Assistive Devices

University of Texas Health Science Center at San Antonio
Dr. Martha Acosta, PhD, PT, MS, GCS
Rebecca Oliver, SPT
Caleb Baker, SPT
Overview

• Introduction
• Types
• Adjustment
• Common Mistakes and Corrections
• Safety During Transfers
• Different Terrains
• Gait Belts
• Summary
What is an Assistive Device?

• Assistive devices (AD) help compensate for the following impairments or conditions:
  – Decreased balance/stability
  – Decreased strength
  – Decreased coordination
  – Pain with weight bearing
  – Amputation
  – Fracture

• Design: IMPROVE FUNCTIONAL MOBILITY
Important Considerations

• The appropriate AD and its proper use are important for safety and security in maneuvering the environment, as well as conserving energy.

• ADs should be selected and fitted by a professional (Physical Therapist) prior to their use.
• The caregiver must be aware of the client’s abilities and disabilities;
• The caregiver must provide safety for the client through proper guarding and instructions during activities where ADs are used;
  – May include preparing the client mentally and/or physically for the upcoming activity
Types of ADs

Most Supportive

- Standard Walker
- Rolling Walker (2 wheels)
- Rollator (4 wheels)
- Hemi-walker
- Quad Cane

Least Supportive

- Single Point Cane
Standard Walker

- Most stable AD
- No rolling out from under the patient
- Allows for more weight to be pushed through arms/hands, unweighting legs
- Slower walking speed
Rolling Walker

• Faster walking speed
• Easier to move
• Tennis balls or glides on back legs make for easier sliding
• Do NOT need to pick up back legs when walking
• Wheels can roll out from under patient if all four legs are not in contact with ground/floor
Rollator

- Fastest walking speed
- Seat for resting breaks
- Basket for carrying items
- Brakes on handles
- LEAST STABLE full walker
- Does NOT allow for very much weight to be pushed through the hands/arms
Rollator

• ONLY for patients who:
  • Need an immediate place for sitting break
  • Have good balance without needing to lean weight onto walker
Hemi-Walker

- Most stable option for patients without functional use of one arm/hand
- Ability to stand upright
- Larger base of support
- Easily folds together for storage
- Bulky/heavy
Quad Cane

- Ability to stand upright
- Larger base of support than standard cane
- Allows for more weight to be put through arm/hand
Single Point Cane

- Lightweight, small, simple
- Improves safety and balance compared to walking with no AD
- Least stable AD for walking
HOW DO YOU USE THESE THINGS?
Let’s get the height right first...

• Arms at patients’ sides
• Standing upright
• Handle of AD should be at approximately wrist height
• Most ADs adjust by lengthening/shortening legs (rollator can be more complicated)
Proper Height

Correct size! (Too Tall) (Too Short)

Lowest point on top of handle
Walkers: Common Mistakes

• Leaning forward/hunching over
• Pushing walker too far in front
• Picking up walker while walking
• Pushing walker with one arm only
Walkers: Correct Use

- Stand up “tall” with both hands on walker
- Stay close to walker
- All four legs of walker should be in contact with ground when stepping
Single Arm ADs: Common Mistakes

- Leaning into cane
- Holding cane on same side as weaker leg
- Dragging cane behind
- Putting cane too far in front of body
Single Arm ADs: Correct Use

- If patient has weaker leg, cane belongs in opposite hand of the weak leg
- Cane moves with weaker leg
- Keep cane vertical with upright posture
Curbs and Steps

• Up with the good!
• Down with the bad!
Sitting/Standing with AD

• Sit to stand
  – Scoot to edge of chair
  – Pull feet behind knees
  – Lean forward ("nose over toes")
  – Push from chair
  – Do NOT pull on walker
  – One hand on walker and one hand on chair is okay
Sitting/Standing with AD (cont.)

• Stand to sit
  – After approaching seat, turn around
  – Back up until you feel chair in contact with the back of your legs
  – Then, reach backwards for chair BEFORE sitting
  – Use arms and legs to control descent
  – DO NOT PLOP!!!
Walking over Different Surfaces

• Slick/Wet
  – Smaller steps
  – Keep AD close to body
  – AD can slide more easily

• Rough/Carpet/Asphalt
  – Pick up feet (NO SHUFFLING!)
  – AD will not slide as easily
  – May need to gently lift AD to move it forward

• BE CAREFUL OF ALTERNATING SURFACES OR THROW RUGS!
Use of Gait Belts with ADs

• Can increase safety when used properly by caregiver
• Should be snug around patient’s waist
• One hand on gait belt, the other on patient’s shoulder if necessary
• Do not pull on gait belt while walking!
• Stay close to patient
Summary

• Types and usage of assistive devices for walking
• Common mistakes and how to correct them
• Sitting and standing
• Safety and awareness over different surfaces
• Proper use of gait belt for assistance
THANK YOU!!!

• We hope this presentation was helpful and informative.
• Our goal is to increase caregiver and patient knowledge and safety.
• We wish to promote correct selection and utilization of your assistive device.
Want to Ask a Question or Make a Comment?

Click on the "Ask" bubble above the video player to ask a question or make a comment.

Doctor and Patient Communication - How to Talk to Your Doctor

David A. Smith, M.D., FAAFP, CMD, Geriatric Consultants of Central Texas, P.A.

Sometimes appointments with doctors can seem rushed or confusing. Learn from a doctor’s perspective the best way to get the most out of each visit with your physician and what questions to ask. The time you have with your physician is short - there’s not a second to waste.

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Thank You

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