

CONSIDERATIONS:

1. Canes redistribute weight from a lower extremity that is weak or painful, improve stability by increasing the base of support, and provide tactile information about the ground to improve balance.
2. Research indicates that the majority of patients who use assistive devices:
 - a. Were not evaluated by a physical therapist
 - b. Use ones that are the wrong type or height
 - c. Are not using them correctly
3. Patients who have difficulty walking should be evaluated by a physical therapist. Patients who are using an assistive device may also benefit from a physical therapy evaluation if there seem to be persistent gait, balance or mobility issues.
4. Always use a gait belt if the patient needs:
 - a. Assistance with transfers
 - b. Assistance getting to standing position
 - c. Requires contact assistance
 - d. Has a risk for falls

EQUIPMENT:

Gait Belt

Cane with a rubber suction tip

PROCEDURE:

1. Adhere to Standard Precautions and explain procedure to patient/caregiver.
2. Assist the patient to put on socks and nonskid shoes.
3. Apply gait belt.
4. Coming to Stand:
 - a. Position the cane on the patient's unaffected side
 - b. Using an underhand grasp on the gait belt, assist the patient to a standing position
 - c. Advise the patient to bear his/her weight on the unaffected leg
 - d. Check the height of the cane:
 - i. Position the cane on the unaffected (stronger) side and approximately 6 to 10 inches from the side of the foot
 - ii. Check that the top of the cane is approximately level with the top of the femur at the hip joint
 - iii. Check to ensure that the patient's elbow is flexed at 25° - 30°
 - iv. Make adjustments to obtain appropriate height of cane as indicated
5. Walking Instructions:
 - a. Instruct the patient to:
 - i. Use the cane on the stronger or unaffected side
 - ii. Take a step forward with the weak leg

6. Three Point Gait:
 - a. Instruct the patient to:
 - i. Balance body weight on the strong or unaffected foot while moving the cane forward approximately 12 - 18 inches
 - ii. Move the weak or affected foot forward
 - iii. Transfer weight to the affected foot and cane, and then bring the unaffected foot forward
 - b. Repeat the steps while walking to the side and slightly behind the patient, holding securely to the gait belt
7. Assisting with Two Point Gait:
 - a. Instruct the patient to:
 - i. Balance the weight on the strong or unaffected foot
 - ii. Move the cane and the weak or affected foot forward, keeping the cane close to the body to prevent leaning
 - iii. Transfer body weight forward to the cane
 - b. Repeat the steps while walking to the side and slightly behind the patient, holding securely to the gait belt
8. Returning to Sit:
 - a. Instruct the patient to:
 - i. Approach close to the chair/bed
 - ii. Turn in a half circle, using small steps, in the direction of the stronger side, until back is to the chair/bed
 - iii. Back up to the chair/bed until it can be felt against back of legs
 - iv. If the chair has an arm rest, reach for one arm rest at a time
 - v. Lower self onto the surface in a controlled manner
 - b. Assist patient to comfortable position
9. Ascending Stairs or Curbs:
 - a. Using an underhand grasp on the gait belt, stand behind and to the side of the patient
 - b. Instruct patient to:
 - i. Stand close to the foot of the stairs
 - ii. Hold onto one side rail
 - iii. Use the cane on the other side
 - iv. Step up using the stronger leg first, leaning on the cane and rail for additional balance
 - v. Once secure on the step, step up with the weaker leg, simultaneously bringing cane up to that stair
10. Descending Stairs or Curbs:
 - a. Using an underhand grasp on the gait belt, stand behind and to the side of the patient
 - b. Instruct patient to:
 - i. Hold onto the side rail with one hand and the cane with the other

- ii. Bending the stronger leg, move the weaker leg down onto the lower step
 - iii. Move the cane to the lower step with the weaker leg
 - iv. Once the weaker leg and cane are securely on the lower step, instruct the patient to lower the unaffected side down
11. Ramps (Ascending and Descending):
- a. If the ramp is gradual, instruct the patient to use the same gait taught to use for ambulation but to take smaller steps
 - b. If the ramp incline is steep, instruct the patient to use smaller steps and to go diagonally side-to-side in a zigzag pattern

AFTER CARE:

- 1. Remove gait belt and replace equipment.
- 2. Document in patient's record:
 - a. Distance patient ambulated
 - b. Patient's ability to bear weight and balance with aid of cane
 - c. Any persistent problems with stability or ability to ambulate
 - d. Instructions given to patient/caregiver
 - e. Any communication with team members
- 3. Consult with Physical Therapist about any issues or problems with cane fit or use.

REFERENCE:

- American Physical Therapy Association (2009). Physical Therapists Can Properly Assess & Fit Walking Aids to Prevent Injuries. Retrieved June 6, 2012 from <http://www.apta.org/Media/Releases/Consumer/2009/7/9/>
- Bradley S., & Hernandez, C. (2011). Geriatric Assistive Devices. *American Family Physician*, 84(4), 405-411. Retrieved June 7, 2012 from http://familymed.uthscsa.edu/geriatrics/reading%20resources/virtual_library/Outpatient/AssistiveDev11.pdf
- O'Sullivan, S.B., & Schmitz, T. (2006). *Physical Rehabilitation: Assessment and Treatment*. (5th Ed.). Philadelphia: Davis.