

Church Name

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## ASSISTING OLDER ADULTS WITH AMBULATION (Walking)

### Benefits of walking:

- Regular exercise helps keeps the body healthy, reduces the effects of many chronic illnesses (e.g., diabetes), and delays or decreases the effects of aging.
- It prevents complications of mobility.
- It improves appetite.
- It prevents constipation.
- It promotes rest and sleep.
- It improves mood.
- It helps the older adult remain independent as long as possible. (If the older adult does not keep walking, soon they may lose the ability to walk and even to transfer independently.)

If the older adult has a recent change causing increased difficulty with ambulation, ask the physician for a physical therapy referral. If the older adult is homebound (has a normal difficulty to leave home unassisted) and has had a recent deterioration in condition, Medicare or other primary insurers may pay for an evaluation and treatment by a physical therapist.

Falls are a leading reason why older adults are forced to move to a less independent level of care.

### Tips for promote the safety of the older adult while walking:

- Clear clutter and congestion from pathways for ambulation, make sure that they are well-lit, and remove throw/scatter rugs.
- If the older adult needs only minimal support while walking, provide a steadying hand under his/her forearm on the weaker side.
- Use a transfer/gait belt if more than minimal support is required while walking or the older adult is at risk for falls, unless contraindicated (as in the case of abdominal or thoracic incisions). (Refer to the **Tip sheet on Transferring** for application of a transfer/gait belt.) Stand slightly behind and slightly to the older adult's weaker side, grasping the gait belt at the back and inserting fingers under belt from below.
- Ascertain that the older adult is wearing well-fitting supportive shoes (no slippery soles).
- The older adult should not wear long or loose clothing that may cause tripping.
- Ask the older adult to count to 10 after standing up and before beginning to walk if there is any history of dizziness/lightheadedness or orthostatic hypotension (a drop in systolic blood pressure of 10 points or greater between sitting and standing readings).
- Encourage use of an assistive device, if recommended by the physician or physical therapist.
- Ensure that the older adult's cane has a rubber tip that is in good condition.
- If the older adult is vision-impaired, allow him/her to hold your elbow and walk slightly ahead of him/her so as to guide him/her. (OVER)

- Monitor the older adult for signs of weakness and/or fatigue and lead him/her to a place to sit if either is apparent.
- Encourage the older adult to keep his/her cane or walker within easy reach when sitting.

### **Assistive devices to promote safe ambulation:**

#### Use of a cane:

- The older adult should stand straight and look straight ahead, not at the floor, with shoulders relaxed and one hand on the cane.
- The cane should be held on the older adult's strong side, so that when he/she lifts the stronger leg to take a step, the cane and the weaker leg provide a broad base of support.
- The older adult should hold the cane in a good weight-bearing position, approximately five to six inches ahead and to the side of his/her foot.
- Supporting his/her weight on the cane and the stronger leg, the older adult should move the weaker leg and the cane forward; then, while the cane supports the weaker leg, advance the stronger leg.
- The tip of the cane should always be level with the floor.
- If a multi-tipped/pronged cane is required, all prongs or tips should contact the floor simultaneously. The prongs should be pointed away from the older adult.
- When assisting a person who uses a cane with ambulation, stand slightly behind and on the weak side.

#### Use of a walker:

- Walkers come in several varieties (a Physical Therapist can recommend the type suited to the older adult's particular needs):
  - Non-wheeled walkers (pick-up walkers).
  - Front-wheeled walkers (a tennis ball cut to fit on the back legs facilitates smooth wheeling).
  - Four-wheeled walkers.
  - Rollator walkers (these have a built-in seat and a basket for carrying items)
- The older adult should stand straight and look straight ahead, not at the floor, with shoulders relaxed.
- When using non-wheeled walkers, the older adult should place the walker squarely on the floor about 10 inches in front of his/her body and step into it, the weaker leg moving first; then repeat the process.
- When using four-wheeled walkers, the older adult should propel the walker smoothly along at the speed of his gait. The walker should not be pushed too far ahead of the older adult; rather, he/she should remain within the frame of the walker. The older adult should not stand close to the front bar of the walker as this is an unstable position for the walker. Walkers should never be used on stairs.

### **What if the older adult starts to fall while you are assisting him/her to walk?**

- Stand behind the older adult with your feet apart to create a wide base of support, one leg ahead of the other.
- With both your hands, grasp the older adult's transfer belt on each side, or if he/she is not wearing a belt, with your arms under his/her arms, encircle the older adult's body. Ease his/her body back against yours and slide him/her down your forward-most leg to the floor (or to a chair if one is conveniently located), bending your knees, not your back and protecting the older adult's head as he/she approaches the floor.