

Assistive Devices



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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.

Important Considerations (cont.)

- 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



Least Supportive

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



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 AIDs: Common Mistakes

- Leaning into cane
- Holding cane on same side as weaker leg
- Dragging cane behind
- Putting cane too far in front of body

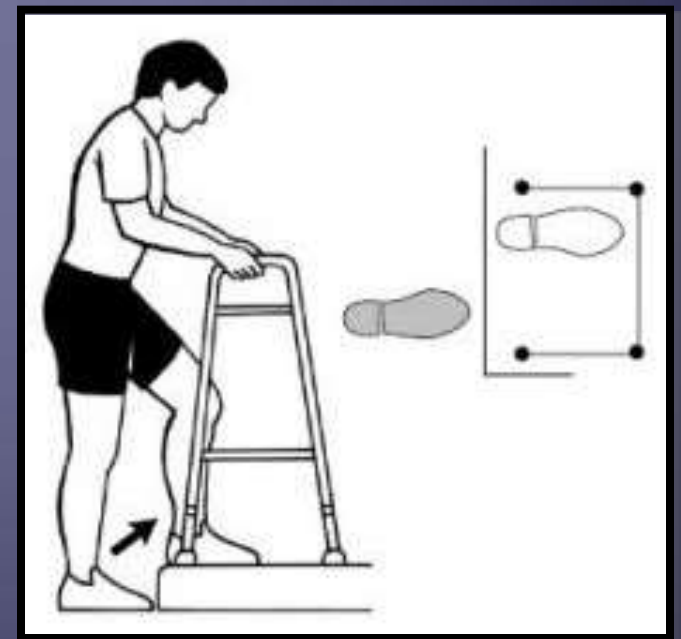
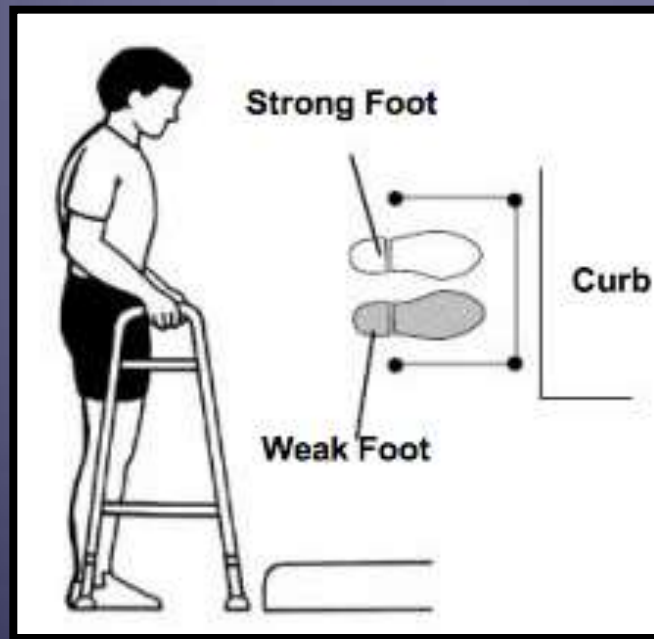


Single Arm AIDs: Correct Use

- 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?



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Doctor and Patient Communication - How to Talk to Your Doctor

David A. Smith, M.D., FAAPP, 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

