

## Mobility Devices

For many patients with a history of polio, the extended use of crutches, the use of manual wheelchairs for many years and asymmetrical or abnormal gait patterns are the major source of weakness, pain and fatigue. Although the patient may be experiencing extreme difficulties with their mobility, changes or modifications to their current method of locomotion may be difficult for them to consider. Rather than use a mobility aid, many individuals make significant lifestyle changes to compensate for their decline in mobility, such as limiting their social and outdoor activities.

Prevention of further disability and restoration of lost function often require a decrease in the amount of walking or wheelchair propulsion and a change to methods that do not result in weakness, pain and fatigue. It is important that a thorough evaluation of the patient is conducted by a physiotherapist or occupational therapist prior to the prescription of any mobility device. Prescription of mobility aids should be based on the patient's functional status, their needs and the potential for progressive deterioration.

The objectives of prescribing a mobility aid are to:

- Ensure more stable balance and reduce risk of falls;
- Minimise fatigue and energy required for ambulation;
- Promote improved posture; and
- Alleviate load on joints.

When considering the appropriateness of a mobility aid for a post-polio patient, the following factors need to be considered:

- Balance;
- Strength and function of upper and lower limbs;
- Cardiovascular endurance and fatigue levels;
- Current or future use of orthotic devices;
- Compliance; and
- Environment.

Shoulder, elbow and wrist injuries are common in post-polio individuals who have relied on crutches or wheelchairs for ambulation. As a result, a thorough assessment of the client's upper limb function is required before the prescription of a mobility device.