

**Community Equipment Partnership  
JOINT PROTOCOL**

**Module 1  
Standard Core stock  
TRAINING MANUAL**

**Assessment, prescription, demonstration and fitting of Community  
Equipment**

## **JOINT PROTOCOL – CORE STOCK LIST**

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## SECTION 1

### CORE LIST OF EQUIPMENT COVERED IN THIS MANUAL

**n.b.** It must be noted that different Local Authorities provide different categories/ranges of equipment and local agreements must be observed

<b>TOILETING</b>	<b>Size and/or type</b>
Raised toilet seat	2", 4" and 6"
Toilet Frame	Free standing, Floor fixed (standard and wide)
Combined toilet seat and frame	Free standing Floor fixed (standard and wide)
Commodes	Static height/adjustable/ removable arms
<b>BATHING</b>	
Bath board/ Shower board	Standard and ex-wide. 26"/27"/28"
Bath seat	Medici 12"/8"/6"
Shower stool	Various
Shower chair	(static and standard mobile)
<b>HOUSEHOLD/ GENERAL</b>	
Trolley	Metal and Etwall styles
Zimmer caddy	
Perching stool	without back and arms with back and/or arms (standard/ex-wide)
Cantilever table	
<b>CHAIRS</b>	
Chair raising blocks	Various
<b>BEDS</b>	
Bed Raising blocks	
Back rest	
Bed levers/ rails	
<b>MOVING AND HANDLING</b>	
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## PRINCIPLES OF ASSESSMENT AND DUTY OF CARE

Assessment should be carried out by an assessor who is deemed competent by their manager to carry out the necessary assessment and has the knowledge to decide on the appropriate equipment. A range of staff employed within services and agencies e.g. Social work, NHS, Homecare, Housing,.....can assess the equipment needs of those with a variety of disabilities and conditions in order to effectively meet service users needs.

Use of the information in this training manual related to the assessment and provision of specific equipment should be viewed in the context of local arrangements and protocols.

The training manual will be used as guidance for the practitioner, and will be supported by manufacturer guidelines [available on manufacturer's websites or via the store] and by ongoing training opportunities.

Staff are responsible for ensuring they are conversant with the application of the products in practice and that they fully understand the user instructions supplied as a guide. Interpretation of the information is each assessor's responsibility and must be applied with a specific service user in mind. This may mean that they need to be amended to ensure safe usage for the service user.

It must be remembered that Store Core stock catalogue products can change due to procurement activity, and that different versions of a similar product may have slightly different user instructions. Staff must source correct user instructions as required. Store staff and product websites can assist in this.

- On conclusion of the assessment, and within the range of recommendations made by the Assessor, the Service User's and Carer's wishes will be fully taken into account. The Assessor will only act on those recommendations, which meet with their approval, ensuring that they understand exactly what they are being issued with, what the equipment is to be used for and establish that they are happy to use equipment.
- The principal of MINIMAL INTERVENTION, MAXIMUM INDEPENDENCE shall underpin every assessment.
- Alternative methods of managing have been tried and found not to be successful.
- Preference alone must in no way influence the type of provision
- On completion of the assessment, equipment can be ordered through the local store ordering system to ensure the service user's immediate needs are met. Any recommendations made are the responsibility of the assessing professional

A recommendation for any equipment **must** be made in conjunction with the relevant agencies agreed priorities. In accordance with the relevant legislation, it is necessary to consider the following factors:

## FACTORS FOR CONSIDERATION DURING ASSESSMENT

### Independence

Any proposed equipment/adaptation provision must be "necessary and appropriate" and "reasonable and practicable" in order for the disabled person to remain at home {Local Government Housing Act 1989}.

### Definition

Necessary A basic need, which cannot be met without equipment/adaptation.

Appropriate The proposed equipment/adaptation must be suitable and effectively meet the need.

Reasonable Must be the most cost-effective way of meeting the need.

Practicable Technically feasible, given the age and condition of the property.

**NB: Equipment/Adaptation provisions cannot be recommended that are desirable rather than essential.**

### Assessment

The assessment will determine a person's abilities and existing strengths and any provision will reflect this. The purpose of any provision is to increase or maintain the functional independence of people with permanent and substantial disability.

The level of provision will also be dependent on their technical feasibility. Whilst independence is the aim, it may be necessary to compromise due to environmental difficulties. In these circumstances, a Service User may be required to accept the need for assistance, instead of full independence.

### Age/Prognosis

Age or prognosis should not be a barrier to the provision of services.

To enable the maintenance of a good quality of life for a person with limited life expectancy, a quick response is necessary. The type of adaptation recommended will need to reflect this.

### Needs of carers a/ family members

Consideration must be given to the role and needs of the Carer, Disabled Persons (Services Consultation and Representation) Act 1986 and Carers (Recognition and Services) Act 1995].

Any proposed equipment must improve the quality of care given to the User.

It should also alleviate the physical demands and emotional stress experienced by Carers and other family members, where possible.

### Future use and needs

The planned equipment/adaptation provision, should take into account the Service User's current and long term needs, taking a holistic approach. However, often a simple provision can be made providing for current need, where long term need cannot be anticipated.

Equipment/Adaptations should not be considered to overcome social or economic problems, e.g. overcrowding, where no disability issues are identified.

### **Medical advice**

**User's written permission should always be obtained prior to seeking medical opinion.**

**Advice should be sought from medical or other professional colleagues**, where appropriate, to establish any prognosis, prior to recommending provision of equipment/adaptations. This will allow the Assessor to consider the Service User reaching his/her optimum level of function.

### **Eligibility**

In terms of Eligibility criteria, services need to confirm eligibility policy within their own Partnerships.

Guidance on eligibility can be found in the Scottish Government document '*Eligibility Criteria – A National Framework*' December 2009.

### **Environmental check**

To ensure that equipment assessed for and considered essential is suitable and appropriate for the home environment an environmental check is essential. This check must be carried out by the assessing professional through a home visit or via information obtained from the individual, carer or other professional involved. The prescription is the responsibility of the assessor.

### **Equipment store responsibilities including delivery and fitting, service and maintenance of equipment**

#### **Need for specialist equipment**

When a person's essential needs cannot be met from core stock items, agreement can be sought to purchase non-stock equipment. If an assessor identifies the need for a non-stock specialist item of equipment their manager will be required to authorise provision and expenditure.

#### **Equipment no longer meeting user's needs or not now required**

- If equipment no longer meets the needs of the person it was prescribed for contact should be made with the appropriate service
- If equipment is no longer required uplift should be arranged.

#### **Equal opportunities**

- The fullest information should be provided to enable service users and carers to be aware of all possible solutions before a decision is made
- The outcome of the assessment should be documented clearly in case recordings including all reasons and recommendations for provision.

## **GENERAL ADVICE**

In accordance with the local Protocol, the practitioner, where ever possible, will check the equipment in a timely manner following supply, to ensure that:-

- The equipment has been fitted correctly,
- To demonstrate the correct use of the equipment to users and carers
- Where staff do not feel they have adequate knowledge to complete the training or demonstration they should contact their senior.
- Ensure that the user tries the equipment in their presence, and is safe in its use
- The equipment meets the user's assessed needs
- If the equipment is found not to be suitable, the equipment must be dismantled/set aside, and uplift arranged using the locally agreed procedures.
- Delivery staff shall issue the relevant Equipment Information Sheet to the user with fitting, using and cleaning instructions.
- The practitioner should note in their case notes/case file that the equipment has been issued, fitted and demonstrated appropriately
- Assessors must be aware of the potential differences in the environment between the home and hospital, if the assessment takes place in hospital.
- There may be circumstances where assessment is carried out non-face to face i.e. over the telephone. Assessors must be aware of the potential risks involved with this process regarding accuracy of information giving or receiving by service users or carers and the effect this could have on equipment provision and service outcomes.


## **GENERAL GUIDELINES FOR THE USE OF EQUIPMENT**

### **Staff must:-**


- Ensure equipment is in good condition and report any faults to the equipment service via Local arrangements
- Always ensure equipment is fitted properly according to manufacturer's instructions.
- Ensure all clips and screws are securely in place.
- Check rubber ferrules are in good condition.
- Ensure equipment is maintained in accordance with manufacturer's instructions.
- Ensure that legs are set at the same height and are stable.
- Equipment should not be moved between one user and another- it must always be returned to the store to be cleaned and decontaminated.
- Ensure equipment is kept clean and check wheels are running smoothly.
- It is advisable to check Safe Weight Limits for usage as these can change. This is particularly important when users are near the upper weight limit for the product. Also procurement processes can require that stock products may change.
- Always check the 'footprint' of equipment to ensure it will fit within the designated space.
- If the equipment requires to be charged, never try to move it while connected to the charger.

**SECTION 2**


**SPECIFIC CONSIDERATIONS OR CONTRA-INDICATIONS FOR PROVISION OF CORE STOCK EQUIPMENT**


RAISED TOILET SEAT      50mm / 2", 100mm / 4", 150mm/6"	
	<p><b>DESCRIPTION</b></p> <p>The raised toilet seat can be fitted securely by hand to most toilet bowls with three rubber-covered brackets or 2 brackets and a front lip. One piece white molded raised toilet seat, allowing it to be totally immersed for cleaning. A wide frontal area allows easy access for personal cleaning. Deep splash guard for maximum hygiene. Light, robust plastic, resistant to stains and odour. Less flexion in the hips and knees is required for users which makes it easier to sit down or stand up.</p>
<p><b>WEIGHT RESTRICTIONS</b></p>	<p>Maximum User Weight Limit: 190kg (30stones)  <b>Check Safe Weight Limits for usage as these can change</b></p>
<p><b>Considerations prior to issue</b></p> <ul style="list-style-type: none"> <li>• Will other people in the family require to remove the seat?</li> <li>• May require to be used in conjunction with a toilet frame or a grab rail on the wall.</li> </ul>	
<p><b>When should this equipment be used?</b></p> <p>When the user requires a higher seat to minimise excessive flexion of hip joints or toilet is too low for them to transfer on/off safely. Easier to accommodate in small bathrooms than frames.</p>	
<p><b>Contra – Indications for use</b></p> <ul style="list-style-type: none"> <li>• Raised toilet seats can reduce the size of the aperture and make toileting more difficult for an individual.</li> <li>• Some individuals experience problems performing bowel motions with a raised toilet seat.</li> <li>• Ensure user’s feet are flat on the floor when using the toilet with seat in situ. If seat is too high user can feel unsupported</li> <li>• Unsuitable for people with poor sitting balance unless used with appropriate rails or who have gross restrictions in hip/knee movements</li> <li>• Some toilet bowls are non-standard in shape and difficult to fit with a RTS</li> </ul>	
<p><b>Fitting</b></p> <p>Please refer to fitting instructions for specific makes/models of RTS. General principles are as follows:-</p> <ul style="list-style-type: none"> <li>• Always check manufacturers instructions, as some knobs turn clockwise and others anti-clockwise.</li> <li>• Check that the existing WC is of a shape/size that allow safe fitting.</li> <li>• Lift lid and toilet seat attached to the toilet.</li> <li>• Turn RTS upside down on a flat surface and loosen fittings to enable it to fit over toilet bowl.</li> <li>• Turn RTS over and position RTS evenly over bowl with front lip held in position firmly against front of bowl.</li> <li>• Tighten brackets/adjusting screws to ensure a secure fit on toilet bowl.</li> <li>• Check RTS is securely in place before putting any weight on it.</li> <li>• Demonstrate safe transfer to the user. Re-enforce to user that they should not hold on to RTS as a support when getting on and off the seat.</li> <li>• Observe the user demonstrating the safe use of the RTS.</li> <li>• Demonstrate removal and refitting of RTS to user/carer and observe them doing same to enable cleaning.</li> </ul>	
<p><b>Checks Prior to use</b></p> <ul style="list-style-type: none"> <li>• Ensure seat is fitted securely.</li> <li>• Can seat be removed and re-fitted for other people’s convenience or for cleaning?</li> </ul>	
<p><b>Recommendations /instructions for use</b></p> <p>To raise toilet seat to assist independent standing from the toilet.</p> <ul style="list-style-type: none"> <li>• Ensure that correct height of toilet seat is prescribed – user should be able to place their feet on the floor when in use.</li> <li>• Ensure both feet are positioned slightly apart and flat on the floor.</li> <li>• Lean forward, looking straight ahead.</li> <li>• Straighten your hips and knees, raising yourself slowly, pushing your weight evenly through both knees and feet.</li> <li>• Stand up straight and gain your balance fully before stepping forward.</li> </ul>	
<p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>• Equipment should be cleaned in accordance with manufacturer recommendations.</li> <li>• Clean with warm soapy water or detergent with disinfectant. Never use abrasive cleaners</li> <li>• RTS should be checked regularly to ensure that brackets remain secure.</li> </ul>	



TOILET FRAME	
	<p><b>DESCRIPTION</b></p> <p>Can be used when the user requires the stability of arms to hold onto while lowering and raising from the toilet but doesn't require additional seat height  This is an adjustable height steel toilet frame with plastic moulded hand grips for support and comfort. The toilet frame fits around the toilet and can be moved when not in use The frame is height adjustable and the legs are secured by e-clips.</p>
<p><b>WEIGHT RESTRICTIONS</b></p>	<p>Maximum User Weight Limit: 160kg/ 25stones  <b>Check Safe Weight Limits for usage as these can change</b></p>
<p><b>Alternatives</b>  <b>Floor Fixing Frame</b> as required – fixing kit available from core stock  <b>Bariatric toilet Frame</b> [freestanding / floor fixing] – available from core stock  <b>Grab rail</b> on wall  <b>Combined toilet seat and frame</b> – see below  <b>Wall mounted fold down rail</b> – Used where unable to fix a frame to the floor i.e. if there is wet floor shower or user choice</p>	
<p><b>Considerations prior to issue</b></p> <ul style="list-style-type: none"> <li>• Is there sufficient space around the toilet to accommodate the frame</li> <li>• Will other people in the family require to remove the frame.</li> <li>• Ensure height and width is suitable for user.</li> </ul>	
<p><b>Contra – Indications for use</b></p> <ul style="list-style-type: none"> <li>• If user has only use of one arm the frame can tip if too much pressure is placed on one side - a floor-fixing frame may be necessary.</li> <li>• When a user tends to 'drop' onto the seat a floor fixing frame can be used to keep the frame steady</li> <li>• Ensure the frame does not obstruct access to a bath or hand basin or ingress/egress to the bathroom</li> <li>• Unusual features of the toilet that might affect fitting equipment e.g. side waste pipes, toilets being raised on small steps, close to a side wall.</li> </ul>	
<p><b>Checks Prior to use</b></p> <ul style="list-style-type: none"> <li>• Check dimensions of toilet and surrounding area to ensure it will fit</li> <li>• Compatibility with other equipment should be ensured.</li> <li>• Ensure floor fixed frames are securely fitted to floor.</li> <li>• Ensure frame is set at correct height and that all e-clips are securely in place.</li> <li>• Can frame be stored safely if it has to be removed for other family members</li> </ul>	
<p><b>Fitting Equipment</b>  Select the height required for user, if necessary adjust as follows:-</p> <ul style="list-style-type: none"> <li>• Place frame on its side and push spring clip out and slide leg to correct height.</li> <li>• Ensure spring clip is fully re-engaged and facing inwards.</li> <li>• Repeat for each leg in turn, ensuring legs are at the same height</li> <li>• Double check all legs are secured, at the same height and level on the floor</li> <li>• Place around toilet with bars at front.</li> <li>• Demonstrate safe use of the frame to the user.</li> <li>• Re-enforce to user that they should use both hands when transferring on/off toilet.</li> <li>• Observe the user demonstrating the safe use of the frame.</li> <li>• If it is not possible to fit equipment securely do not leave the equipment with the user but seek advice and/or contact the Equipment store.</li> <li>• When using free standing toilet frame with a 2" or 4" raised toilet seat, frame height should be raised by 2".</li> <li>• If Free Standing Toilet Frame is being used in conjunction with Raised Toilet Seat, the raised seat must be checked regularly to ensure brackets remain tightly fastened.</li> </ul>	
<p><b>Instructions for use</b> See information on toilet frames above</p>	
<p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>• Clean the toilet frame when the toilet is being cleaned.</li> <li>• To clean the toilet frame it is recommended to use hot water and a soapy solution or non-abrasive bathroom cleaner.</li> <li>• Worn ferrules can be replaced via the equipment store by raising a repair request.</li> </ul>	

## COMBINED RAISED TOILET SEAT WITH RAILS

	<p style="text-align: center;"><b>DESCRIPTION</b></p> <p>A Combined raised toilet seat with rails has a cut away seat front, mounted on a height adjustable free-standing frame, which can be placed over the existing toilet to provide a higher sitting position. Armrests provide additional support. The back legs can be adjusted one level higher than the front to angle the seat for a user who cannot flex to 90° at the hip. The existing toilet seat is retained but must be left in the upright position to allow the frame to be fitted securely.</p>
<p><b>WEIGHT RESTRICTIONS</b></p>	<p>Maximum User Weight Limit: 190kg/ 30stones <b>Check Safe Weight Limits for usage as these can change</b></p>
<p style="text-align: center;"><b>Alternatives</b></p> <p>Extra Wide combined RTS with rails / Floor Fixing version /Adjustable Width version Where unable to fix a frame to the floor i.e. if there is wet floor shower or user choice, consider use of wall mounted fold down rail.</p>	
<p style="text-align: center;"><b>Considerations prior to issue</b></p> <p>This equipment should be issued when the user requires a higher seat and the stability of arms to hold onto and push up from. Discuss provision with user to :-</p> <ul style="list-style-type: none"><li>• Check that there sufficient space around the toilet to accommodate the frame?</li><li>• Ask if other people in the family require to remove the frame?</li><li>• The frame can tip if too much pressure is placed on one arm – in this case a floor fixing frame is required</li><li>• Can be used when toilet bowls are non-standard in shape and unsuitable for a RTS</li><li>• Legs can be a trip hazard for users</li></ul>	
<p style="text-align: center;"><b>Contra – Indications for use</b></p> <ul style="list-style-type: none"><li>• If user has only use of one arm then a floor-fixing frame may be necessary.</li><li>• Requires adequate sitting balance for safe use.</li><li>• Ensure the frame does not obstruct access to a bath or hand basin</li><li>• Unusual features of the toilet that might affect fitting equipment e.g. side waste pipes, toilets being raised on small steps, close to a side wall.</li><li>• Raised toilet seats can reduce the size of the aperture and make cleaning more difficult for an individual.</li><li>• Some individuals experience problems performing bowel motions with a raised toilet seat.</li></ul>	
<p style="text-align: center;"><b>Checks Prior to use</b></p> <ul style="list-style-type: none"><li>• The person must be assessed using the equipment, either in the hospital setting or within the home.</li></ul>	
<p style="text-align: center;"><b>Fitting Equipment</b></p> <p>Select the height required for user, if necessary adjust as follows:</p> <ul style="list-style-type: none"><li>• Place frame on its side and push spring clip out and slide leg to correct height. Ensure spring clip is fully re-engaged and facing inwards. Repeat for each leg in turn. Double check all legs are secure and the same height.</li><li>• Lift <b>lid and seat</b> of toilet and place frame over toilet. All four legs should be stable on the ground and splashguard should be inside bowl but not touching it.</li><li>• Sit on seat and frame to ensure it is stable.</li><li>• Demonstrate safe use of the frame to user.</li><li>• Re-enforce to user that they should use both hands when transferring on/off frame.</li><li>• Observe the user demonstrating the safe use of the frame.</li><li>• If it is not possible to fit equipment securely remove the equipment where possible or arrange uplift and and/or alternative provision...</li></ul>	
<p style="text-align: center;"><b>Instructions for use - See for Toilet Frame above</b></p>	
<p style="text-align: center;"><b>Maintenance</b></p> <ul style="list-style-type: none"><li>• Clean the toilet frame when the toilet is being cleaned.</li><li>• To clean the toilet frame it is recommended using hot water and a soapy solution or non-abrasive bathroom cleaner.</li><li>• Worn ferrules can be replaced via the equipment store by raising a repair request.</li></ul>	

<b>COMMODES</b>	
	<p><b>Description</b></p> <ul style="list-style-type: none"> <li>• Coated tubular steel frame.</li> <li>• Removable plastic pan and lid.</li> <li>• Fire retardant upholstered back and detachable seat cover.</li> </ul>
<p><b>WEIGHT RESTRICTIONS</b></p>	<p>Weight limit of 25 stones/160kg.  <b>Check Safe Weight Limits for usage as these can change</b></p>
<p><b>Alternatives types</b>  Adjustable height/ Detachable arms/ Side transfer/ Bariatric/ Wheeled are available as non-stock orders</p>	
<p><b>Considerations prior to issue</b></p> <ul style="list-style-type: none"> <li>• Positioning/placement of commode regarding user privacy for use.</li> <li>• A dry level surface is available to position the commode.</li> <li>• Compatibility issues with other equipment – hoists/ wheelchairs etc.</li> <li>• Height and width are suitable for the user.</li> </ul>	
<p><b>When should this equipment be used?</b></p> <ul style="list-style-type: none"> <li>• Patient/user unable to access fixed toilet safely due to mobility difficulties at times.</li> <li>• Frequency of micturition – should be referred additionally for medical intervention if appropriate.</li> <li>• Nocturia – user may not be fully alert or orientated.</li> <li>• To facilitate continence.</li> <li>• User can transfer on/off safely and use both hands together to push up from frame.</li> <li>• Requires sufficient safe and private space for use and storage.</li> <li>• A responsible person is identified and available to empty and clean commode after use.</li> </ul>	
<p><b>Contra – Indications for use</b></p> <ul style="list-style-type: none"> <li>• Poor sitting/functional balance.</li> <li>• User ‘throws’ themselves onto the commode which is not floor fixed</li> <li>• Weakness/reliance on one side e.g. following CVA.</li> <li>• Cannot be supplied unless assistance available to empty/clean.</li> <li>• Over raising of WC can interfere with normal bowel function and/or circulation.</li> <li>• User should be able to sit with their feet on the floor.</li> </ul>	
<p><b>Adjustments</b></p> <ul style="list-style-type: none"> <li>• All 4 legs must be level on the floor. Remove floor mats if necessary.</li> <li>• All 4 legs must be adjusted to the same height. Spring clips secure the position</li> </ul>	
<p><b>Checks Prior to use</b>  Optimum finished seat height is calf length – measure from back of knee to floor when seated.</p>	
<p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>• Clean with hot water and a soapy solution or non-abrasive bathroom cleaner.</li> </ul>	

**BATH SEAT****Description**

Plastic slatted bath seat with suckers on each leg to allow the seat to be secured to the bottom of the bath for stability.  
The seat comes in **6", 8" and 12"** heights.

**WEIGHT RESTRICTIONS**

Maximum load of 190kg / 30stones  
**Check Safe Weight Limits for usage as these can change**

**Alternatives**

Suspended type [non-stock order]

Medici type with width adjustable to closely fit internal dimension of the bath 6"/ 8"/12" – non-stock order

**Considerations prior to issue**

- Will other people require to use the bath?
- May be used in conjunction with a bath board.
- Bath seats for acrylic baths must load bear through the base of the bath and not the sides.

**When should this equipment be used?**

- Useful for users who can transfer into the bath but have difficulty rising up from a seated position or have difficulty sitting down fully in the bath.
- Can be used in conjunction with a shower board and grab rails.

**Contra – Indications for use**

- Unsuitable for users with poor balance and with limited range of movement in hips/knees.
- Users will require good upper limb strength to rise from the 6" seat
- Check skin condition
- Use with caution following total hip replacement – ensure clear instructions are given to prevent flexion beyond 90deg at hip or twisting movements on operated leg.
- It is not advised to be immersed totally in water for some medical conditions i.e. CAPD dialysis, Dermatological conditions.
- Users with poor short term memory may forget instructions for use

**Adjustments**

- Height is static but side fixings should be adjusted to suit width/shape of bath.

**Checks Prior to use**


- Demonstrate safe use of the seat.
- Ensure bath and suckers are dry before fitting to bath
- Position seat in the bath with back directly in front of the board if used.
- Should be used in conjunction with a non-slip mat (privately purchased).

**Using equipment**

- Holding onto the side of the bath, board if used, side of the seat and/or the rail gently lower your bottom onto the seat – this depends on the user's upper limb strength and ability to use both arms especially using a 6" seat.
- When seated straighten knees so they extend in the bath
- Before starting to come out of the bath, drain water and then reverse the process
- Ensure that one or both hands are on the board, side of the bath, or rail prior to transferring from seat to board or standing

**Maintenance**

- Equipment should be cleaned in accordance with manufacturer recommendations.
- Do not lift up seat without releasing suckers by gently pulling up the release tabs.
- Ensure suckers and seat slats are in good condition and are not cracked.

<b>SHOWER BOARD/BATHBOARD</b>	
	<p><b>DESCRIPTION</b></p> <p>Plastic slatted shower board with brackets underneath to allow the board to be secured tightly against the side of the bath for stability. The boards come in 26", "27", 28" widths and are available.</p>
<p><b>WEIGHT RESTRICTIONS</b></p>	<p>Maximum load of 190kg / 30sts <b>Check Safe Weight Limits for usage as these can change</b></p>
<p><b>Alternatives</b> – Boards with extended/adjustable cleats are available for use on moulded baths. High bath seat[12-13"] with adjustable edges that create a bridge within the bath at the same level as the bath edge where a ledge is unavailable.</p>	
<p><b>Considerations prior to issue</b></p> <ul style="list-style-type: none"> <li>• Ensure you have ordered the correct width of board for the bath. It should not extend over the edge of the bath as this may cause tipping.</li> <li>• Can be used in conjunction with a grab rail on the wall to assist turning / balance sitting/ standing under the shower.</li> </ul>	
<p><b>When should this equipment be used?</b></p> <ul style="list-style-type: none"> <li>• Shower boards should be used to allow easier transfer in/out of bath to enable user to use an over bath shower in a seated position.</li> <li>• Can be used with bath seat to allow user to lower into water in 2 easy stages by transferring weight from board to seat.</li> </ul>	
<p><b>Contra – Indications for use</b></p> <ul style="list-style-type: none"> <li>• Unsuitable if a fixed screen is in situ</li> <li>• Unsuitable for users with poor sitting balance</li> <li>• Users should have enough exercise tolerance, upper and lower limb strength to use safely</li> <li>• Check skin – sliding on bath/shower boards can cause friction due to fragile/ broken skin.</li> <li>• Can be unsuitable for fitting in some sculpted baths or those with scalloped tops.</li> <li>• Standard bath/shower boards may not be suitable for corner baths.</li> <li>• Use with caution following total hip replacement – ensure clear instructions are given to prevent flexion beyond 90 deg at hip or twisting movements on operated leg.</li> <li>• If bath handles are higher than the side of the bath, this may impede use of bath board.</li> <li>• Users with poor short term memory may forget instructions for use.</li> <li>• If user has leg ulcers check with District Nurse whether bathing is permitted.</li> </ul>	
<p><b>Adjustments</b></p> <ul style="list-style-type: none"> <li>• Only to be fitted to a bath where the lips/edges are at least 1.5" wide.</li> <li>• Loosen the bracket wing nuts underneath the board and</li> <li>• Place board across the bath at the opposite end from taps.</li> <li>• Adjust brackets to ensure snug fit, and then proceed to tighten wing nuts – <b>DO NOT OVERTIGHTEN AS THIS CAN DAMAGE THE BOARD.</b></li> </ul>	
<p><b>Checks Prior to use</b></p> <ul style="list-style-type: none"> <li>• Demonstrate safe use of board.</li> <li>• Ensure wing nuts are tightened properly – they should be checked periodically to ensure they remain tight.</li> <li>• Should be used in conjunction with a non- slip mat (private issue required).</li> <li>• Ensure user /carers are advised on how to fit the bath/shower board and are able to refit it in the correct position.</li> </ul>	
<p><b>Using equipment</b></p> <ul style="list-style-type: none"> <li>• Turn until bottom faces side of bath with board directly behind you</li> <li>• Sit down centrally on the side of the board , with feet on the floor</li> <li>• Slide or shuffle backwards on the board, turn and swing legs over the side of bath and reposition yourself into the middle of the board</li> <li>• Use OB Shower from this position or lower yourself onto bath seat</li> <li>• For people who are unable to, or who are not permitted to bend their hips and knees, ensure board allows enough space for extended legs.</li> <li>• Be aware of the position of shower head, screen and controls, along with the length of hose and management of shower curtain in relation to the board.</li> <li>• A bath step and /or wall mounted grab rail can be used when bath is too high if this is appropriate and safe for the user. n.b. possible trip hazard if it blocks the pathway to WHB, WC or door.</li> </ul>	
<p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>• Equipment should be cleaned in accordance with manufacturer recommendations.</li> <li>• Cleaning with hot water and a soapy solution or non-abrasive bathroom cleaner is recommended.</li> <li>• Ensure wing nuts remain secure to maintain correct position of the board in use.</li> </ul>	

**STATIC SHOWERSTOOLS AND SHOWER SEATS****Descriptions**

**Shower stool** - Adjustable height bench for use in the shower. Heavy duty perforated injection moulded plastic seat clips onto frame and can be removed for ease of cleaning.

**Static shower seat** - Shower Chair with arms and back - Adjustable Height Nylon coated all steel welded frame with H section base for added strength. Moulded polypropylene seat with drainage holes.

Shower stool/bench – swl 20st

Static shower seat - swl 22stones

**Check Safe Weight Limits for usage as these can change****Alternatives**

Padded shower stool / Corner shower stool /wheeled shower seat – standard available in core stock. Shower seats with tilt-in-space mechanism, etc require specialist OT assessment.

**Considerations prior to issue**

- Space available in the shower area for user as well as equipment particularly seats in shower cubicles?
- Check shower chair will fit inside shower cubicle **before** ordering
- Is the seat large enough to accommodate the user's bottom without getting wedged in?
- Shower stools with 4 separate legs can pose a risk of puncture in some plastic shower trays.
- Presence of an even surface to stand the equipment on.
- Orientation in the shower area and proximity of shower screens to user's legs.
- Access to shower controls.

**When should this equipment be used?**

- Useful for people who have poor exercise or standing tolerance
- Medical conditions where fatigue is predominant symptom e.g. MS
- When dizziness is experienced due to Postural Hypotension and/or users cannot attend to their personal care (e.g. hair washing) whilst standing.

**Contra – Indications for use of stools**

- Unsuitable for users with poor sitting balance; not advisable for users with a one sided weakness as stools may overbalance.
- Unsuitable for users with spinal injury, skin/tissue problems or who are very thin/ emaciated.

**Contra – Indications for use of seats**

- Unsuitable for users with spinal injury, skin/tissue problems or who are very thin/ emaciated.
- Use with caution following a total hip replacement: ensure clear instructions are given to prevent hip is not flexed beyond 90 deg. And there are no twisting movements of the operated leg.

**Adjustments and fitting**

- Stool and shower chair are height adjustable with spring clips – ensure all legs are adjusted evenly and to the user's requirements.
- Follow manufacturer's instructions to make required adjustments to each leg as required.

**Checks Prior to use**

- Check ferrules in good condition to prevent stool/ seat slipping
- Check the seat height meets the user's needs.

**Using shower stools**

- n.b. the short arms are often too low to use during sitting down
- When getting up the arms must be leaned on with both hands to avoid tipping
- Often use in conjunction with the grab rail.

**To sit on shower stool:-**

- Approach the seat and turn to back up until back of knees touch the seat
- Grip grab rail if used prior to sitting down in a controlled manner

**To get up:-**

- Move forward in the seat and lean forward until head is above the knees
- Leading with the head, push up with the arms and/or legs until upright
- Take hold of walking aid, with one hand then 2 hands [if used], move away from the chair once standing balance assured.


**Using shower seats****To sit on shower chair use standard method for a chair:-**

- Approach the seat and turn to back up until back of knees touch the seat
- Put hands onto chair arms prior to sitting down in a controlled manner

**To get up:-**

- Move forward in the seat and lean forward until head is above the knees
- Leading with the head, push up with the arms and legs until upright
- Take hold of walking aid if used, with one hand then 2 hands, move away from the chair once standing balance assured

**Maintenance** Equipment should be cleaned in accordance with manufacturer recommendations.

<b>WALKING TROLLEY</b>	
	<p><b>Description</b> Adjustable height trolley made of robust, all welded plastic coated steel, with angled sides to provide safe hand grips and instil user confidence. The strong shelves are plastic injection moulded and each has a continuous lip, designed for spill containment. The bottom shelf is set forward for ease of walking and dining. <b>DOES NOT HAVE BRAKES</b></p>
<b>WEIGHT RESTRICTIONS</b>	Maximum User Weight Limit: <b>Depends on Model</b> <b>Check Safe Weight Limits for usage as these can change.</b>
<p><b>Criteria for use</b></p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>• User has walking aid which requires use of both hands.</li> <li>• User has severe upper and/or lower limb tremor.</li> <li>• User has severe upper limb deformity which poses a risk in the transporting of small items.</li> </ul> <p><b>Environmental</b></p> <ul style="list-style-type: none"> <li>• The user is unable to eat in their kitchen due to lack of table and chair or space for table and chair in the kitchen and is unsafe when carrying food to an appropriate eating area.</li> <li>• The user requires assistance to transfer hot dishes from a cooking appliance to a safe surface in the kitchen.</li> </ul>	
<p><b>Measuring Dimensions</b></p> <ul style="list-style-type: none"> <li>• The user should be able to maintain an upright posture with elbows slightly bent when holding onto the handles on the trolley.</li> <li>• When ordering, <b>specify finished height</b> required from <b>floor to lip of top tray</b>. This will be approx 7" below the height of the handle, mid point on the trolley.</li> </ul>	
<p><b>Alternatives</b></p> <ul style="list-style-type: none"> <li>• This trolley is <b>NOT</b> a walking aid - if a user requires the support of a walking frame then a referral should be made to Community Physiotherapy.</li> <li>• <b>Etwall</b> trolley for those using only 1 hand to push the trolley.</li> <li>• Buckingham Caddy - for a user who uses a walking frame, the caddy fits onto the walking frame and enables the user to carry most items safely.</li> </ul>	
<p><b>Considerations prior to issue</b></p> <ul style="list-style-type: none"> <li>• Has the user unpredictable mobility e.g. shuffling or accelerating gait?</li> <li>• May be unsuitable for users with heavy reliance on walking aids?</li> <li>• Useful for users with severe upper and/or lower limb tremor.</li> <li>• Useful for users with severe upper limb deformity which poses a risk in transporting of small items.</li> <li>• It is essential to check that there is space for the trolley to move freely within rooms, pass between rooms safely, and move smoothly on floor coverings. Hard floors offer no resistance so users must be able to control the speed safely.</li> <li>• If necessary remove loose rugs or lower door thresholds.</li> <li>• A piece of non-slip matting or Dycem mat may be issued on the tray to prevent items slipping</li> <li>• The above type requires 2 hands to push. See alternative trolley for 1 handed usage [Etwall trolley]</li> </ul>	
<p><b>Adjusting the height</b></p> <ul style="list-style-type: none"> <li>• The trolley has 4 large 100mm castors as standard and a range of adjustment heights from about 33"-39".</li> <li>• Height can be adjusted by removing locking spring clips and setting legs to required height and then securing spring clips in position.</li> <li>• The shelves clip on/ clip off feature facilitates ease of cleaning and re-issue.</li> </ul>	
<p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>• Equipment should be cleaned in accordance with manufacturer recommendations.</li> <li>• No hot pans or casseroles should be placed on shelves.</li> <li>• Ensure wheels are running freely and properly inserted into the trolley legs</li> </ul>	

## WALKING AID/ BUCKINGHAM CADDY



### Description

A Buckingham caddy can be fitted to a standard walking frame. The flat tray top allows the user to carry items from A to B including plates and cups. The deep internal basket can be used to carry various other items as required.

### When should this equipment be used?


- A Buckingham caddy can be considered in preference to a trolley wherever this is suitable.
- A Buckingham caddy may be more suitable than a trolley where extra stability is required.


### Considerations

- The caddy may be awkward if the user takes their walking aid out and about.
- The caddy mustn't be overloaded as this could de-stabilise the walking aid
- Should be fitted and maintained in according to manufacturer's instructions.

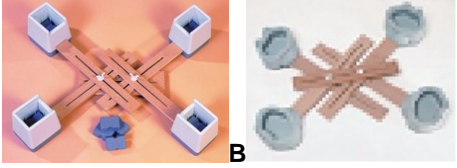
NB Caddy does not fit all styles of walking frame (particularly those with a double cross piece at the top).



PERCHING STOOL	
	<p><b>Description</b> Sturdy, stable stools with padded foam seats. The frames are lower at the front to allow the seat to slope. Legs are widely spaced for stability and have large rubber feet to prevent slipping. Leg height is generally adjustable over 150mm (6ins) without tools.</p>
<b>WEIGHT RESTRICTIONS</b>	<b>Check Safe Weight Limits for usage as these can change.</b>
<p><b>Alternatives types</b></p> <ul style="list-style-type: none"> <li>• Stool - no arms or back</li> <li>• Stool - with arms and/or back</li> <li>• Bariatric and ex-wide versions available (SWL up to 40stones).</li> </ul>	
<p><b>When should this equipment be used?</b></p> <ul style="list-style-type: none"> <li>• To assist where there is reduced standing tolerance, chronic fatigue, pain or general debility.</li> <li>• Perching stools can be very helpful in conserving energy and maintaining independence.</li> <li>• Perching stools position the user in a semi-standing position. They have a sloping angled seat and are suitable for people who can take some of their weight through their legs.</li> <li>• Because of the semi- standing position, less leg room is required and the user can get closer to whb enabling them to wash and carry out other personal hygiene tasks.</li> <li>• Useful for any tasks which require to be carried out at kitchen work surface and other household tasks such as ironing.</li> <li>• Provision would support functional ability.</li> <li>• The user can stand to transfer on/off safely.</li> </ul>	
<p><b>Contra – Indications for use</b></p> <ul style="list-style-type: none"> <li>• Can be too high for very short people.</li> <li>• May not be suitable for people with painful knees.</li> <li>• Splayed legs can be a trip hazard.</li> <li>• <u>Not for use in shower</u> – always supply shower stool.</li> <li>• Is user capable of ensuring stool is used correctly? If they try to sit on it the wrong way round this can result in a fall.</li> <li>• Requires sufficient floor space, as legs are wide for stability.</li> <li>• Work surfaces require to be a suitable height for seated food preparation.</li> <li>• Consider needs/heights of other household members.</li> <li>• Can the user move it out of the way if required?</li> </ul>	
<p><b>Checks Prior to use</b></p> <ul style="list-style-type: none"> <li>• Ensure stool is set at correct height and that all spring clips are securely in place.</li> <li>• Ensure all rubber ferrules are in place and not perished.</li> <li>• Check there is adequate space to use stool and that it will not be a trip hazard.</li> <li>• Can stool be stored safely?</li> </ul>	
<p><b>Fitting</b> Leg height adjustment:-</p> <ul style="list-style-type: none"> <li>• Remove spring clip from the extension leg and extend all legs evenly to the desired height ensuring they so not exceed the last punched hole of the extension leg.</li> <li>• Once desired height is achieved re-install the e-clip ensuring that it has passed through the extension leg and that it is fitting neatly and snug around the outside leg.</li> <li>• The perching stool is designed to slant to the front. Do not adjust the legs to make the seat even as this will compromise the safety of the user.</li> <li>• The users feet should be resting on the floor</li> <li>• When using perching stool with arms or arms and back, user must use <b>both</b> hands when rising from stool</li> </ul>	
<p><b>Measuring dimensions</b></p> <ul style="list-style-type: none"> <li>• As seat is elevated, to allow the user to 'perch', it will be higher than standard seat height/calf length.</li> <li>• Measure from back of knee to floor, when seated and add approx 3-4" for supply height. The user should then be assessed with the perching stool, and adjusted as necessary.</li> <li>• <b>This product requires a check home visit to ensure correct height and safety.</b></li> <li>• <b>Hospital based staff</b> must assess user within hospital/assessment environment before requesting equipment.</li> </ul>	
<p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>• Equipment should be cleaned in accordance with manufacturer recommendations.</li> <li>• Worn ferrules can be replaced via the equipment store by raising a repair request.</li> </ul>	

CANTILEVER TABLE	
	<p style="text-align: center;"><b>Description</b></p> <p>Powder coated chrome plated steel frame with laminated top for easy cleaning. Rails on edge prevent items from slipping. Split legged base fits around furniture and swivel castors aid manoeuvrability. Can be used over beds and chairs. Height can be adjusted and top can be angled for reading etc.</p>
<b>WEIGHT RESTRICTIONS</b>	<p>Maximum load of 10kg /21lbs</p> <p><b>Check Safe Weight Limits for usage as these can change</b></p>
<b>Alternatives</b>	
<p>Cantilever table with runners rather than castors          Designed for use with divan beds or chairs which do not have clearance for castors</p>	
<p>Considerations prior to issue</p>	
<p>Consider furniture which table to be used with and decide if runners or castors are required. Users and/or their carers must be aware of the need to check the height adjustment wheel regularly to ensure it is tightly secured and the table surface will remain stable.</p>	
<p>When should this equipment be used?          These tables should only be supplied for someone who has to drink or eat meals in bed or in their chair and is unable to access a standard table. Also useful when a user is bed bound and needs to read or write etc [lower priority]          n.b. tables can be too narrow to reach beyond the middle of the bed or chair.</p>	
<p>Contra – Indications for use</p> <ul style="list-style-type: none"> <li>• User should not lean on the table.</li> <li>• If used with height adjustable bed, care should be taken to remove table before bed is raised.</li> </ul>	
<b>Adjustments</b>	
<p><b>Remove all articles before adjusting!</b></p> <ul style="list-style-type: none"> <li>• Unscrew both hand wheels and raise or lower to height as required.</li> <li>• The top can be angled if required eg to hold book etc.</li> <li>• Tighten <b>both</b> hand wheels</li> </ul>	
<b>Checks Prior to use</b>	
<ul style="list-style-type: none"> <li>• Demonstrate safe use of table and how table can be adjusted.</li> <li>• Ensure hand wheels are tightened properly – they should be checked periodically to ensure they remain tight.</li> <li>• User may benefit from using non-slip matting with the table.</li> </ul>	
<b>Maintenance</b>	
<ul style="list-style-type: none"> <li>• Equipment should be cleaned in accordance with manufacturer recommendations.</li> <li>• Ensure castors are moving freely.</li> </ul>	

## CHAIR AND BED RAISERS

	<p style="text-align: center;"><b>Description</b></p> <p>Chair/ bed raising units that attach to legs or castors and raise the chair height 2” to 6” higher. Maximum raise for beds is 5” with standard equipment.</p>
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500kg/ 78stones [including the weight of the chair/ bed / couch] **Check Safe Weight Limits for usage as these can change.**

- Alternatives**
- Consider alternative seating/bed already available in the home
  - Firm cushion – suitable for some chairs depending on seat base dimension and height of the armrests (private supply required).
  - Replace chair/bed with one of a higher seat/bed base height
  - An assessment may be needed for a more ‘specialist’ chair
  - Height adjustable bed for use of multiple carers.

- Considerations prior to issue**
- Are the chair /bed legs suitable to attach the raising unit to?
  - Bed corners don’t inhibit use of the raisers
  - Unit A can only accommodate slim cottage style legs
  - Unit B can take legs/feet up to 4” in diameter
  - Requires sufficient space to position the chair, settee or bed on the raising unit.
  - When used for beds or settees each unit will accommodate 2 legs i.e. 6 legs require 3 units.
  - Settees may be too heavy for the SWL of the raising unit  
n.b additional combined weight of potentially 2/3 seated persons

- When should this equipment be used?**  
**To assist where the user has:-**
- difficulty rising from or controlling their descent into a chair or settee. This can be due to restricted joint movement, weakness or general debility
  - When a bed requires to be raised for using a hoist [minimum clearance 5” from the floor]
  - The need to raise a bed in order to achieve a safe working height for a sole carer.

- Contra – Indications for use**
- Where the user would be put at risk through their inability to stand safely or mobilise away from a chair or settee even with assistance.
  - Method of transfer – e.g. unevenly leaning heavily to one side
  - Beds or chairs are in an unsafe condition.
  - Beds without feet or castors.
  - Unsuitable for Profiling, height adjustable or Adjustamatic beds
  - Unsuitable for riser/recliner or riser only chairs.


- Adjustments**
- Chair/ bed/ couch must **not** be moved with the raiser unit attached


- Measuring dimensions**
- Optimum finished height is calf length - measure from the back of the knee to the floor when seated.
  - User’s feet should still be able to be placed flat on the floor when sitting after the raise is fitted.

- Checks Prior to use**
- Over-raising of seating can adversely affect circulation.
  - Chair or settee should not be moved with raising unit in situ.
  - Compatibility issues with other equipment or furniture i.e. hoists, additional pressure relieving mattresses raising the height of the bed base.
- Users should be aware that drawers in Divan bases will not be able to be used as they may de-stabilise the bed.

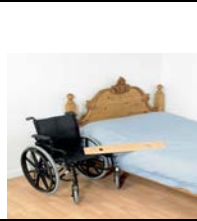
- Using chair/ bed raising units**  
**To sit down:-**
- Approach the chair/bed then turn around until the chair/bed is behind you.
  - Move backwards until the back of your knees touch the edge of the chair/bed.
  - Bend from your hips and knees and gently lower yourself until you are sitting on the chair/bed.
- To stand up:-**
- Ensure both feet are positioned slightly apart and flat on the floor.
  - If you are able, shuffle forward to sit near the edge of the chair/bed.
  - Lean forward and look straight ahead.
  - Stand up straightening your hips and knees as you rise.
  - Stand up straight and get your balance before stepping forward.
- Users should be discouraged from ‘throwing’ themselves onto the chair or bed.**

- Maintenance**
- Users should be aware that raising units must be checked regularly to ensure brackets remain tightly fastened and stability is maintained.
  - Units can be wiped with hot soapy water if required.
  - Bed raisers should be fitted by 2 people.

<b>BACKRESTS</b>	
	<p style="text-align: center;"><b>Description</b></p> <p>Portable fabric backrest with removeable padded headrest. It has an epoxy coated metal frame which is adjustable to angles between 20 -75 degrees, with five locking positions.</p>
<p><b>WEIGHT RESTRICTIONS</b></p>	<p>17stones/ 108kg  <b>Check Safe Weight Limits for usage as these can change</b></p>
<p style="text-align: center;"><b>Alternative Provision</b></p> <ul style="list-style-type: none"> <li>• Pillow lifter or mattress elevator for users who need dynamic assistance to descend to lying or rise to sitting</li> <li>• Profiling bed with knee breaks to avoid users sliding down the bed and who need dynamic assistance to lie down flat or rise to sitting</li> </ul>	
<p style="text-align: center;">Considerations prior to issue</p> <ul style="list-style-type: none"> <li>• The bed/ mattress should be stable enough to support the back rest.</li> <li>• Pillows can fall off the back rest and user/ carer must be able to control the pillows</li> <li>• Can cause users to slide down the bed</li> <li>• It is not a dynamic aid to independence</li> </ul>	
<p>When should this equipment be used?</p> <ul style="list-style-type: none"> <li>• When users need to permanently lie in a raised position due to breathing problems or back pain</li> <li>• When user does not require further assistance to rise from lying to sitting</li> <li>• Simpler solution prior to consideration of a mattress elevator, pillow lifter or profiling bed</li> </ul>	
<p>Contra – Indications for use</p> <ul style="list-style-type: none"> <li>• Where user is restless and may fall off the side of the back rest</li> <li>• Incompatibility with other equipment i.e. bed rails or cot sides</li> <li>• Tends to cause users to slide down the bed.</li> <li>• Unsuitable for users who cannot re-position themselves to maintain comfort.</li> <li>• Unsuitable for use on top of pressure relieving mattresses [dynamic and some static types]</li> <li>• Unsuitable for users with poor skin integrity and risk of damage due to friction and shearing.</li> </ul>	
<p style="text-align: center;"><b>Adjustments</b></p> <ul style="list-style-type: none"> <li>• Adjusts between 20-75 degrees with 5 locking positions</li> <li>• Position is fixed while in use</li> </ul>	
<p style="text-align: center;"><b>Checks Prior to use</b></p> <ul style="list-style-type: none"> <li>• Ensure the back bar is firmly located in the locking slots at both sides</li> <li>• Ensure backrest is stable on the bed</li> <li>• Ensure user is comfortable using over a prolonged period while in bed.</li> </ul>	
<p style="text-align: center;"><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>• Equipment should be cleaned in accordance with manufacturer recommendations</li> </ul>	

BED RAIL/STICK/LEVER		
	<p><b>DESCRIPTION</b></p> <ul style="list-style-type: none"> <li>• Metal rails, which slot between the bed base and the mattress to aid user to transfer in and out of bed.</li> <li>• The rails are held in place by the person's weight but can be secured with straps if required.</li> <li>• There should always be a central bar on the easy leaver to avoid the risk of entrapment</li> <li>• Easy leaver and bedrail with straps should be used with slatted beds, bed stick unsuitable for this use</li> </ul> <p>Bariatric versions available for users out with the above swl</p>	
<p><b>Easy Leaver /rail - swl 17stones</b></p>	<p><b>Bed Stick with two loops -swl 24st</b></p>	<p><b>Bedrail with straps –swl 17st</b></p>
<p align="center"><b>Check Safe Weight Limits for usage as these can change</b></p>		
<p><b>Adjustments</b></p> <ul style="list-style-type: none"> <li>• There are no adjustments in the easy leaver or bedrail.</li> <li>• The bed stick can be adjusted to fit single through to king size beds by removing e-clips and adjusting length of rail.</li> <li>• Loop on one side can be fitted pointing downwards to allow freedom of movement for other bed user who doesn't require it.</li> </ul>		
<p><b>Considerations prior to issue</b></p> <ul style="list-style-type: none"> <li>• Ensure bed is suitable to fit an easy leaver to – is bed a divan base or slatted base? Establish if straps are required.</li> <li>• The user must have some degree of upper body strength and mobility.</li> <li>• Have sufficient sitting balance</li> <li>• Access to bedside table should not be impeded.</li> <li>• Access to under bed drawers should be considered.</li> </ul> <p>* For additional information on the use of bedrails and cot sides please refer to the National Association of Equipment Providers – Clinical Special Interest Group - Guidance on the Use of Bed Rails June 2011[<a href="http://www.naep-uk.org">www.naep-uk.org</a>]</p>		
<p><b>When should this equipment be used?</b></p> <ul style="list-style-type: none"> <li>• To assist the user to manoeuvre in bed – can be used to assist turning and also to assist the less mobile user to sit up in bed.</li> <li>• The easy leaver/ bed rail/ bed stick cannot generally be felt through the mattress and no adaptations are required to the bed.</li> <li>• The use of an easy leaver or bed rail will not affect a partner sharing the bed.</li> </ul>		
<p><b>Contra – Indications for use</b></p> <ul style="list-style-type: none"> <li>• These are only transfer aids and should not be used to prevent someone falling out of bed. If this is the issue then 'Cot side rails' should be considered if this is appropriate.</li> <li>• The easy leaver/ bed rail cannot be used to assist transfers from commode or wheelchair as it could be dislodged.</li> <li>• The easy leaver/bed rail only offers limited support when transferring from sitting on the edge of the bed to standing if it is not strapped on.</li> <li>• Not suitable for profiling and adjustamatic beds or use with pillow lifters or mattress raisers</li> <li>• Unsuitable if the bed has 2 mattresses [i.e. pressure mattress which raise the level of the surface of the bed.</li> </ul>		
<p><b>Fitting</b></p> <ul style="list-style-type: none"> <li>• Risk of entrapment should be considered and the position of the rail should allow a gap of less than 60 mm or more than 250 mm at the top of the bed.</li> <li>• Lift or remove the mattress from the bed and place the rail against the inside of the bed base or frame. The handle should be placed at bottom edge of pillow where the user can easily grasp it from a lying position. Equipu bedrails [not bed loops] and Easy leavers come with straps which should be used and straps fixed securely.</li> <li>• Replace the mattress and ensure the rail is sitting securely. Observe user demonstrate safe use of equipment.</li> <li>• Bed rail is placed under the mattress and tight against it to prevent the risk of entrapment.</li> </ul>		
<p><b>Checks Prior to use</b></p> <ul style="list-style-type: none"> <li>• Ensure easy leaver/ bed rail/ bed stick is positioned correctly just by pillow.</li> <li>• Demonstrate safe use of rail and observe user transferring using the rail.</li> <li>• The force required to dislodge any type of bed rail is dependent on the size, type and weight of mattress.</li> </ul>		
<p><b>How to use the bed rail</b></p> <p>To get into bed:-</p> <ul style="list-style-type: none"> <li>• Approach the bed, then turn around until the bed is behind you, standing as close to the bed rail as possible.</li> <li>• Move backwards until the backs of your knees touch the side of the bed.</li> <li>• Grip the bed rail with hand nearest to it.</li> <li>• Bend from the hip/knees and gently lower yourself, until you are sitting firmly on the bed.</li> <li>• Lean back towards the pillows and raise your legs on to bed. To get out of bed:-</li> <li>• While lying in bed, reach across the body, with the arm furthest from the rail, and grab bed rail. (This can also assist turning in bed).</li> <li>• Pull body towards the side of bed, while swinging legs over to the edge of the bed.</li> <li>• While lowering your legs to the floor, push up on the bed rail till sitting in an upright position.</li> <li>• Ensure both your feet are positioned slightly apart and flat on the floor.</li> <li>• Hold the bed rail, with the hand nearest to it, and push up slowly, straightening your hips/knees as you get up.</li> <li>• Stand up straight, let go of the bed rail and get your balance before walking away.</li> </ul>		
<p><b>Maintenance</b> Equipment should be cleaned in accordance with manufacturer recommendations.</p>		

## TRANSFER BOARDS



### Description

Low friction board which enables the user (with or without assistance) to slide transfer between surfaces of approx equal height. The transfer board is positioned equally on the two transfer surfaces, ensuring that approx 1/3<sup>rd</sup> of the total length of the board is on each surface  
Suitable for car, bed, chair and toilet transfers.

### Available types

- Straight Wooden board [ SWL 190kg/ 30st]
- Wood or plastic Curved board[SWL 190kg/ 30st]
- Plastic - For use in wet areas [SWL - 285kg/ 45st]

**NB Check Safe Weight Limits for usage as these can change.**

### Alternative provisions

- Handling belt is also available if assistance is required to complete the transfer.
- Hoist may be required if the user is unable to transfer unaided.

### When should this equipment be used?

- User is non weight-bearing or weight bearing is unpredictable and/or carers are at risk while completing essential transfers.
- Height of both transfer surfaces should be within 1"- 2" of each other, depending on user's upper body strength/stability.
- The gap between both transfer surfaces should be no more than 1/3<sup>rd</sup> of the total length of the transfer board.
- The gap between both transfer surfaces can be minimised in order to maximise safety and reduce the effort required to transfer. NB space taken up by the person transferring.
- Adequate space is available to facilitate side transfer.

### Considerations during assessment

- User needs to have good trunk control, sitting balance and upper limb strength.
- Cognitive ability of user.
- Skin integrity – this transfer can increase the risk of skin breakdown due to friction and shearing of fragile skin.
- Where transfers are from shower/bath to chair/wheelchair a wet transfer board should be used. These are made of very low friction polypropylene or some have in-built sliding sheets.

#### **[DO NOT USE UNATTACHED SLIDING SHEETS]**

- The height differential between surfaces may vary during transfer depending on firmness of the transfer surfaces.
- Surface that user will transfer from/to must ideally have no side/arm obstructions i.e. be a commode with a removable arm or chair/ wheelchair with removable side. Where 1 arm remains a curved board should be used and the angle between the surfaces is as acute as possible or overlapped.
- If assistance is required, the carer must maintain good posture throughout the transfer. Moving and Handling training can be offered to the carer.
- Compatibility issues

### Measuring dimensions

- Optimum height between transfer surfaces is **NIL**.
- Maximum height between transfer surfaces should be restricted to 2", but will depend on the user's ability.

### Using transfer boards

#### Positioning the Board

- Make sure the transfer board is beside you for use.
- Position yourself beside the surface you wish to transfer on to, ensuring the gap is minimised between both surfaces.
- If possible remove any armrests and footplates closest to the surface you want to transfer onto.
- Position the feet on the floor and adjust foot position throughout the transfer.
- Place approx 1/3<sup>rd</sup> of the transfer board onto the surface sat upon, ensuring the edge is securely tucked under your bottom.

Position the remainder of the board across the gap ensuring that approx 1/3<sup>rd</sup> of the board rests on the surface you want to transfer onto.

#### The Transfer


- Using the hand closest to the direction of travel, place your hand on the available board beside you in a comfortable position. The other hand should be placed on the surface being transferred from.
- By pushing body weight through your hands, you should gently lift yourself and slide across the board, repositioning your feet as they travel.
- Repeat until you are sitting securely on the new surface.

#### Removing the Board

- Remove the section of the transfer board that is tucked under your bottom.
- Place the board on the floor or in a suitable position, ready for re-use.

### Maintenance

To clean the board it is recommend that hot water and a soapy solution or non-abrasive cleaner is used.

<b>GRAB RAILS</b>	
	<p><b>Description</b></p> <ul style="list-style-type: none"> <li>Epoxy Coated tubular steel or PVC rails</li> </ul>
<p><b>WEIGHT RESTRICTIONS</b> Capacity will be affected by the weight of the user and the surface to which the rail is applied. See Website for specific Safe Weight limits for each rail.</p>	
<p><b>Alternatives types</b> Short rails 12"/ Long rails 18"/ 24"/36", angled with fluted surface/ Newel [which curves 90 degrees around the newel post on a staircase/right or left].</p>	
<p><b>Alternative provisions</b> Toilet frame/ Drop down rail [wall or floor mounted]/ Swedish rail by baths/ Half Surrey rail by toilets/ additional section of banister.</p>	
<p><b>Considerations prior to issue</b></p> <ul style="list-style-type: none"> <li>For use indoors or outdoors, bathroom or stairs? – type of rail will vary</li> <li>Purpose to be used – pushing , pulling, leaning on</li> <li>What type of surface will it be attached to?</li> <li>User visually impaired and requiring contrasting rail.</li> </ul>	
<p><b>When should this equipment be used?</b></p> <ul style="list-style-type: none"> <li>Users with weakness in the legs when upper limb will assist in lifting the body</li> <li>Users with poor balance</li> <li>To aid safe transfers</li> <li>Difficulty negotiating the turn of the stairs where treads are narrow</li> <li>Can be used for support where space is limited for a walking aid e.g. internal steps or narrow access to bathroom.</li> </ul>	
<p><b>Contra – Indications for use</b></p> <ul style="list-style-type: none"> <li>Severe visual impairment where users cannot discern objects against their back ground.</li> <li>Not to be used as an alternative to correct use of a walking aid.</li> <li>Metal grab rails should not be fitted in bathrooms as they do not provide adequate grip.</li> </ul>	
<p><b>Points to consider during assessment</b></p> <ul style="list-style-type: none"> <li>Wall should have capacity for safe fixing. Technical advice should be sought from the contractor or building officers where required and appropriate.</li> <li>During delivery and fit Equipu technicians will check the wall with sensors for hidden pipes and cables which will influence their decision whether to attach a rail.</li> <li>Access to door lock and handle should not be obstructed by the fitting of the grab rail.</li> <li>Should be sufficient space between rail and the wall to allow user to grasp the rail firmly.</li> <li>Only fluted PVC rails should be used in bathrooms</li> <li>Can be used in conjunction with bathing equipment to provide additional support.</li> <li>Bilateral rails should be considered where there is weakness in one side or reduced grip strength or a need to avoid twisting trunk.</li> <li>For floor fixed rails consider type of flooring e.g. wet floor area could result in water ingress.</li> <li>For drop down rails consider lateral pull by users which could loosen fixings.</li> </ul>	
<p><b>Measuring dimensions</b></p> <ul style="list-style-type: none"> <li>Rail should be positioned at a suitable height to enable the user to grasp safely and avoid over-reaching while mobilising in either direction.</li> <li>Fitting is user specific. It can be fitted horizontally, vertically or diagonally.</li> <li>Wall should be marked with sticky dots, a description, diagram or specifications provided to the contractor.</li> <li>If the newel post is on the <b>left ascending</b> – order a left newel rail.</li> <li>If the newel post is on the <b>right ascending</b> – order a right newel rail.</li> </ul>	
<p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>Rails can be cleaned with a warm soapy solution</li> <li>Should be checked regularly to ensure fixings are secure</li> <li>Epoxy coated steel rails can become rusted when exposed to water which could cause risk of skin damage when used. These should be replaced.</li> </ul>	

## GRABRAILS - INSTRUCTIONS FOR FITTING

The following specification information should be used to detail requirements for the type, and positioning of the grab rails. The grab rails will be fitted by relevant local services/technical staff following prescriber's specification.

Within the Equipu Partnership all grab rail installation will be preceded by an assessment of the wall/surface's suitability for attachment of rails. This is carried out using a specialised electronic cable/pipe detector and if these are detected the technician will report to the prescriber that installation is not possible.

The technician will not move the position to allow installation avoiding the cable/pipe obstruction without further discussion with the prescriber. If an alternative position not be agreed the responsibility for pursuing a suitable solution passes back to the prescriber. Any new rails or equipment then required will be delivered/fitted following a separate website order.

## PRECAUTIONS/CONTRAINDICATIONS

### Finding studs within cavity walls

This is a basic check that staff can carry out to ascertain where fixings may be. This will not locate pipe work or electrical cables that may be present. The technician will carry out this check with specialised equipment

- Locate an electrical socket near the preferred position of the rail. This will often be attached to a wall stud. Measure 16" or occasionally 24" intervals leading to the position of the rail and you may find there is a suitable stud for the technician to attach the rail.[general guidance only]
- Wall density sounding – Knock the wall along a horizontal plane and the sound will change over the position of the stud.
- Hold a lamp or torch away from the wall to detect depressions or pimples which may be due to nails attaching plasterboard to the wall stud.

Where no suitable stud can be detected a backboard can sometimes be attached to a more remote stud to which the rail can be supported.

This option requires to be discussed with service users as it may cause disruption to decor.

Any concerns about suitability of surface for fixing of grab rail should be discussed with technician.

## SPECIFICATIONS FOR THE FITTING OF GRAB RAILS

The following specifications are derived from 'Designing for the Disabled', by Selwyn Goldsmith, RIBA Publications Ltd.

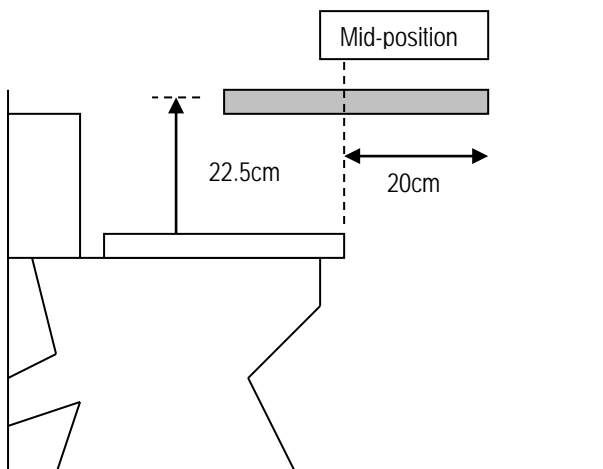
### Positioning of grab rail at toilet: Specification 1a

A grab rail of minimum length 40cm should be used.  
The rail should be fitted in the horizontal position.

The rail should be fitted at a height of 22.5cm above the level of the toilet seat. If a raised toilet seat is used, the height must be taken from the level of the raised toilet seat when fitted on the toilet.

The mid-position of the rail should lie at the line of the front of the toilet seat.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.





### Positioning of grab rail at toilet: Specification 1b

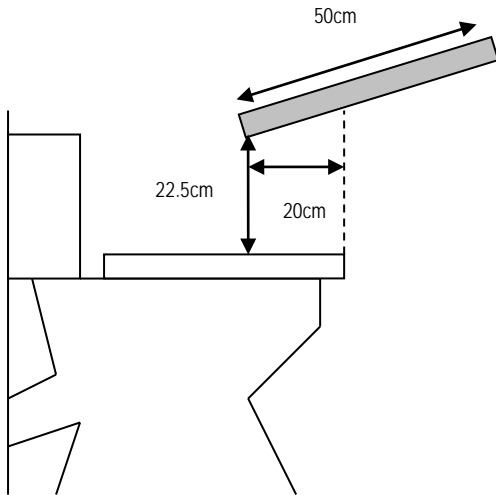
An inclined rail may be preferred where the rail is used to assist in pushing from a seated to a standing position.

A grab rail of minimum length 50cm should be used.  
The rail should be fitted at an angle of 15 degrees.

The lower end of the rail should be fitted at a height of 22.5cm above the level of the toilet seat.  
If a raised toilet seat is used, the height must be taken from the level of the raised toilet seat when fitted on the toilet.

The lower end of the rail should lie 20cm in front of the line of the front of the toilet seat.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



### Positioning of grab rail at bath: General information

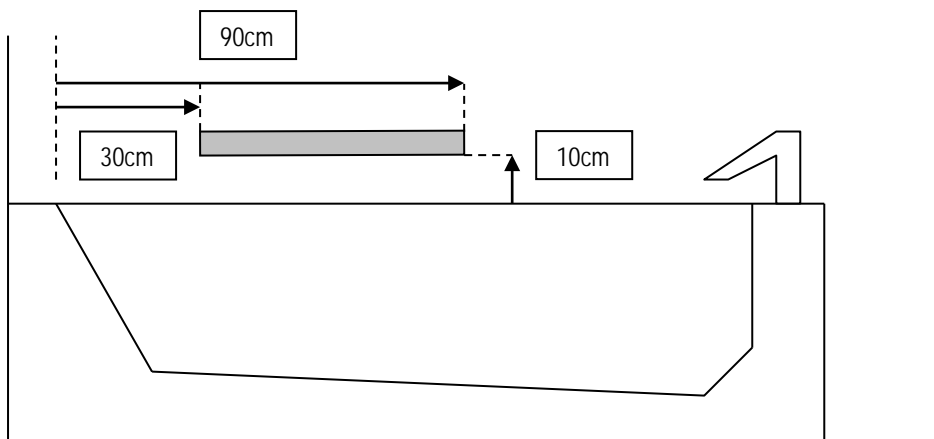
Rails for use in conjunction with a bath should have a textured finish to enhance grip.

### Grab rail for hand support when sitting on floor of bath, or on bath seat without bathboard: Specification 2a

A rail length of 60cm is recommended.

Rail should be fixed in a horizontal position.  
Rail should be fixed a height of 10cm from rim of bath.  
Rail should be fixed between 30cm and 90cm from the head of the bath.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



### Grab rail for hand support when sitting on bathboard or showerboard: Specification 2b

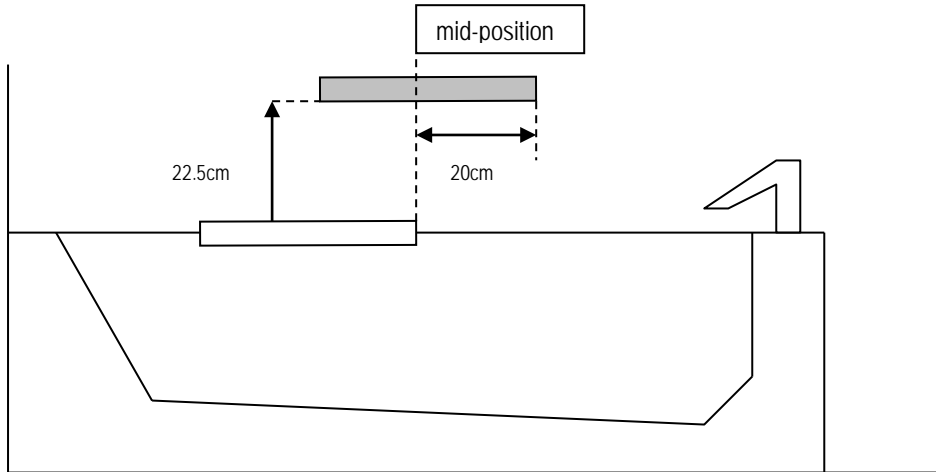
A rail length of 40cm is recommended.

Rail should be fixed in a horizontal position.

Rail should be fixed a height of 22.5cm above the level of the bath/showerboard.

The mid-position of the rail should lie in line with the front of the bath/showerboard

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



### Grab rail to assist sitting/standing from bath/showerboard Specification 2c

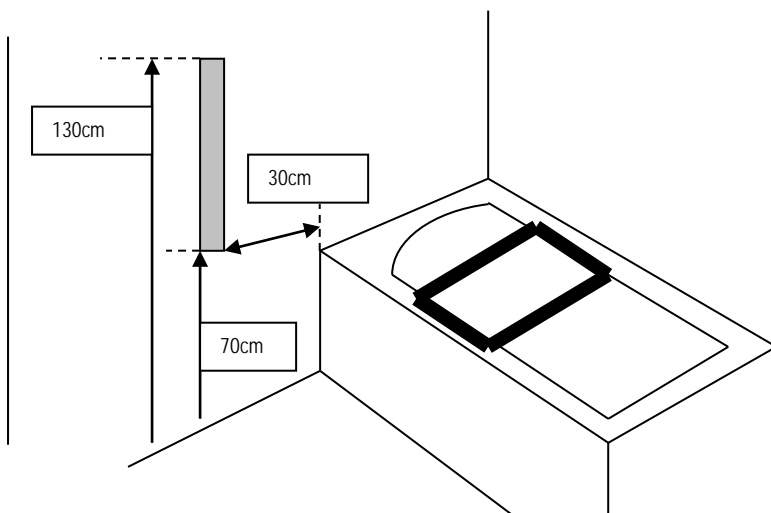
A rail length of 60cm is recommended.

Rail should be fixed in a vertical position.

Rail should be fixed at a height of 70cm - 130cm from the floor

Rail should be fixed 30cm from line of edge of bath.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



### Grab rail at over-bath shower, for use in standing position: Specification 2d

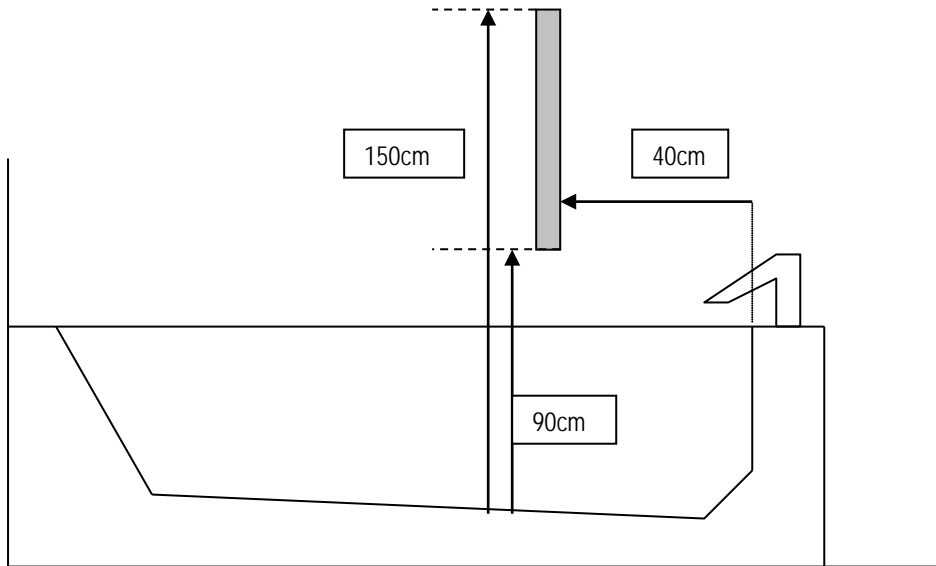
A rail length of 60cm is recommended.

Rail should be fixed in a vertical position.

Rail should be fixed a height of 90cm - 150cm from the floor of the bath.

Rail should be fixed 40cm from the foot of the bath

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



### Positioning of grab rail at level-access shower: General information

Rails for use in conjunction with a shower should have a textured finish to enhance grip.

### Grab rail to assist stepping in/out of shower area: Specification 3a

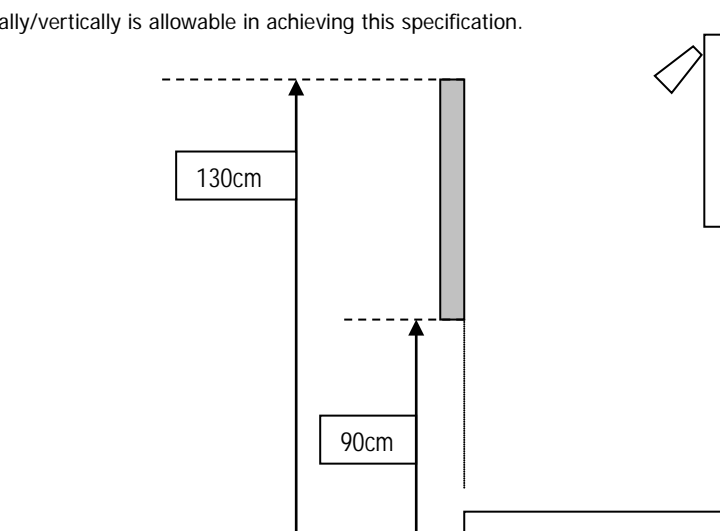
A rail length of 40cm is recommended.

Rail should be fixed in a vertical position.

Rail should be fixed a height of 90cm – 130cm from floor.

Rail should be fixed above the line of the edge of access to showering area.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



### Grab rail to assist access to shower seat: Specification 3b

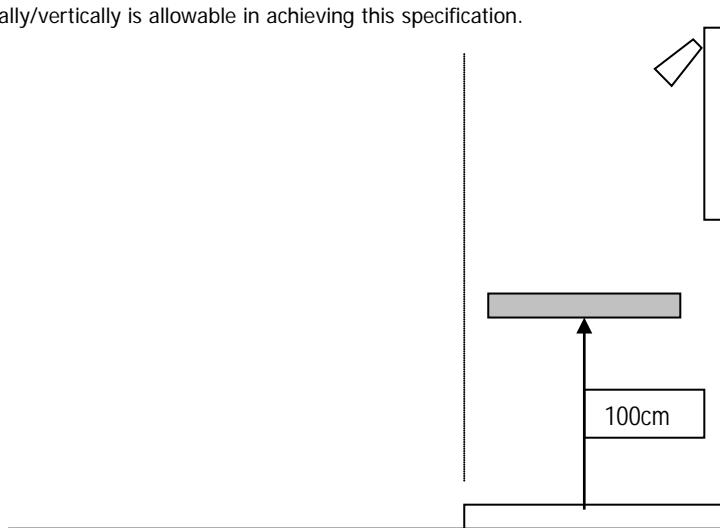
Length of rail to be specified by the prescriber.

Rail should be fixed in a horizontal position.

Rail should be fixed a height of 100cm from floor.

Rail should be fixed on wall between access to showering area and shower seat.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



### Grab rail to assist standing at shower: Specification 3c

A rail length of 60cm is recommended.

Rail should be fixed in a vertical position.

Rail should be fixed a height of 90cm – 150cm from floor.

Position of rail in relation to shower controls or shower seat to be specified by the prescriber.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.

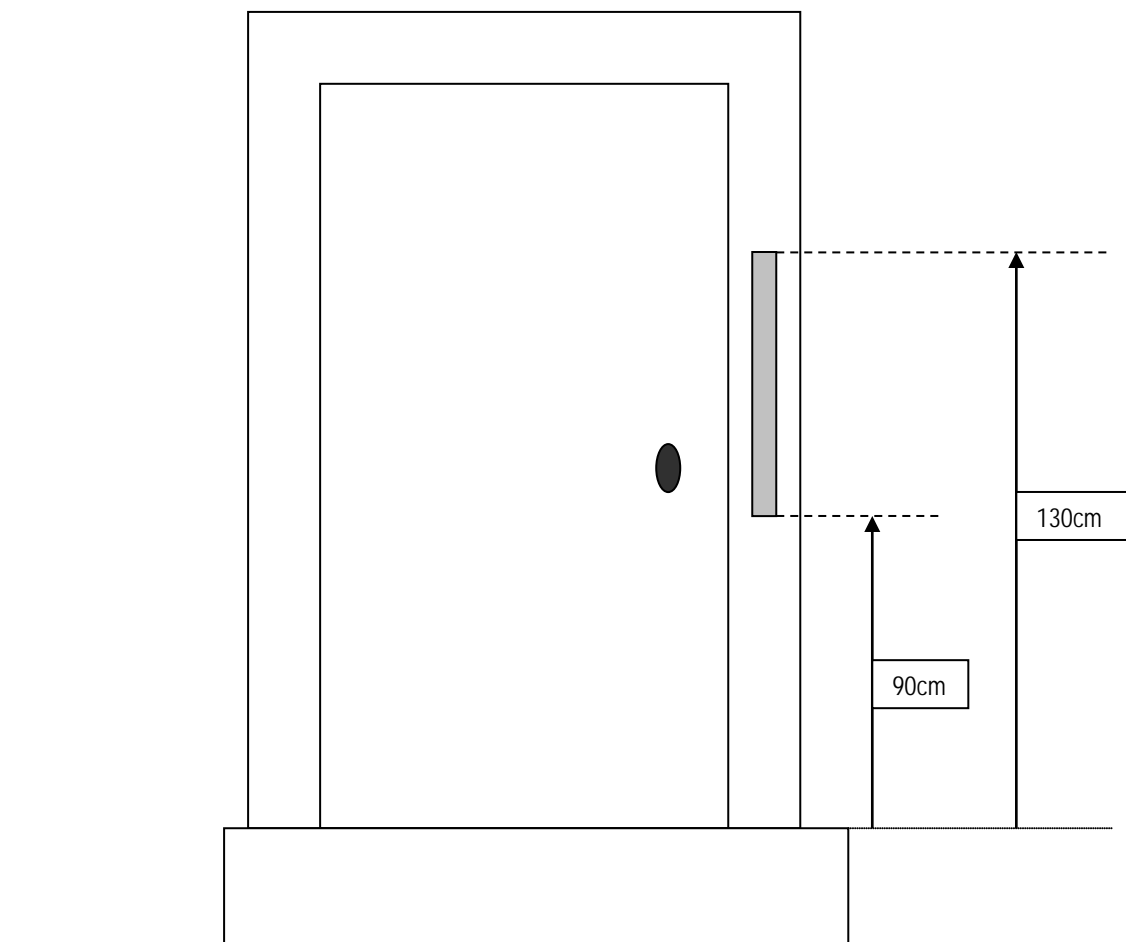
#### Grab fitted externally at Front Door: Specification 4

A rail length of 40cm is recommended.

Rail should be fixed in a vertical position, at the opening side of the door.  
Rail should be fixed a height of 90cm – 130cm from top step.

The position of the rail should not obstruct access to, or use of, the door handle and door lock.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



# **Assessment and Provision of walking equipment by Non-Physiotherapy staff**

## **Aims and Objectives**

- This training is aimed at key non-physiotherapy staff within the Partnership to improve their skills to assess and provide sticks and walking frames[wheeled and non-wheeled]
- To simplify the pathway for service users whose needs are deemed to be non-complex, avoiding the need for identified staff to refer them on to Physiotherapy services for walking equipment.
- To assist non-physiotherapy staff to recognise when they should not intervene in the provision of the above equipment but refer service users for full physiotherapy assessment.
- To provide non-physiotherapy staff with information and basic training that will enable them to consolidate their skills in the workplace.

## **The training will cover:-**

- Consideration of the factors which would indicate the complexity of a service users mobility issues
  - Intrinsic [physical/psychological] factors considered in provision of walking aids to service users
  - Extrinsic [environmental] considerations in walking aid provision
- Guidelines indicating to staff when they should refer service users for full physiotherapy assessment
  - Screening of service users for suitability for walking aid provision by non-physiotherapy staff

## **Format - Practical session including [Supported by slides]:-**

- Normal and abnormal walking gait.
- Selection of walking aids.
- Principles of measuring a service user for walking aids.
- Factors indicating that service users may have poor balance and to what degree.
- How to use walking sticks and walking frames.
- General safety advice for service users who are prescribed walking equipment.

## WALKING FRAMES

Walking frames are used for the same reasons as sticks, but the customer needs greater support from the stability of the large base. Frames also remain standing without the support of the user.

- **Wheeled walking frames allow for a more normal walking gait.**
- **Do not use walking frames and wheeled walking frames outdoors as it is unsafe.**

### How to measure for a walking frame

- As with sticks, customers should have enough elbow flexion to allow the frame to be moved forward comfortably.
- They should not be stooped but standing as upright as possible to use the frame.
- The frame should not be so high that they struggle to lift it and move it forward.
- If it is too high it can cause customers to lean back and be at risk of a fall.

### How to use a walking frame/ wheeled walking frame

#### To walk

- Place both hands on the frame. Either lift or push (if wheeled)
- Put the frame one step ahead of you.
- Step the affected leg forward first. Follow with the other leg stepping up to or in front of the affected leg.
- Do not walk too far into the frame or lift or push too far ahead of you.
- When steady, lift or push the frame forward a short distance
- Repeat and step forwards like before.

#### To Turn

- Only lift the frame round a little at a time, then step your feet round in line with the frame.
- Repeat until turned.
- Avoid moving your feet and frame at the same time.

#### Getting up from chairs

- Position the frame in front of the chair.
- Place your hands on the arms of the chair.
- Lean forward and push yourself up to stand.
- Transfer your hands to the frame when steady.
- Always pause for a moment before walking off.
- Do not pull on the frame to stand up or sit down

#### Sitting down into a chair

- When returning to the chair, turn around and keep using your frame until you feel the chair against the back of both legs.
- Place your hands on the arms of the chair, bend forward and slowly lower yourself into the chair.

### General safety with walking frames!

- Ensure the legs on the frame are not bent.
- Ensure the joints on the frame are not loose.
- Do not use the frame to go up or down stairs
- 2 walking frames should be issued for upstairs and downstairs use
- Where 1 step has to be negotiated, provision of a grab rail may be advised.
- Check the rubber ferrules on the bottom of the frame are not worn smooth. These can be replaced by contacting your local physiotherapy service.
- Remove any loose mats and rugs to prevent tripping.
- Make sure lighting is adequate around the house.
- Wear flat supportive shoes that fit well.
- Eyesight should be checked regularly (if over 65, annual check-ups are advised).

## Physiotherapy Screening Tool – Measuring complexity of Service user’s needs in relation to walking equipment

Service user’s [SU] name	
Address	
Care first number / other	
Date	

The information gained on the screening tool below will be subjective but there are key questions which identify reasons for concern. It depends on the assessor’s decision about the degree of risk whether a risk is highlighted or whether the factor poses no risk for the service user.

Additionally some of the questions may carry more weight in relation to risk than others depending on circumstances with the service user, their environment or their social situation.

### In Relation to the Service user – Do they/ Does their :-

Factor	Please tick [√]	Risk identified – Please state why.
1. Does the service user live alone?		
2. Does the service user require assistance with their mobility? [from partner / other]		
3. Have they experienced a fall anywhere [indoors or outdoors] in the last year?		
4. Have they a visual impairment [or are registered blind] which affects their ability to see where they are walking?		
5. Depend on someone other than the above for regular help? [ ie. Home Care services for cooking , homecare, shopping, personal care]		
6. Is their home on 2 levels?		
7. Are there stairs leading to the main entrance to their home?		
8. Does the service user feel that they have balance problems?		
9. Does the service user feel that they have weak legs?		
10. Does the service user feel that they get tired very easily?		
11. Does the service user feel that they lack confidence in their mobility?		
12. Does the service user have a		



health problem which causes them difficulty walking?		
13. Has the service user pain issues that effect their ability to walk?		
14. Is the service user able to follow instruction about how to use equipment?		
15. Have they hearing impairment which makes communication difficult?		
16. Have they significant combined visual <b>and</b> hearing impairments?		
17. Does the service user feel that they need assistance outside their home or are they housebound?		
18. Are they housebound due to their mobility problem?		

**Following assessment the assessor's clinical judgement would be that the service user's needs are non-complex, moderately complex or significantly complex. This would indicate what the next step should be i.e.:-**

Non-complex	Walking aid provision by non-physiotherapy staff.
Moderately complex	Initial assessment and provision by non-physiotherapy staff with follow on referral to Physiotherapy
Significantly complex	To be referred to for assessment by Physiotherapy

#### **References used in the development of the training module**

- **Tinnetti Balance assessment tool**
- **NHS GG&C Physiotherapy 'How to use... leaflets [Glasgow clinical Risk Group April 2006]**
- **Rehabilitation Support Workers gait re-education and walking aid provision training material [NHS GG&C COP Teams]**

## Provision of walking frames

### Prior to your consideration of walking aid provision

- It is important to understand when a service user's mobility issues are too complex for you to deal with. The following slides will assist with this.
- If that is the case they should be referred to Physiotherapy services for full assessment.

## Screening considerations.

- Do they live alone?
- Do they require assistance with their mobility from someone else?
- Do they depend on carers for regular help i.e. Homecare/family for meal prep/homecare/shopping/ personal care?
- Have they experienced a fall in the last year?
- Do they feel that they need assistance outside their home?
- Are they housebound due to their mobility problem?

## The service user's home environment may be a risk!

- Is their home on 2 levels?
- Are there stairs leading to the main entrance to their home?
- Are there steps down into e.g. the bathroom or kitchen?
- Is the house cluttered and hindering their walking?
- Does their furniture meet their needs [i.e. low chairs/ toilet etc]?
- door widths?

## Factor's impacting on mobility:-

- Do they have physical health problems which cause them difficulty walking?
- Have they pain issues that affect their ability to walk?
- Are they able to follow instructions about how to use equipment?
- Have they visual and/or hearing impairments?.....

## Screening Tool

- The screening tool contained in the module manual provided includes all the risk factors for consideration and can be used as an aide memoire for assessors.
- Following full consideration of the risk factors, the assessor would make a clinical judgement on whether to provide walking equipment, or to refer to physiotherapy colleagues.

## Assessors must consider the factors relevant in the selection of a walking aid for a service user

**Transfer from sitting to standing to sitting is an area of particular risk for people with mobility problems.....**

- Can the service user transfer safely from sitting to standing?
- Can the service user stand in an upright position?
- What degree of support do they need from a walking aid?
- Will the service user need to walk outside the house?  
.....if equipment is required for outdoor use this should be referred to physiotherapy.
- If a service user is going to need additional assistance to be safe in their use of a walking aid, then the assessor should refer them for a full physiotherapy assessment.

## Walking gait

Normal walking gait comprises a **Swing phase** and a **Stance phase**

Each leg goes through the same cycle during each step

### Swing phase

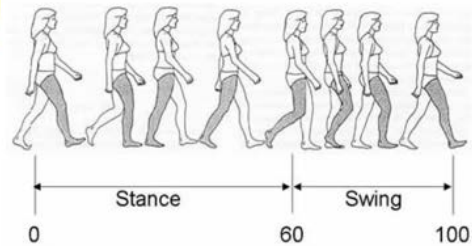
- Initially the toes come off the ground/ the legs swings until the heel strikes the ground. Some service users have difficulty clearing the ground.

### Stance phase

- The heel strikes the ground/ weight transferred onto the leg/ then the toes push off the ground. Some service users have problems with this part of the cycle.

## Illustrated Gait Cycle

### Gait Cycle



## Balance is crucial when walking..

Ref- **Tinnetti balance assessment tool**

Several issues indicate balance problems for service users:-

- Sliding or leaning in the chair
- Unable to rise from the chair/ takes several attempts
- Staggering when initially standing
- Falls easily when nudged
- Unsteady when eyes closed
- Unsteady when turning
- Falls into chairs/ misjudges distance to chair
- Hesitancy when starting to walk
- Step length and height uneven/ asymmetrical steps/ step speed uneven R or L
- Foot drop/ dragging foot
- Walks an uneven path
- Marked sway when walking/ uses a walking aid
- Broad based gait/ or heels touching [Narrow base]

## Walking Frames

- Walking frames are used where the service user needs greater support from the stability of the large base. Frames also remain standing without the support of the user - the wider the frame the more stable it is, but door frames can be an issue.... so take this into consideration.

- Wheeled walking frames allow for a more normal walking gait and are often used when balance is the issue rather than weight bearing.

### How to measure for a walking frame

- service users should have enough elbow flexion to allow the frame to be moved forward comfortably.
- They should not be stooped but standing as upright as possible to use the frame.
- The frame should not be so high that they struggle to lift it and move it forward.
- If it is too high it can cause service users to lean back and be at risk of a fall.

## How to use a walking frame/ wheeled walking frame.

### To walk

- Place both hands on the frame. Either lift or push (if wheeled) the frame one step ahead of you. [lifting can be an issue!]
- Step the affected leg forward first. Follow with the other leg stepping up to or in front of the affected leg.
- Do not walk too far into the frame or lift or push too far ahead of you.
- When steady, lift or push the frame forward a short distance
- again and step forwards like before.

### To Turn

- Only lift the frame round a little at a time, then step your feet round in line with the frame.
- Repeat until turned.
- Avoid moving your feet and frame at the same time.

## How to use a walking frame/ wheeled walking frame [cont.]

### Getting up from chairs

- Position the frame in front of the chair.
  - Place your hands on the arms of the chair.
  - Lean forward and push yourself up to stand.
  - Transfer your hands to the frame when steady.
  - Always pause for a moment before walking off.
- Do not pull on the frame to stand up or sit down.**

### Sitting down into a chair

- When returning to the chair, turn around and keep using your frame until you feel the chair against the back of both legs.
- Place your hands on the arms of the chair, bend forward and slowly lower yourself into the chair.



## General safety with walking frames

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- Ensure the legs on the frame are not bent.
- Ensure the joints on the frame are not loose.
- Do not use the frame to go up or down stairs
- 2 walking frames should be issued for upstairs and downstairs use
- Where 1 step has to be negotiated, provision of a grab rail may be advised.
- Check the rubber ferrules on the bottom of the frame are not worn smooth. These can be replaced by contacting your local physiotherapy service.
- Remove any loose mats and rugs to prevent tripping.
- Make sure lighting is adequate around the house.
- Wear flat supportive shoes that fit well.
- Have your eyesight checked regularly (if over 65, annual check-ups are advised).