunburns)
- Larger burns – second degree (blistering occurs)
- Deeper burns – third degree (charred skins and deeper tissues)
  - Remove source of burn
  - Place part in cool water or pour cool water over area
  - Do not remove clothing stuck to burn
  - Do not break any blisters
  - Check to see if person is breathing. Resuscitation may be necessary.
  - Cover area with clean dry cloth or sheet.
- Chemical burns
  - Flush with water for at least 20 minutes.
- Seek medical help or emergency services with all burns

### **ALLERGIC REACTIONS**

- Get as much information as possible and seek medical help.
  - What caused the reaction? (food, medication, perfume, insect bite, plant)
  - Was it ingested, inhaled, injected, or absorbed through the skin?
  - What are the symptoms? (vomiting difficulty breathing, difficulty swallowing, swelling, etc.)
- Watch for signs of shock: pale, cool, moist skin; restlessness, drowsy, chills

### **RESPIRATORY EMERGENCIES**

- Note increase/decrease in respiratory rate; type of respirations such as shallow, labored, or other difficulties; changes in skin color.
- Note if any equipment used for oxygen therapy is not working.
- Call 911 if emergency situation.

### **STROKE**

- Note changes in speech such as slurred, garbled, or unable to talk
- Note difficulty in using one side of body, drooping mouth, shoulder
- Note any complaints with vision, thought process
- Get medical help or call for emergency help
- Provide emergency breathing if necessary
- Do not give anything to eat or drink

- Keep comfortable and safe

## **HEART ATTACK**

- Know signs of heart attack: wet, clammy, pale skin, sweating, shortness of breath with shallow difficult breathing.
- Person may complain of chest pain or describe pressure, squeezing, tightness, aching, heavy or a crushing feeling in the chest. Pain may be behind the breastbone and may spread to shoulders, arms, neck, jaw or back.
- Person may complain of nausea or shortness of breath.
- Call 911. Do CPR if indicated and you are trained and certified.

## **DIABETIC REACTIONS**

- Insulin reaction (too much insulin or too little food)
- Fast heart rate, increased sweating, hunger, shaking, weak, feels faint, irritable type behavior or a change in mental functioning.
- Provide juice or other sugar according to care plan or directions by nurse.
- Call 911 if unable to awaken or appears unconscious.

## **SEIZURES**

- Observe body stiffness followed by a jerking action of muscles. Person may become unconscious or will have no memory of the seizure.
- Assist person to floor and clear area to prevent injury.
- Place small pillow, folded blanket or jacket under head.
- Loosen clothing around neck and turn head to side.

## **FALLS**

- Question person about pain anywhere on the body.
- Do not assist the person to stand.
- Call Qualified Professional (QP)/supervisor immediately.

## OBSERVATIONS TO REPORT

Observation plays an important role in determining the status of your client. Please observe closely, accurately, and report any changes to the SEMCIL Qualified Professional.

All Symptoms: complained of by the client (this includes symptoms observed but not complained of.)

Change in Skin Color: sudden pallor, flushing, or blotching.

Change in Respirations: difficult breathing, rapid respiration, gasping, inability to breathe except when sitting or standing erect, painful breathing.

Breath: peculiar odor as unpleasant, foul, sweet, fruity or smell of alcohol.

Cough: exhausting, harsh, tight, dry, hacking, painful or wheezing.

Dizziness: any loss of balance, complaint of dizziness or faintness.

Nausea or Vomiting: report as self-induced by client; projectile (with force projection), and frequency

Convulsions: as to time: duration, whether intermittent or continuous, mild or violent.

Mental Disturbance: anxiety, tension, stress – may be revealed in a combination of symptoms such as rapid breathing with occasional deep sigh and restlessness. Trembling, increased perspiration, itching, rambling conversation, shaky voice.

Chills: severity of chill, (violent or shivering).

Crying: describe as fretful, sharp, whining or moaning. Reason if known.

Swelling: (Edema) as to location generalized or local as legs and feet. Also color change accompanying swelling.

Skin Condition: dryness, scales, rashes, hives, blotching, boils, itching, reddened area, bruises, abrasions, bedsores, or open raw areas.

Abdomen: as distended, hard, rigid, painful and tender.

Eyes: blood shot, dull, yellowish color, anxious, inflammation, watery and tearing, sensitive to light, twitching, pupils contracted, dilated or unequal.

Appetite: loss of appetite, failure to eat a meal (may be diabetic), eating of additional foods while on restricted diet. Report any difficulty the client may have swallowing, chewing or feeding themselves.

Sleep: restless, inability to sleep or sleeps at short intervals.

Oral Hygiene: report lost or broken dentures or bridgework mouth sores, tenderness, bleeding gums.

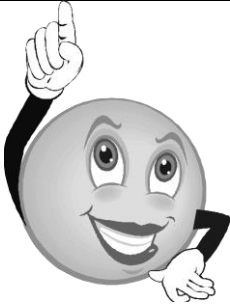

Physical Activities: report failure of ambulatory client to get out of bed. Refusal to walk or exercise.

Bowels: as diarrhea, stool of unusual color (clay, black with blood) hard-formed stool. Failure to defecate or variation from normal established bowel habits.

Urine: as unusual color, cloudy or bloody. Change in output, failure to void. Catheter drainage system not open or draining an adequate amount of urine.

Bath: failure to give bath. Refusal of client to receive bath or other routine service for which you are responsible.

## Do and Don't for Your Back

<u>Do</u>	<u>Don't</u>
<i>Assess the situation</i> – look at the consumer, the environment and You!	<i>Hurry!</i> The majority of injuries occur when you're rushing.
<i>Bend your knees</i> to keep the load close to your body, use your big muscles and to maintain your spinal curves.	<i>Stoop over</i> and bend only at your hips.
<i>Use a wide base of support</i> and put your feet shoulder width apart. This increases stability!	<i>Over-reach</i> to get to something. Normal reach length is the length of your arm when you hold it straight out in front of you.
<i>Get help</i> from the consumer or a co-worker.	<i>Work alone!!</i> Never attempt a 2 person transfer when you are alone.
<i>Transfer your weight</i> to use your whole body to help with the transfer.	<i>Twist or unwind</i> to transfer someone – it takes away the strength of your back.
	<i>Jerk/pull quickly</i> because it should come easy and if not, it is possibly stuck.
	

## What to do when you hurt your back

If you try these steps and have no back pain relief, or have further questions please contact your primary care physician or local physical therapist.

1. **Apply ice** to painful area at least 4-6 times in 24-48 hours. Ice can be applied with ice massage (freeze ice in paper cups and peel away paper prior to use. Use a circular motion with the ice for 5-10 minutes to the area) or lay on an ice pack on the area for 15-20 minutes.
2. **Keep mobile and limber.** Do back stretches slowly and gently, holding them for a count of 30 seconds. Stretch every 3-4 hours and make sure to move around or change position every 20 minutes.
3. **Sit in firm, straight-backed chairs that provide back support.** Avoid soft chairs and couches that promote bad posture.
4. **No heavy lifting.** If you must lift, use your LEGS not your back.
5. **Watch your posture.** Don't sit or stand for a long time. Use a lumbar support while sitting. When you lie down, lay flat on a firm surface with your hips and knees bent. A rocking chair and stool if needed are excellent to keep the feet at the proper height.

# TRANSFERS

## How To Get A Person Out Of Bed

### **What are bed transfers? How To Get A Person Out Of Bed Care Guide**

When you perform a bed transfer, you help a bedridden person move from the bed to a chair or wheelchair. You also may help move him back into bed. You can use the pivot transfer, scoot transfer, or slide board transfer. A gait belt can be used with any of these transfers.

### **Why is it important to do bed transfers correctly?**

- You can hurt a bedridden person when a bed transfer is not done correctly. Transfers not done the right way can shear, tear, or bruise his skin. The person's bones may dislocate (move out of place) or fracture (break).
- You can injure yourself when a bed transfer is not done correctly. The person being transferred can have muscle spasms, become unsteady, or resist being moved. You can hurt your back, shoulders, or other body areas while doing a transfer.

### **How do I prepare someone for a transfer?**

**Assess the person.** Bedridden people may range from independent (needing minimal help) to totally dependent. Those who are independent should be encouraged to move themselves as much as possible. Totally dependent people cannot move out of bed without your help.

Consider the following as you plan the bed transfer:

- **Can the person help with the bed transfer?** Assess his arm and leg strength and ability to sit or stand up. Keep the person close to you during the transfer to increase stability. Ease him to the closest surface, such as the bed or chair, should he start to fall.
- **Can he follow directions? Does he want to help?** Assess the person's understanding and willingness to help with the transfer.
- **How tall and heavy is he?** You may need to adjust the height of the equipment or get special devices for some transfers.
- **Does the person have any equipment or wounds on his body or muscle problems?** Choose the bed transfer method that will best protect him from injury.
- **Does the person have any special orders from caregivers?** Check his activity orders.

### **How do I prevent injury to myself and to others?**

- **Use correct form.** Do not stretch your back or turn at your waist during the transfer. Your body should be aligned (in a straight line), with a straight back and bent knees. Do not let the person wrap his arms around your neck or shoulders while moving him. This can cause you a neck or back injury.
- **Look around the room.** Check for floors that are slick or not level. Remove throw rugs and pets before bed transfers. Tidy up the area around the bed to prevent falls. Make sure the person you are transferring is wearing shoes or socks with nonslip soles.
- **Choose the right equipment.** You can use a slide board to move the person from the bed to a chair or wheelchair. Gait belts, also called transfer belts, can help him stand. Check the gait belt safety instructions to ensure the belt can be used for bed transfers. Place the gait belt over the clothing around the person's waist. Tighten just enough so you can easily fit both hands underneath the belt. **Do not** use any equipment before a caregiver has shown you how to do so correctly.



- **Prepare the person and other people.** Tell the person you are transferring what will happen and what he can do to help. Ask other people to help move him, depending on the transfer method.
- **Work together with the person being transferred and your helpers.** You and your helpers can count out loud to 3 to coordinate efforts to help the person stand or move. Avoid sudden movements during the transfer. Quick changes in position can cause falls.

### What should I know for all transfers?

#### **Before the transfer:**

- **Place the chair or wheelchair beside the bed.** Angle the chair or wheelchair parallel (on the same line) or at a 45-degree angle to the bed. The foot of the wheelchair or chair should face the same direction as the foot of the bed. If you are using a wheelchair, move or remove its footrests and lock the wheels.
- **If the bed is adjustable, change the height of the bed so the person's feet can touch the floor.** If the bed has side rails, lower them before the transfer. If the bed has wheels, lock them.
- **Help the person sit up on the side of the bed.** Help him lie on his side facing the chair, then slowly raise the head of the bed as high as his condition allows. As the person places his hand on your shoulder, slide your hand under his arm and around his back. Place your other hand under his opposite thigh. Help lift his chest and shoulders, and help him move his legs so he sits up, feet on the floor.

#### **After the transfer:**

- **Once he is in the chair or wheelchair, help the person sit with his back resting against the back of the chair.** If the person is in a wheelchair, place his feet and arms on the chair rests.

### How do I transfer someone using the pivot transfer with a gait belt?

To use this method, the person must be able to sit with help and to bear some weight on his legs. Stand toe-to-toe with the seated person. Bend your knees slightly and keep your back straight. Ask him to put his hands on the edge of the bed if he can. Hug the person being transferred under his arms. Ask him to help by using his arms to move his body to the edge of the bed. The person will stand briefly before sitting in the chair or wheelchair. You can help him stand using a gait belt:

- Use the rock-and-pull method to pull him to a standing position with the gait belt.
- Face the person being transferred. Bend your knees and hips, but keep your back straight. Ask him to place one hand on your shoulder.
- Grasp the belt with your palms toward you. Gently rock back and forth about 3 times with the person.
- On the 3rd rock, pull the person up to standing position. Do not bear too much of his weight.

To transfer the person back into bed, follow the same directions. After the transfer is complete, help him get comfortable.

### How do I transfer someone using the pivot transfer without a gait belt?

- Without a gait belt, you can ask the person to stand by pushing off the bed with his arms. You are still toe-to-toe and hugging him, with bent knees and straight back. Ask him to bear as much of his own weight on his feet as possible. On the count of 3, raise

the person to a standing position as you straighten your knees. Keep your back as straight as you can while he stands.

- Pivot toward the wheelchair while you keep your knees against his. **Do not** turn at your waist. Ask the person to grasp the armrests when he feels the chair against the back of his legs. Bend your knees, and keep your back straight as you help him to sit on the chair or wheelchair.

To transfer the person back into bed, follow the same directions. After the transfer is complete, help him get comfortable.

### **How do I transfer someone using a slide board?**

Slide boards are stiff, smooth, and slippery. They act like a bridge between the bed and chair or wheelchair. The person being transferred must be able to sit up when using this method. Use a gait belt with the slide board.

- Move the bed so it is no more than 2 inches higher than the chair or wheelchair.
- Position the slide board between the transfer points. Slide one end of the board under the person's buttocks. Place the other end of the slide board on the chair or wheelchair seat.
- When moving the person to the chair on your right, place your left knee between his knees. Position your right knee near the right front leg or wheel of the chair or wheelchair. Change legs when transferring the person to a chair or wheelchair on your left side.
- Grasp the gait belt near the person's hips, with your palms toward you. Slowly slide him on the slide board toward the chair or wheelchair.
- Keep your back and body in a straight line, and pivot your feet as you move.
- Remove the slide board. You can leave the belt on after the transfer to help the person return to bed.

To transfer the person back into bed, follow the same directions. After the transfer is complete, help him get comfortable.

### **How do I transfer someone using the scoot transfer?**

For this transfer method, the height of the bed and chair should be within 2 inches of each other. The person must be able to sit with help and to bear some weight on his legs. Use a towel to cushion the edge of the seat. **A gait belt can help move the person.** Use the rock-and-pull method:

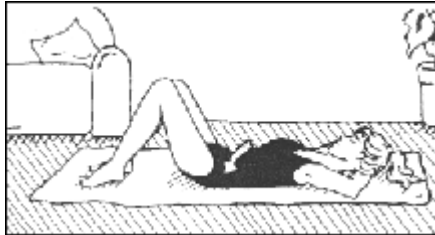
- Ask the person to place his arms at his sides or to reach for the chair with one arm.
- Face the person. Bend your knees and hips, but keep your back straight. If you are moving the person to your right, place your left knee between his knees. Place your right knee to the outside of and against his left leg. If you are moving the person to the left, reverse these directions.
- Ask the person to bend toward you, putting his weight on you. You will lean back slightly.
- Grasp the belt with your palms toward you. Use 2 to 4 small rocking movements to scoot the person over by lifting him 1 to 2 inches off the bed each time. The rocking motion provides momentum to help him scoot from the bed to the chair. Do not bear too much of his weight. His feet should be flat on the floor.

To transfer the person back into bed, follow the same directions. After the transfer is complete, help him get comfortable.

# BACK EXERCISE BEING GOOD TO YOUR BACK

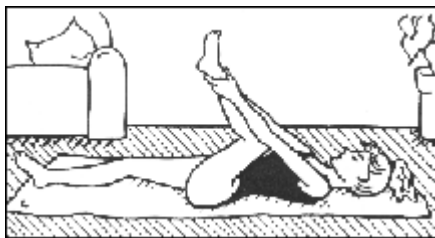


Back exercises are one of the most important things you can do to strengthen your back and help protect it from accidental injury. The more fit you are, the less likely you are to have back or neck pain. The following exercises, when done on a daily basis, can help keep your back in condition. (Remember, though, if you are experiencing back pain of any sort, check with a healthcare professional before doing these or any exercises.)



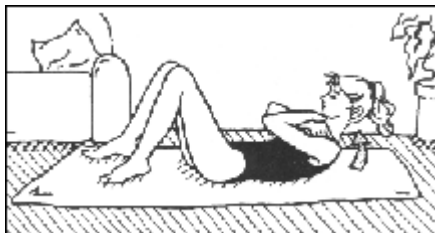
## Pelvis Tilt

Lie as shown with knees bent and flat on the floor. Slowly tighten your stomach and buttocks as you press your lower back onto the floor. Hold for 10 seconds and then release. Repeat the sequence 5-10 times.



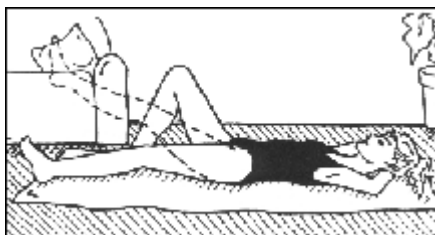
## Hamstring Stretch

Lie on your back with one leg straight in front of you and the other bent. Hold onto the ankle of your bent leg and slowly try to straighten your leg. (Keep your lower back on the floor.) Hold for 10 seconds. Relax. Repeat 5-10 times, and then switch sides.



## Bent-Knee Sit-Ups

Lie as shown with knees bent and feet and lower back on the floor. Place your arms as shown and slowly raise your shoulders, using your stomach muscles. (Do not stretch with your neck or arms.) Hold for 10 seconds. Relax. Repeat 5-10 times.





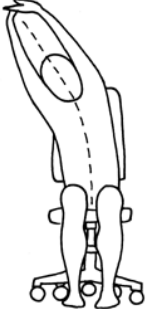

## Leg Lift


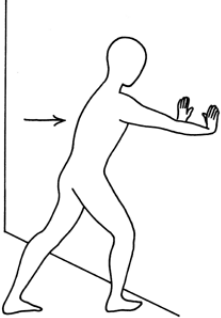
Lie on the floor with one leg straight in front of you and the other bent as shown. Slowly raise your straightened leg as far as you can. Hold for 10 seconds. Slowly lower your leg to the floor. Relax. Repeat 5-10 times, then switch sides.

# WARM UP EXERCISES BEFORE YOU START WORK



	<p>Stand with knees slightly bent and feet apart, place palms on lower back, fingers pointing downward. Gently push your palms forward and gently bend your back backwards. Hold for 5-10 seconds. Repeat 3-5 times.</p> <p>Then bend the knees and lower the body forward as far as comfortable. Relax the neck, shoulders and arms. Hold 5 seconds.</p> <p>Keep knees bent and slowly uncurl to an upright position.</p>
	<p>Slowly roll your shoulders backward five times in a circular motion. Slowly roll your shoulders forward five times in a circular motion.</p>
	<p>Interlace fingers. Turn palm upwards above your head as you straighten your arms. Stretch and hold for 5-10 seconds. Repeat 3-5 times.</p>
	<p>Fingers interlaced behind your back. Slowly turn your elbow outward while straightening your arms. Hold for 5-10 seconds. Repeat 3-5 times.</p>
	<p>Interlace fingers. With palms facing out, straighten arms out to the front of you. Hold for 5-10 seconds. Repeat 3-5 times.</p>

	<p>Hold left elbow with right hand. Gently pull elbow behind head until you feel a stretch. Hold for 5-10 seconds. Repeat 3-5 times. Repeat with other arm.</p>
	<p>Gently pull your left elbow across your chest towards your right shoulder until you feel a stretch. Hold for 5-10 seconds. Repeat 3-5 times. Repeat with other arm.</p>
	<p>Sit or stand upright. Interlace fingers and lift arms overhead. Keeping the elbows straight, press arms as far back as you can. Slowly bend to the left side until you feel a stretch. Hold for 5-10 seconds. Slowly bend to the right side until you feel a stretch. Hold for 5-10 seconds. Repeat 3-5 times.</p>
	<p>Sit with left leg across right leg. Rest elbow or forearm of right arm on the outside of the left upper thigh. Gently apply pressure with right elbow or forearm towards the right. As you apply pressure, look over your left shoulder. Hold for 5-10 seconds. Repeat 3-5 times. Repeat with the other side.</p>

	<p>Stand upright with right hand supported on a wall or the back of a stationary chair. Grab your left ankle with your left hand. Keep left knee pointed towards the ground. Slowly pull the left leg towards the buttock until you feel a stretch in the front of the thigh. Hold for 5-10 seconds. Repeat 3-5 times. Repeat with the other leg.</p>
	<p>Stand arms length from a wall or other support, feet facing forward. Place right foot forward and keep the left leg straight and the heel on the ground. Lean your body towards the wall until you feel a stretch in the left calf. Hold for 5-10 seconds. Repeat 3-5 times. Repeat with the other side.</p>

*Adapted from University of Toronto, Office of Environmental Health & Safety.  
Found online at <http://www.utoronto.ca/safety/ergoweb/exercise.html>*

*Adapted for similarity to the Workers Compensation Board of Alberta "10-minute warm up" produced by the Rehabilitation Centre.*