

Clinical Task Instruction

Skill Shared Task

S-MT02: Prescribe, train and review of walking aids

Scope and objectives of clinical task

This CTI will enable the health professional to:

- prescribe appropriate walking aids (single point walking stick, axillary crutches, forearm crutches, hopper frame or four wheeled walker) to address walking problems and safety risks identified in a functional walking assessment

VERSION CONTROL

Version: 2.1

| | | | |
|-------------------------|--|--------------|------------|
| Reviewed: (Profession) | Statewide Directors of Physiotherapy | Date: | 07/05/2026 |
| Approved: (Operational) | Chief Allied Health Officer, Queensland Health | Date: | 14/05/2026 |
| Document custodian: | Chief Allied Health Officer, Queensland Health | Review date: | 14/05/2029 |

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au

This CTI must be used under a skill sharing framework implemented at the work unit level. The framework is available at: https://www.health.qld.gov.au/data/assets/pdf_file/0015/1170510/Framework.pdf

Prior to use please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions> for the latest version of this CTI.

© State of Queensland (Queensland Health) 2017



Disclaimer

This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 4.0 Australia licence. In essence, you are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute Queensland Health and authoring unit listed above and abide by the licence terms. You may not alter or adapt the work in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/deed.en>.

For further information contact the Office of the Chief Allied Health Officer, Queensland Health, PO Box 2368, Fortitude Valley BC QLD 4006, email allied_health_advisory@health.qld.gov.au, phone (07) 3328 9298. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, GPO Box 48, Brisbane Qld 4001, email ip_officer@health.qld.gov.au, phone (07) 3708 5069.

Disclaimer

Queensland Health has made every effort to ensure that the information in this resource, at the time of distribution, is correct. The information in this resource will be kept under review and future publications will incorporate any necessary amendments.

The information in this resource does not constitute clinical advice and should not be relied upon as such in a clinical situation. The information is provided solely on the basis that readers will be responsible for making their own assessment of the matters presented herein and readers are advised to verify all relevant representations, statements and information. Specialist advice in relation to the application of the information presented in this publication must be sought as necessary to ensure the application is clinically appropriate.

In no event, shall Queensland Health be liable (including negligence) for any claim, action, proceeding, demand, liability, costs, damages, expenses or loss (including without limitation, direct, indirect, punitive, special or consequential) whatsoever brought against it or made upon it or incurred by Queensland Health arising out of or in connection with a person's use of information in this publication

- safely measure and fit the prescribed walking aid
- train the client (and carer/s, facility staff if relevant) in the use of the prescribed walking aid including safety checks, equipment safety features, maintenance requirements, limitations and risks associated with use
- review walking with the prescribed walking aid including further equipment adjustments and evaluation of the benefits and risks associated with its use.

Note: the local health service will determine which walking aids are included in the scope of this CTI for an individual health professional trained to implement.

Requisite training, knowledge, skills and experience

Training

- Mandatory training requirements relevant to Queensland Health clinical roles are assumed knowledge for this CTI.
- If not part of mandatory training requirements, complete patient manual handling training including competence in the use of walk belts and assisting clients into standing from lying or sitting.
- Competence in the following CTIs or demonstrated professional equivalence in:
 - CTI S-MT05: Assess standing balance
 - CTI S-MT01: Assess functional walking
- If the task is planned to be undertaken with clients mobilising on stairs, complete CTI S-MT04: Assess stair walking.
- If the task is planned to be undertaken with clients walking outdoors, complete CTI S-MT06: Assess outdoor walking.

Clinical knowledge

- To deliver this clinical task a health professional is required to possess the following theoretical knowledge:
 - the basic elements of a normal walking pattern with a walking aid and co-morbidities which may have an impact on gait and walking aid usage (including pain, shortness of breath, fatigue, deconditioning, weight bearing restrictions, limb deformities) and deviations from a normal walking pattern (e.g. uneven step length, wide base of support)
 - walking aids available, including their indications for use, safety features and maintenance requirements
 - methods of measurement and fit for each walking aid available within the service or that is selected for delivery by the skill share-trained health professional
 - changes to functional mobility as it relates to walking with or without an aid, and/or weight bearing restrictions
 - orthopaedic protocols/care pathways/set criteria (e.g. hip replacement precautions) relevant to the facility
 - local falls risk screening and mitigation strategies, programs and/or processes
 - equipment hire/purchase protocols, processes and schemes including Department of Veteran Affairs, Medical Aids subsidy scheme, National Disability Insurance Scheme.

- The knowledge requirements will be met by the following activities:
 - completing the training program/s (listed above)
 - reviewing the Learning resource
 - receiving instruction from the lead health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:
 - **required by a health professional** in order to deliver this task:
 - competence in measurement of clinical observations relevant to mobilising/exertion where this requirement is relevant to the healthcare setting and client group. This may include blood pressure, heart rate, pulse oximetry, pain scales, or exertion scales
 - competence in the use of mobile oxygen where this is relevant to the healthcare setting.

Indications and limitations for use of a skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which they will deliver this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI, but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

Indications

- The client has participated in a walking assessment and walking deficits have been identified. Walking deficits and the need to trial a walking aid may be related to an expected disease trajectory, for example palliative, history of recent falls, injury to the lower limbs, hospital admission, illness or surgery.
- The client is medically stable and cleared to walk e.g. the medical record indicates that the client can be mobilised and vital signs are within expected limits, the client has met all care pathway requirements to mobilise e.g. haemoglobin level or x-ray review and clearance or the client is living in the community and is not acutely unwell.
- The skill share-trained health professional has determined that there is an indication for trialling a walking aid (as per Table 1: Indications for walking aids in the Learning resource) and that a suitable walking aid is available to trial (as per Table 2: Walking aid prescription in the Learning resource).
- The client is able to full weight bear through one or both lower limbs and the upper limb/s that will use the walking aid planned for use.

Limitations

Note: Factors impacting movement control and capacity to safely weight bear are assessed and identified as part of the walking assessment CTI S:MT01 and CTI S:MT05.

- Limitations to prescribe, train and review of walking aids include all those listed in CTI S-MT01 and CTI S-MT05 (review list for details) with the exception of:

- a weight bearing restriction of weight bear as tolerated, where the local health service has determined other weight bearing restrictions to be in the scope for the health professional and they have been trained and assessed as competent as part of this CTI, for example partial weight bear or non-weight bearing. The health professional will adhere to the local health service decision throughout the task and this will be documented as part of the Performance Criteria Checklist
- the use of a walking stick or crutches to mobilise. Where the local health service has determined walking aids to be in the scope for the health professional and they have been trained and assessed as competent as part of this CTI. For example, hopper frame, four wheeled walker, the health professional will adhere to the local health service decision throughout the task performance and this will be documented as part of the Performance Criteria Checklist.
- If the skill share-trained health professional was **not** required to complete the above CTIs, as they are within their existing scope of practice then:
 - as part of the training process, review the limitations in the CTIs listed above
 - consider existing skills, knowledge and experience in the tasks
 - in collaboration with the lead health professional, determine and document bespoke limitations to this task relevant to the individual's scope of practice.

For example, teams may determine that exercise physiologists, occupational therapists and podiatrists with task competence in functional walking may include client groups in the scope of this CTI that would be otherwise excluded e.g. clients with a prosthesis.

- Additional limitations include
 - factors impacting movement control and capacity to safely weight bear, these should have been assessed as part of the walking assessment. To initiate this skill shared task, clients should be able to fully weight bear through one or both lower limbs and the upper limb/s that will use the walking aid. Weight bearing restrictions must be able to be adhered to throughout the task. The client will require a medical clearance to weight bear (upper limb/s and/or lower limb to use a walking aid) either via the treating team or protocols/care pathways. If restrictions are unclear, liaise with the treating team and/or a health professional with expertise in the task including the need for comprehensive assessment and/or modification to aid prescription where weight bearing capacity is more restricted e.g. upper limb fracture or rheumatoid arthritis with weight bearing restrictions or substantial bilateral lower limb weakness.

Safety and quality

Client

- The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task:
 - appropriate footwear should be worn at all times during this task - enclosed, well-fitting shoes with good traction. Clients with no footwear or a restriction affecting the ability to wear footwear should have socks and/or compression stockings removed prior to walking
 - access options to the walking aid (loan, hire, purchase) should be discussed with the client prior to the trial to ensure appropriateness.

Equipment, aids and appliances

- The client should be assessed using their usual walking aid and any other required devices e.g. ankle foot orthoses (AFO), knee brace. If the client's walking aid and/or required devices are not available, a similar trial/loan aid should be provided.
- Ensure all walking aids are clean and in good working order as per local infection control and maintenance protocols. Refer to the manufacturer's user guide and maintenance requirements.
- Confirm the safe working load of all equipment required for the task is appropriate for the client (e.g. chair to rest, walking aid).

Environment

- Ensure the planned route is free of trip hazards and obstacles to reduce the risk of falls e.g. pedestrian traffic, equipment and trolleys. It may also be beneficial to position a chair part way along the route or have an assistant follow behind with a wheelchair to allow the client to rest if required. Where possible, implement this task in an area with other staff nearby and available, in case assistance is required.

Performance of clinical task

1. Preparation

- Determine which walking aid is likely to be required for trial (single point walking stick, crutches, hopper frame or four wheeled walker) and ensure the required walking aid(s) are available and appropriately prepared prior to commencing the session. Preparation includes performing a safety check, ensuring the aid is within safe working limits for the client, and adjusting to the appropriate height for the client.
- Plan the route for mobilisation.
- Ensure the client wears any required braces/orthoses, and suitable footwear.
- Confirm any pre-walking care plan or clinical observation requirements have occurred and are documented in the medical record (e.g. x-rays, haemoglobin, oxygen saturation monitoring) and the client is cleared to mobilise.

2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, Version 2.6 (2025).

3. Positioning

- The client will need to be able to attain a standing position to be able to assess functional walking with the aid. The client will usually be in lying/sitting in bed or in a chair, prior to the task. If the client is unable to achieve a standing position independently, provide assistance to stand as per the local hospital and health services manual handling protocol. If the client requires more than one light assistance, cease the task and document the outcome, including the position attained and the assistance required.

- The health professional's position during the task should be:
 - standing to one side, the affected (weaker) side if relevant, and slightly behind the client during the trial of the walking aid
 - close enough to provide hands on assistance for balance, if required
 - if required, an assistant should stand on the affected side (where relevant) and in a position so as not to obstruct the observation of the client's walking pattern. If a client requires more than one light assist, cease the task (review Limitations). An assistant may also follow behind with a wheelchair or other mobile seating if frequent rest breaks are expected.

4. Task procedure

- The task comprises the following steps:
 1. Use information collected from the medical chart, subjective and objective assessments of mobility and related functional activities (e.g. transfers) to determine the indication for the client to use a walking aid.
 2. Determine the mobility requirements for the client, both short term and long term (refer to Table 3: Walking aid goal setting checklist in the Learning resource).
 3. Select the most appropriate walking aid for trial using Table 1: Indications for walking aids and Table 2: Walking aid prescription in the Learning resource as a guide. If the prescription decision is unclear, liaise with a health professional with expertise in this task before proceeding.
 4. Assess the client has adequate upper and lower limb function and strength for the selected aid - see Limitations. If not, return to step 2 and 3 to determine if another walking aid is appropriate.
 5. Perform a safety check, including confirming the safe working limit of the walking aid and/or equipment is appropriate for the client. Adjust the selected walking aid to the appropriate height for the client using Table 2: Walking aid prescription in the Learning resource.
 6. Educate and demonstrate use of the selected walking aid to the client including safe use and position when standing up and sitting down. If relevant, educate and demonstrate use of the aid on stairs or determine the need for referral. Stairs can only be demonstrated where the local health service has determined this to be in scope for the health professional and they have been trained and assessed as competent i.e. CTI S-MT04: Assess stair walking.
 7. Review the client's ability to safely use the walking aid on a level floor that is free of obstructions. This review should be based on the walking goals of the client.
 8. Observe the client's gait pattern while using the selected walking aid - see Guide to gait pattern cues and prompts in the Learning resource. Address any observed gait problems through verbal prompts and manual guidance/cues, if required. If gait problems persist, cease the trial and consult with a health professional with expertise in the task.
 9. Based on information collected, make a recommendation to the client and team regarding the client's use of the trialled walking aid and/or any further management plans including the need for a walking retraining program.
 10. If relevant, provide the client and family/friends/carer with information on accessing the trialled equipment (loan/purchase process) and the safe and effective use of the selected walking aid (safety features and maintenance). This may include facilitating access to equipment provision schemes such as the Department of Veteran Affairs (DVA), Medical Aids Subsidy Scheme (MASS), workers compensation.

5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during task include:
 - see Guide to Gait Pattern Cues and Prompts in the Learning resource
 - check that the client is feeling well during the assessment and observe for signs of pain, shortness of breath, dizziness, fatigue (shaking, increase in compensatory patterns of movement). If symptoms are present, provide a chair and a short rest during the assessment. Check clinical observation if indicated e.g. heart rate, shortness of breath, oxygen saturation, blood pressure, pain scale. If symptoms persist, cease the task and inform the treating team or relevant medical practitioner.
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above.

6. Progression (delete section if not relevant)

- Task progression strategies include:
 - if no adverse symptoms occur, review the client's mobility requirements (as per S-MT01: Assess functional walking: Learning resource - Guide to conducting a mobility history). Progress the walking aid trial to include similar (or simulated) environments to those required by the client in their home/work setting e.g. bathroom, busy corridors, kitchen, around corners, through doorways, different floor surfaces, carrying items. At all times, observe, respond to and note any changes in the amount of assistance required.

Note: if the client is required to walk outside (footpaths, gutters, grassed areas, in the community), this can only occur where the local service has determined this to be in scope for the skill share-trained health professional and they have been trained and assessed as competent i.e. CTI S-MT06: Assess outdoor walking, otherwise determine the need for referral.

Note: progression may occur over multiples occasions of service and as part of a walking aid training plan.

- Determine the timeframes for review considering changes to goals, health status, environment, etc. For example, non-weight bearing restriction for 6 weeks then progress to partial weight bearing, client needs to use stairs for discharge, or client is moving residences in three months.

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with relevant documentation standards and local procedures.
- The skill shared task should be identified in the documentation as 'delivered by skill share-trained (*insert profession*) implementing CTI S-MT02: Prescribe, train and review of walking aids' or similar wording.

References and supporting documents

- Queensland Health (2025). Guide to Informed Decision-making in Health Care. Version 2.6. Available at: <https://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare>.

Assessment: performance criteria checklist

S-MT02: Prescribe, train and review of walking aids

Name:

Position:

Work Unit:

| Performance criteria | Knowledge acquired | Supervised task practice | Competency assessment |
|---|---|---|---|
| | <i>Date and initials of supervising AHP</i> | <i>Date and initials of supervising AHP</i> | <i>Date and initials of supervising AHP</i> |
| Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record. | | | |
| Identifies indications and safety considerations for the task and makes appropriate decisions to implement the task, including any risk mitigation strategies, in accordance with the clinical reasoning record. | | | |
| Completes preparation for the task including completing equipment safety check and confirming with client acceptance to trial walking aid, ensures environment is cleared along path to walk and the client is wearing suitable footwear. | | | |
| Describes the task and seeks informed consent. | | | |
| Prepares the environment and positions self and client appropriately to ensure safety and effectiveness of the task, including reflecting on risks and improvements in the clinical reasoning record where relevant. | | | |
| <p>Delivers the task effectively and safely as per the CTI procedure in accordance with the Learning resource.</p> <ul style="list-style-type: none"> a) Clearly explains the task, checking the client's understanding. b) Uses information collected from subjective and objective assessments (including S-MT01 and S-MT05) to determine indication and suitability for the use of a walking aid. c) Determines client goals (as per Learning resource goal setting guide). d) Selects a suitable walking aid to trial by using the Learning resource (Table 1: Indications for walking aids and Table 2: Walking aid prescription table). e) Confirms appropriate height and safe working limits of equipment match with the client. f) Educates and correctly demonstrates the use of the walking aid, including sit to stand transfers (and stairs if relevant and within scope). g) Ensures client is able to safely mobilise with the walking aid indoors (and outdoors if relevant, and within scope). h) Observes client's gait pattern using the walking aid, providing education and correction on technique (as per Learning resource Guide to gait pattern cues and prompts). | | | |

| | | | |
|---|--|--|--|
| <p>i) Ensures client is able to use the walking aid to meet the client's goals including distance, required environments e.g. confined spaces.</p> <p>j) Considers factors such as client capacity to purchase/hire equipment in decision-making.</p> <p>k) As relevant, provides client and family/carer with education and advice for use of walking aid, including maintenance requirements and safety features.</p> <p>l) During the task, maintains a safe clinical environment and manages risks appropriately.</p> | | | |
| <p>Monitors for performance errors and provides appropriate correction, feedback and/or adapts the task to improve effectiveness, in accordance with the clinical reasoning record.</p> | | | |
| <p>Documents in the clinical notes including a reference to the task being delivered by the skill share-trained health professional and the CTI used.</p> | | | |
| <p>If relevant, incorporates outcomes from the task into an intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.</p> | | | |
| <p>Demonstrates appropriate clinical reasoning throughout the task, in accordance with the Learning resource.</p> | | | |
| <p>Notes on the scope of the competency of the health professional:</p> | | | |
| <p>The health professional has been trained and assessed as competent to deliver this task for the following walking aids:</p> <p><input type="checkbox"/> Single point walking stick</p> <p><input type="checkbox"/> Axillary crutch <input type="checkbox"/> Forearm crutch</p> <p><input type="checkbox"/> Hopper Frame/Pick up Frame</p> <p><input type="checkbox"/> Four wheeled walker (4WW)</p> <p><input type="checkbox"/> Other</p> | | | |
| <p>The health professional has been trained and assessed as competent to deliver the task for the following weight bearing status:</p> <p><input type="checkbox"/> Full Weight Bearing (FWB)</p> <p><input type="checkbox"/> Weight Bearing as Tolerated (WBAT)</p> <p><input type="checkbox"/> Touch Weight Bearing (TWB)</p> <p><input type="checkbox"/> Partial Weight Bearing (PWB)</p> <p><input type="checkbox"/> Non-Weight Bearing (NWB)</p> | | | |
| <p>Notes on the service model and resources on which the health professional will be performing this task:</p> | | | |
| <p><i>For example: in the community setting with cancer care clients; in the medical assessment planning unit to facilitate geriatric discharge. Details of:</i></p> <ul style="list-style-type: none"> • <i>manufacturer guidelines and user manual(s) at the local health service.</i> • <i>manual handling program and procedures, falls risk assessment and management processes, orthopaedic protocols/care pathways/set criteria (e.g. hip replacement precautions) relevant to the facility and local equipment hire/purchase information resources.</i> | | | |

| | | | | |
|---|-----|--------------------|--|--------------------------|
| Comments: | | | | |
| | | | | |
| Record of assessment competence: | | | | |
| Assessor name: | | Assessor position: | | Competence achieved: / / |
| Scheduled review: | | | | |
| Review date: | / / | | | |

S-MT02: Prescribe, train and review of walking aids

Clinical reasoning record

- The clinical reasoning record can be used:
 - as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting.
 - after training is completed for the purposes of periodic audit of competence.
 - after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.
- The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific/allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none - omit.

3. Task indications and precautions considered

Indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement/not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional

Name:

Position:

Date this case was discussed in supervision:

Outcome of supervision discussion:

Lead health professional (trainer)

Name:

Position:

/ /

e.g. further training, progress to final competency assessment

Prescribe, train and review of walking aids: Learning resource

As the health status of clients change across the lifespan, it is important that during presentations to hospital and health services, a client's walking is regularly reviewed for safety, including the appropriate and safe use of any walking aids. It is also common that clients present to services with walking aids in poor working order or inappropriately fitted. Common equipment failures include missing or worn stoppers on crutches, walking sticks and hopper frames, or missing/poorly working brakes on walking aids.

Once the need (new or ongoing) for a walking aid has been established, prescribing an aid requires the health professional to consider the available options and suitability of each for the client. The prescription of a walking aid can be complicated by a number of patient, environmental and equipment risk factors.

Required reading

- Bateni H, Maki BE (2005). Assistive devices for balance and mobility: Benefits, demands, and adverse consequences. *Archives of Physical Medicine and Rehabilitation* 86(1): 134-45.
[DOI:https://doi.org/10.1016/j.apmr.2004.04.023](https://doi.org/10.1016/j.apmr.2004.04.023) Available through [CKN](#) for Queensland Health staff.
- Howe, L & Qing D (2016). Periodic assessment of walking devices in senior living communities. *Journal of Ageing Science* 4:2. [DOI: 10.4172/2329-8847.1000155](https://doi.org/10.4172/2329-8847.1000155)
- Resnik L, Allen S, Isenstadt D, Wasserman M, Iezzoni L. (2009). Perspectives on mobility aid use in a diverse population of seniors: implications for intervention. *Disability and Health Journal*. 2(2): 77–85.
<https://doi.org/10.1016/j.dhjo.2008.12.002> Available through [CKN](#) for Queensland Health staff.
- Physiopedia (2020). Safemob. Safe Prescription of mobilising patients in acute care settings. Sections 1-6. Available at: <http://www.physio-pedia.com/SAFEMOB>

Required viewing

- Adaptive Equipment Corner (2015). Available at <https://youtu.be/GL6wIPFh4c?si=qppb4AhxHEdoaBu2>
 - Most common types of walkers.

Required local resources

- Manufacturer guidelines for each of the aids being prescribed. Specifically seeking information on the use of equipment safety features (including safe working load) and maintenance.
- Local equipment hire/purchase protocols, processes and schemes.
- Local implementation of this CTI may also require reference to:
 - manual handling program and procedures
 - falls risk assessment and management processes
 - orthopaedic protocols/care pathways/ set criteria (e.g. hip replacement precautions) relevant to the facility and
 - local equipment hire/purchase information resources.

These should be listed in the training record comments section above.

Optional reading

- Thies, SB, Bates A, Costamagna, E. et al. (2020). Are older people putting themselves at risk when using their walking frames? BMC Geriatrics 90 DOI: <https://doi.org/10.1186/s12877-020-1450-2>

The following information is taken from the Queensland Health (2021). Mobility and weight bearing terminology. Available to Queensland Health staff at:

https://qheps.health.qld.gov.au/_data/assets/pdf_file/0032/2603939/dopsq-mob-wb-term.pdf

Weight Bearing Status – Definition and Guidance

Full Weight Bearing (FWB)

- There is no restriction to weight bearing with all of the client's body weight able to be placed through the arm or leg. This allows a "normal" walking pattern.

Weight Bear as Tolerated (WBAT)

- There is no restriction to weight bearing, however the client may be unable to put all of their body weight through an arm or leg due to pain or muscle inhibition following surgery or injury.
- The client should be encouraged to put as much weight as is comfortable through the arm or leg.
- The client may find it beneficial to use an appropriate walking aid to reduce weight bearing through the affected limb to minimise pain and improve the walking pattern.

Partial weight-bearing (PWB)

- The client is restricted to less than 100% of their body weight through an arm or leg following surgery or injury. This can also be requested in kilograms by the treating medical officer e.g. surgeon.
- The client will require instructions on the amount of weight. The use of a measuring scales can assist in supporting training, monitoring and adherence to restrictions.
- While mobilising the client, uses an appropriate walking aid to support their body weight and support a normal walking pattern.

Touch weight bearing (TWB)

- The client is restricted to less than 10% of their body weight through an arm or leg following surgery or injury.
- The client will require instructions on the amount of weight. The use of measuring scales can assist in supporting training, monitoring and adherence to restrictions.
- While mobilising the client, uses an appropriate walking aid to support their body weight and support a normal walking pattern.

Non-Weight Bearing (NWB)

- The client is not allowed to put any weight through the affected arm or leg and the affected limb cannot touch the ground or a surface while mobilising.
- While mobilising the client, uses an appropriate walking aid to support their body weight.

NOTE: If weight bearing orders are not clear, this must be discussed with the treating medical team to avoid the potential for further damage, increased pain or failure of surgical fixation. If client is non-compliant to weight bearing orders cease the task immediately and document clearly.

Levels of Assistance Required - Definitions and Guidance

Independent.

- The client is able to complete the entire requested task independently without any direct intervention of the health professional.
- The client demonstrates safety throughout the entire task.
- No physical or cognitive assistance is required for the client to complete the task.

Prompting/ verbal cues only

- The client is unable to complete the task safely without verbal guidance.
- No physical assistance is required for the client to complete the task.
- Assistance may be required through verbal prompts due to cognitive, behavioural or perceptual limitation e.g. impulsiveness, movement planning or spatial awareness/visual problems.

Stand-by assist

- The client requires ready assistance available for safety to complete the task.
- Assistance may be required due to performance being unreliable or inconsistent.

One Assist

- The client requires physical assistance to complete the task safely.
- Physical assistance may involve hands on assistance to facilitate balance, manual guidance of the aid and/or modification of the environment to ensure safety.

Two Assist

- The client requires physical assistance to complete the task safely, and assistance of one person is not sufficient for safety.
- Two people are required to provide physical assistance during the task, either to facilitate transfers and balance, manually guide the aid or to modify the environment to ensure safety.

Note 1: The level of assistance required is interpreted subjectively by health professionals. If concerned or uncertain about the level of assistance required, cease the task and refer to a health professional with expertise in the task.

Note 2: Two assist is considered outside the scope of this CTI. Information is provided for educational purposes only.

Choosing a walking aid

Prescription of a walking aid will be based on clinical reasoning after collating information on the client's restrictions, walking ability including any restrictions (medical/surgical), therapy goals, timeframes for progression, home environment and community access requirements. For example, not all walking aids are suitable for clients planning to use stairs or walk outdoors on rough terrain. Additionally, walking aids that distribute the weight bilaterally may be preferred to unilateral weight bear options, if the client has vertebral crush fractures or pubic rami fractures or recent surgery involving the chest (<6 weeks) such as sternotomy. Weight bearing should be clearly defined and adhered to.

Table 1 provides guidance for the use of different walking aids with commonly identified walking problems.

Table 1: Indications for walking aids

| Indications for walking aids | Single point walking stick | Axillary/ Underarm/ Forearm/ Canadian Crutches | Hopper Frame/ Pick Up Frame | Four Wheeled Walker (4WW) |
|------------------------------------|--|---|---|--|
| Functional walking benefits | Increases the base of support, provides proprioceptive feedback. Useful to assist in scanning the environment e.g. vision impaired. Decreases the amount of muscle force necessary to stabilise a joint, reducing pain symptoms. | Provides sensory feedback, increases the base of support and aids propulsion. | Inherently stable. Increased base of support compared to single point stick or crutches. Results in a step-to (stop, start) gait pattern and reduced walking speed. | The use of wheels promotes improved gait timing/ pattern. Less strength and balance required to manoeuvre, compared to other devices. The seat allows for seated rest stops if distance is an issue. |
| Balance deficits | √ (mild only) | × | √ | √ |
| Lower limb weakness | √ (mild only) | √ | √ | √ (mild only) |
| Weight bearing restriction | × | √ | √ | × |
| Decreased endurance | √ | × | × | √ |
| Suitable for unilateral use | √ | √ | × | × |

√ – denotes appropriate for prescription, considering other limitations

× denotes not appropriate

Table 2 presents walking aid specific considerations. These are to be considered in the context of Limitations listed above. The table outlines the purpose of the walking aid and the usual walking problem that requires support of an aid. It also details the recommended height (measurement requirements) to adjust the aid for client use.

Table 2: Walking aid prescription

| Walking aid type/ purpose | Walking problem | Aid may not be suitable for: | Recommended Height (Measurement) |
|---|---|--|--|
| <p>Single Point Stick (SPS)/Walking stick</p> <p>May be provided by the hospital and health service or sourced from a local chemist/equipment hire facility/supplier.</p> | <ul style="list-style-type: none"> • Able to mobilise independently, but is unsteady either while walking on unstable surfaces or when turning. • Low level balance deficit or minor weight offload is required from one leg to the other, for example due to unilateral lower limb pain or injury (WBAT). | <ul style="list-style-type: none"> • Clients with restrictions on their weight bearing status – NWB, TWB or PWB. • Clients with bilateral upper limb problems e.g. pain, weakness. • Clients with difficulty weight shifting to one side. • Caution – consult with a physiotherapist if considering two single point sticks – this will offer more support, but is difficult to co-ordinate and may not be appropriate for some clients. | <ul style="list-style-type: none"> • Handle of SPS should be measured with the client in standing. SPS to be adjusted to the level of the <ul style="list-style-type: none"> - wrist crease with the arm hanging by the side, OR <ul style="list-style-type: none"> - to the greater trochanter, with the elbow slightly bent (at 30°). • Check safe working limits of the walking stick, this differs between makes and models. |
| <p>Axillary/Underarm Crutches [113kg/crutch]</p> <p>May be provided by the hospital and health service or sourced from a local chemist/equipment hire facility/supplier.</p> | <ul style="list-style-type: none"> • Used to transfer weight from the lower limbs to the upper body. • If client has restrictions on their lower limb weight bearing status (NWB, TWB, PWB, WBAT e.g. post-surgery, fracture, or musculoskeletal injury causing pain and/or instability). • Can be used NWB, TWB, PWB or WBAT. • If client has limited walking or weakness due to an acute exacerbation of low back pain. • If appropriate, gutter crutches may be available for trial – this should be discussed with the physiotherapist. These are used when the client is unable to weight bear directly | <ul style="list-style-type: none"> • Clients with upper limb problems, either short term or long term that prevent weight bearing and grip through the upper limbs. • Clients with poor balance or difficulty coordinating walking with crutches despite practice and encouragement. • Clients that are unable to negotiate stairs safely despite practice and encouragement, and who will return to a home with a requirement to perform stairs on discharge. • Clients who are unable to be fitted with crutches due to sizes not available e.g. extra small or tall, or body composition/proportions that makes use unsafe e.g. short arms and large hips making crutch placement unstable. | <ul style="list-style-type: none"> • The crutch should be adjusted both with overall height and the handle height. • Overall height should be adjusted to ensure there is a 2-3 finger width space between the axilla pad and the armpit with the client in standing. • The handle should be adjusted to the level of the wrist crease with the arm hanging by the side when standing (3 sizes: small, medium, and large). • When measuring, crutches should be positioned on a slight outward angle with the base approximately 20cm away from the lateral aspect of the foot. • Check the safe working limit of the crutches. |

| Walking aid type/ purpose | Walking problem | Aid may not be suitable for: | Recommended Height (Measurement) |
|--|---|--|--|
| | <p>through the hand and wrist and requires forearm support e.g. wrist fracture present. If possible, use with 1x gutter crutch and 1x axillary crutch to increase stability.</p> | | <ul style="list-style-type: none"> • Bariatric crutches are available (discuss with the physiotherapist). |
| <p>Forearm/ Canadian Crutches [113kg/crutch]</p> <p>May be provided by the hospital and health service or sourced from a local chemist/equipment hire facility/supplier.</p> | <ul style="list-style-type: none"> • Used to transfer weight from the lower limbs to the upper body • If client has restrictions on their lower limb weight bearing status (NWB, TWB, PWB, WBAT e.g. post-surgery, fracture, or musculoskeletal injury causing pain and/or instability). • Can be NWB, TWB, PWB or WBAT • If client has limited walking or weakness due to an acute exacerbation of low back pain. • Canadian/forearm crutches require increased balance and co-ordination compared to Axillary/Underarm crutches but have the advantage of being able to use the hands more easily. When long term crutch use is required, clients may prefer this feature. | <ul style="list-style-type: none"> • Clients with upper limb problems either short term or long term that prevent weight bearing and grip through the upper limbs. • Clients with poor balance or difficulty coordinating walking with crutches despite practice and encouragement. • Clients that are unable to negotiate stairs safely despite practice and encouragement, and who will return to a home with a requirement to perform stairs on discharge. | <ul style="list-style-type: none"> • The handle should be adjusted to the level of the wrist crease with the arm hanging by the side when standing. The cuff at the top of the crutch should be positioned just below the olecranon process. • When measuring, crutches should be positioned on a slight outward angle with the base approximately 20cm away from the lateral aspect of the foot. • Check the safe working limit of the crutches. • Bariatric crutches are available (discuss with the physiotherapist). |
| <p>Hopper Frame/ Pick up Frame [variable weight limits]</p> <p>Generally, not provided by the hospital and health service, and must be sourced from a local chemist/equipment hire facility/supplier/ scheme.</p> | <ul style="list-style-type: none"> • If client has restrictions on their lower limb weight bearing status (NWB, TWB, PWB or WBAT e.g. post-surgery, fracture, or musculoskeletal injury causing pain and/or instability). Can be NWB, TWB,, PWB or WBAT. • If client is unable to use crutches safely often due to poor balance or insufficient upper body strength. | <ul style="list-style-type: none"> • Clients with insufficient arm function to lift the hopper frame (inability to use one arm due to injury or weight bearing restrictions e.g. moderate to severe osteoporosis/vertebral crush fractures). • Clients with insufficient balance to lift the hopper frame and move it forwards. • Clients with poor coordination including those with Parkinson’s disease and known “freezing” episodes. | <ul style="list-style-type: none"> • The hand rests of the hopper frame should be adjusted with the client in standing, to the level of the <ul style="list-style-type: none"> - wrist crease with the arm hanging by the side, OR - to the greater trochanter, with the elbow slightly bent (at 30°). • The client should be able to stand upright while using the hopper frame. |

| Walking aid type/ purpose | Walking problem | Aid may not be suitable for: | Recommended Height (Measurement) |
|---|--|--|--|
| | <ul style="list-style-type: none"> If client has restrictions on lower limb WB status and was mobilising with a 4WW prior to injury. | <ul style="list-style-type: none"> Clients with stairs on their property – may be appropriate if the client can negotiate stairs without a hopper frame and are able to have one hopper frame upstairs and one downstairs. Weight bearing status needs to be maintained during stairs. | <ul style="list-style-type: none"> Check the safe working limit of the hopper frame. Bariatric hopper frames are available (discuss with the physiotherapist). |
| <p>Four Wheeled Walker (4WW) [variable weight limits]</p> <p>Generally, not provided by the hospital and health service, and must be sourced from a local chemist/equipment hire facility/supplier/ scheme.</p> <p>Can be acquired through Medical Aids Subsidy Scheme (MASS) if to be the primary aid indoor for the client (subject to eligibility). Can be sourced through Department of Veteran Affairs for eligible clients.</p> | <ul style="list-style-type: none"> If client requires support for balance via a walking aid but does not have weight bearing restrictions. If client has impaired balance but lower limb strength is relatively well preserved. If client has reduced endurance and could benefit from use of the seat on the 4WW for resting. If client needs to transport items (such as food from kitchen to table) and does not have assistance. | <ul style="list-style-type: none"> Clients with poor grip strength who cannot operate brakes safely or poor upper limb function preventing adequate steering. Clients with lower limb or upper limb weight bearing restrictions (NWB/TWB/PWB). Clients with stairs on their property – may be appropriate if the client can negotiate stairs without a 4WW and are able to have one walker upstairs and one downstairs. Weight bearing status needs to be maintained during stairs. Clients with impaired cognition who are unable to learn and recall safety features of the 4WW (especially safe use of the brakes). | <ul style="list-style-type: none"> The hand rests of 4WW should be adjusted with the client in standing to the level of the wrist crease with the arm hanging by the side, <p>OR</p> <ul style="list-style-type: none"> to the greater trochanter, with the elbow slightly bent (at 30°). The client should be able to stand upright while using the 4WW. Check the safe working limit of the 4WW. Bariatric 4WWs are available (discuss with the physiotherapist). |

The type of walking aid selected will be related to the clients walking goals, based on information collected during the mobility history and includes the types of environments the client needs to access (in the home, outdoors or stairs), the distances the client is able to walk and planned duration of use. These considerations for goal setting are outlined in Table 3 below. The client may have preferences for practical or personal reasons, including attitudes and beliefs about walking aids, aesthetics, costs, maintenance, portability and goals (e.g. stairs, outdoor walking). These considerations should be undertaken as part of the mobility history in S-MT01. See Required reading Resnick et al. (2009).

Table 3: Walking aid goal setting checklist

| Criteria | Criteria for achievement | Trouble shooting |
|---|--|---|
| Determine if the client has access to the walking aid after the trial. | <p>Client is able to access equipment through loan/hire/purchase or meets the eligibility criteria for a supply program.</p> <p>Equipment is available either for discharge, or within a timely manner in the community.</p> | <p>Client is unable to meet the costs or access a supplier. Consider alternative equipment options that are more easily accessible and are still appropriate to the client needs.</p> <p>Refer to a health professional with expertise in the task if alternative options are not in scope for the task.</p> |
| Determine the distance the client needs to mobilise with the walking aid. | <p>Review the client using the walking aid for a similar distance either by direct or simulated observation, or other reliable reports (e.g. noted in medical record).</p> <p>Determine if the environment can be modified to support independence e.g. strategic placement of seating for rests.</p> <p>Confirm any supervision that may be available to the client and determine if the client can perform the task with the available supervision support.</p> | <p>If not able to be achieved, what are the limitations? E.g. pain, shortness of breath. Consider if an alternative aid is more suitable, either as an adjunct or alternative. E.g. wheelchair for long distances, 4WW in the home environment.</p> <p>Refer to a health professional with expertise in the task if alternative options are not in scope for the task.</p> |
| Determine if the client can stand up from sitting, grasp the walking aid and walk correctly using the aid in a straight line, progress to turning and through doors (including opening/closing the door). | <p>Clients often demonstrate poorer walking aid placement when turning corners or negotiating doorway thresholds. Review the client using the walking aid whilst turning including to enter a room and prior to sitting in a chair.</p> <p>Review the client negotiating a doorway including opening/closing a door either in the planned or simulated environment e.g. bathroom, entry/exit to the building. Consider door weight, opening direction, limitations such as environmental features of platform/landing on entry/exit, weather protection, step/stairs, required activities such as key unlock/lock, handle turn, light switch activation etc.</p> | <p>Determine if the environment can be modified to support independence e.g. movement of furniture to improve turning circle, use of additional equipment e.g. toilet commode. Confirm any supervision or assistance that may be available to the client and determine if the client can perform the task with the available supervision support e.g. to open/close/ unlock door, need for privacy in bathroom.</p> <p>Liaise with a health professional with expertise in the task as part of care planning.</p> |

| Criteria | Criteria for achievement | Trouble shooting |
|--|---|---|
| <p>Determine where the client will be using the aid e.g. indoors only (carpet, tiles), outdoors (bitumen, grass, concrete), ramps.</p> | <p>Confirm the walking aid is suitable for all surfaces. Discuss specific maintenance monitoring for rubber stoppers if on bitumen and concrete surfaces regularly. Consider the appropriateness of the aid if being used outdoors. Specifically, four wheeled walkers with larger wheels are more appropriate outside. Hopper frames can be unstable if required to be used on uneven surfaces.</p> <p>Review the client using the aid in similar settings either by direct or simulated observation, or other reliable reports (e.g. noted in medical record).</p> <p>If unable to perform independently, confirm any assistance that may be available to the client and determine if the client can perform the task with the available support.</p> | <p>If the aid is not appropriate for outdoor walking, can an alternative aid be prescribed for and still be appropriate for the client's needs? E.g. wheelchair for outdoor usage, 4WW with larger wheels for outside use etc.</p> <p>If no, inform the client they are not safe to use the aid in the environment e.g. outdoors, or on ramps, and refer to a health professional with expertise in the task e.g. S-MT06, S-MT04.</p> |
| <p>Determine if the client needs to ascend/descend stairs. If so, how many? And how often?</p> | <p>Review the client using stairs for a comparative number of stairs with the same rail set up and the prescribed aid, if appropriate for stairs (if competent in SMT04 Stair Mobility). If not, refer to another health professional with expertise in this area.</p> <p>If unable to perform independently, confirm any assistance that may be available to the client and determine if the client can perform the task with the available support.</p> | <p>If the prescribed aid is a hopper frame or 4WW and there is more than one step, determine if the client requires an alternative for stair ascent/descent (SPS or crutch). Alternatively, consider if the client can ascend/descend stairs with available rail use only.</p> <p>If yes, consider does the client require an aid located at the top and one at the bottom of the stairs OR do they have support/assistance to make the aid available for the client after stair ascent/descent?</p> <p>If no, inform the client they are not safe to use the stairs and consider alternative discharge destination options or refer to a health professional with expertise in this area.</p> <p>Refer to a health professional with expertise in the task if alternative walking aid options are not within scope for the task.</p> |
| <p>Determine if the client will need to use the aid in the bathroom.</p> | <p>Review the client negotiating the aid in the bathroom either by direct or in a simulated observation. Simulation should include any rails/equipment that may be accessed e.g. over toilet frame, grab rail etc.</p> <p>If unable to perform independently, confirm any assistance that may be available to the client and determine if the client can perform the task with the available support.</p> | <p>If no, consider alternative options for bathroom access, for example using a smaller aid in the bathroom (reassess for safety, acceptability etc), bedside commode, or referral to an occupational therapist for home modifications.</p> <p>Refer to a health professional with expertise in the task if alternative options are not within scope for the task.</p> |

| Criteria | Criteria for achievement | Trouble shooting |
|---|---|--|
| <p>Determine other tasks that the client may need to perform, e.g. meal preparation, work activities, carrying items etc.</p> | <p>Review the client performing similar activities either by direct or simulated observation.</p> <p>If unable to perform independently, confirm any assistance that may be available to the client and determine if the client can perform the task with the available support.</p> | <p>Consider whether the client needs an alternative aid, either as a replacement or in adjunct to the prescribed aid. E.g. four wheeled walker to carry items or sit on during tasks.</p> <p>Refer to a health professional with expertise in the task if alternative options are not within scope for the task.</p> |
| <p>Determine if the client will be using the walking aid on outings and any requirements.</p> | <p>Review the client performing similar activities either by direct or simulated observations e.g. stepping onto public transport with the aid, in/out of a vehicle with the aid.</p> <p>If unable to perform independently, confirm any assistance/ supervision that may be available to the client and determine if the client can perform the task with the available support.</p> | <p>Consider if the client requires an alternative aid either as a replacement or as an adjunct to the prescribed aid. E.g. four wheeled walker or wheelchair for longer distances.</p> <p>Refer to a health professional with expertise in the task if alternative options are not within scope for the task.</p> |
| <p>Determine any predicted/ expected changes to the client's walking status and support review or referral.</p> | <p>Client is expected to have functional changes e.g. weight bearing restrictions 6 weeks, new diagnosis (cerebral vascular accident (CVA), dizziness), unexpected fall, etc.</p> | <p>Organise appropriate review including:</p> <ol style="list-style-type: none"> 1. Referral for rehabilitation management and/or 2. Process and timeframes for reassessment of the client's requirements. |

The following Guide to gait pattern cues and prompts are provided to support the fitting, training and review of a walking aid. The skill share-trained health professional needs to be trained and assessed as competent for the walking aids agreed for use in the local service, and as documented in the Performance Criteria Checklist.

Guide to gait pattern cues and prompts

Single Point Walking Stick (SPS)

- The client should stand up pushing through the arm rests on the chair and/or the stick as required. The SPS should be positioned on the opposite side to the affected leg (where relevant). An alternative device may need to be considered if there is upper limb weakness or injury on this side.
- Once the client has their balance, they should move the SPS forward a step length and slightly out to the side (lateral) to increase the base of support and reduce the risk of a tripping hazard.
- The client then moves the affected (or weaker, if applicable) leg, placing the forefoot to be in line with the SPS.
- The non-affected (or stronger, if applicable) leg, steps forward to be in line with the other foot.
- As the client improves, they should be encouraged to move the SPS and the affected (or weaker, if applicable) leg at the same time.
- Common errors/compensatory strategies to be monitored and corrected during the task:
 - ensure that the client is contacting the end of the SPS with the ground evenly and that they are not carrying the SPS instead of using it for assistance
 - ensure the client is able to coordinate the appropriate pattern. If not, review, and reconsider the decision to prescribe a SPS. Alternatives for off-loading weight include crutches or a pickup frame, and for balance include a four wheeled walker.

Viewing

- Adaptive equipment corner (2015). How to use a cane. Available at: <https://www.youtube.com/watch?v=sNxSvhsYP1Y>

Crutches

- Non-Weight Bearing mobilisation:
 - when standing from sitting, the client should have both crutches positioned on the affected side and push up with one hand on the bed/chair and the other hand through the hand rest of both crutches.
 - once standing and balanced, the client should move one crutch to the opposite underarm and position the remaining crutch under the arm on the affected side.
 - the client should be instructed to lift and hold the affected leg off the ground, move the crutches a comfortable step length in front and positioned slightly out to the side before hopping the foot to just behind, or in front of the crutches.
 - as the client becomes more comfortable, they can be encouraged to hop past the level of the crutches to increase speed and efficiency.
- Partial Weight Bearing mobilisation:
 - when standing from sitting, the client should have both crutches positioned on the affected side and push up with one hand on the bed/chair and the other hand through the hand rest of both crutches
 - once standing and balanced, the client should move one crutch to the opposite underarm and position the remaining crutch under the arm on the affected side

- client should be instructed to move the crutches forward a comfortable step length in front and positioned slightly out to the side before placing the affected foot forward to the level of the crutches
- before moving the unaffected leg forward, the client must take either half their body weight through the crutches if partial weight bearing, or almost all their body weight through the crutches if touch weight bearing
- initially, the client should be instructed to move the unaffected leg to a position just behind or in front of the crutches
- as the client becomes more comfortable, they can be encouraged to step past the level of the crutches to increase speed and efficiency.
- Four Point Gait (If able to Weight Bear as Tolerated):
 - technique requires a high level of co-ordination and adequate cognition
 - client should be encouraged initially to move one crutch forward a step length, followed by the opposite leg
 - on the next step, the client moves the other crutch forward a step length, followed by the opposite leg
 - for example, right crutch, left leg, left crutch, right leg
 - as the client becomes more comfortable, they can be encouraged to move each crutch forward at the same time as the opposite leg
 - to use this technique the client must be able to weight bear as tolerated through both legs.
- Common errors/compensatory strategies to be monitored and corrected during the task:
 - crutches should have slight camber and be positioned slightly out to the side away from the body. Placing the crutches too close to the midline (crutch position is vertical) can produce a tripping hazard and reduce stability. Placement that is too wide can lead to risks of the crutch tip slipping to the side as weight is taken through it.
 - the client's weight should be primarily distributed through the hands and the chest wall. Weight should not be taken through the axilla as prolonged compression of the axilla will lead initially to discomfort, and with long term pressure can lead to nerve compression, indicated by tingling, numbness and/or weakness in the upper limbs.
 - client loses coordination when attempting to increase step length and step past the crutches for increased speed and efficiency. Request the client only step up to the crutches for balance.

Viewing – use of crutches (axillary)

- Adaptive Equipment Corner (2015).
 - How to adjust crutches
 - How to sit, stand and walk with crutches.
 Available at: <https://www.youtube.com/watch?v=xz0eGJF6kh4>
- Nucleus Medical Media (2013). How to Use Crutches. Available at: http://www.youtube.com/watch?v=AkCtAe0arQI&feature=player_detailpage

Hopper Frame/Pick up frame

- The client should stand up by pushing up from the chair or arm rests as required. The frame should be placed in front of the client, before they stand up.

- Once standing, the client can grasp the handle grips of the frame.
- The client should move the frame forward a step length, followed by the weaker or affected leg (if applicable) and then the stronger or non-affected leg (if applicable).
- Ensure all four frame legs are in firm contact with the ground before stepping and the client is stepping into the frame with each step.
- Common errors/compensatory strategies to be monitored and corrected during the task:
 - the client grasps the frame to stand up. This is not safe due to the potential of the frame to tip. Inform the client, this is not safe and instruct them to use the arms of the chair to stand up
 - client carries the frame above the ground instead of using it for assistance. Ensure the frame is placed firmly on the ground, that all four legs are contacting the ground. Review the need for a hopper frame and consider possible alternative walking aid options e.g. crutches if weight restrictions are present or a four wheeled walker for balance and co-ordination or no aid.
 - client either moves too far forward into the frame or remains too far behind the frame. In both situations, the stability of the frame will be compromised. When stepping into the frame, ensure client remains positioned centrally. A visual cue may be helpful for some clients e.g. ribbon tied across the hopper frame.
 - client appears stooped, resulting in compromise to weight bearing restrictions. Ensure the client posture is upright to maximise the support through the upper limb when taking a step. Check the height of the frame and elbow posture to maximise upper limb strength.

Viewing

- Adaptive Equipment Corner (2015)
 - Specifics on standard walker. Available at: <https://www.youtube.com/watch?v=Rd5y-EECAeQ>
 - How to adjust a 2 wheel or front wheel or standard walker. Available at: <https://www.youtube.com/watch?v=luZrbvv95tE>
 - How to use a standard walker
 - Non-Weightbearing. Available at: <https://www.youtube.com/watch?v=s8ZhU3oaF9M>
 - Partial Weightbearing. Available at: <https://www.youtube.com/watch?v=STnN-ODEuX0>

Four Wheeled Walker

- The client should stand up, pushing up from the chair or arm rests as required. The four wheeled walker should be placed in front of the client, with brakes on, before they stand up. Once standing, the client can grasp the handle grips of the walker. When the client is ready to mobilise, the brakes are disengaged.
- The client should move the wheeled walker forward slowly, while taking even steps.
- If the client is going down a slope, the hand brakes can be used to slow the walker with gentle and gradual pressure.
- If the client is standing up or sitting down, the brakes should be locked on the walker. The client should release the walker and use their hands to push through on the chair or bed with standing up/sitting down.
- If the client is using the seat of the walker to sit on, the brakes should be locked on and the handles used to assist with turning.
- Common errors/compensatory strategies to be monitored and corrected during the task:

- client attempts to mobilise with the brakes on or does not engage brakes when stopped or seated. Ensure client understands braking mechanism and is able to engage/disengage.

Viewing

- Adaptive Equipment Corner (2015)
 - Specifics on rollator walker. Available at: <https://www.youtube.com/watch?v=nOZ3zSfCA6s>
 - How to adjust a rollator walker. Available at: <https://www.youtube.com/watch?v=NL43g-pVUIc>
 - How to use a rollator walker. Available at: <https://www.youtube.com/watch?v=Z8zFk5U1xmY>
- Drive DeVilbiss Healthcare (2013). Drive Medical - Aluminium Rollator with Fold Up and Removable Back Support. Available at: http://www.youtube.com/watch?v=POGJQ3Fu_S4&feature=player_detailpage.

Note: nomenclature of rollator, not 4WW, discuss with lead professional regarding local requirements.

Walking Aids on stairs

- Competency of CTI S-MT04: Stairs mobility assessment is required.
- Information in CTI S-MT04 on facilitating and supervising a client on stairs will not be repeated here.
- Information presented refers to how to walk with an aid on stairs.

General concepts

- If the client has no identified affected/non affected leg, then the client can choose which leg leads in going up or down the stairs.
- Where the client has an affected leg (weight bearing restriction, weakness, deformity etc), the client will be instructed to lead with:
 - the non-affected leg (good leg) when ascending (going up)
 - the affected leg (bad leg) when descending (going down)
 - if using a walking stick or crutches, the affected leg is supported by the walking aid and weight bearing restrictions are maintained. The walking aid ‘travels’ in sequence with the affected leg.
 - where a set of stairs has a rail, the rail should be used with either a stick or crutch on the other side. This may include swapping the stick/crutch to the other hand, so that at all times the client has the added support of both the rail and the stick.
- Under no circumstances are pick up frames or four wheeled walker to be used on a flight of stairs. If using a walking frame on level ground, the client will require assessment to use stairs either with a rail and/or a single point stick/crutch or assistance. Two aids (one each at the top and bottom of the stairs) or someone to assist transport of the aid from top to bottom would be required. As this arrangement indicates increased complexity of the prescription task, consultation with a physiotherapist is recommended.
- Single step/landing only with a hopper frame/ four wheeled walker. If the client has only one step (i.e. a landing), the client is to mobilise with the frame/4WW as close as possible to the landing. The client engages the brakes (if present) and then places the frame/4WW onto/down the landing, ensuring all four legs/wheels are stable on the landing. The client then steps onto the landing, using the appropriate step cycle for their walking requirements. For 4WW the client disengages the brakes before walking on.
- At all times, implementation of the task will adhere to what the local health service has determined to include in the scope of this CTI for an individual skill share-trained health professional.

Stick

- Adaptive Equipment Corner (2015). The best way to use a cane on the stairs. Available at: <https://www.youtube.com/watch?v=Tp3CeZI8KRY>
- Caregiverstraining (2011). How to use a cane. Available at: <https://www.youtube.com/watch?v=fRn8ZZJMzno&feature=youtu.be>

Crutches – Axilla or Forearm

- Adaptive Equipment Corner (2015). How to use crutches on the stairs. Available at: <https://www.youtube.com/watch?v=CMLWKML4YZY>
- Example local tools (Queensland Health staff only)
 - Mackay Hospital and Health Service: Using crutches. Available at: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0028/455149/crutches.pdf
 - Sunshine Coast Hospital and Health Service: Fact sheet. Instructions for safe crutch walking. Available at: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0027/2251980/AH-Safe-Crutch-Walking.pdf

Outcome of the task

- The outcome of the task should be a specific walking aid for prescription that has been fitted and reviewed as being safe for use and meets the client's walking goals.
- If during the task the decision is unclear, liaise with a health professional with expertise in the task. This may include the need for:
 - a walking aid that is not in scope for the task e.g. mobility scooter, trust walker
 - referral for other equipment to meet client goals e.g. bedside commode, home modifications, wheelchair
 - understanding of the potential risks and benefits of providing a walking aid where functional retraining goals are present.