

SOLUTIONS FOR SENIORS: MOBILITY

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Aging doesn't necessarily mean slowing down. With the prescription of an appropriate mobility device, many clients can enjoy an active lifestyle. One problem is seniors may not know the possibilities and choices available to them. Wheelchairs that they have seen may all look the same, powered devices may look to cumbersome or difficult to maneuver. The role of the health care provider is to assist the individual to consider the possibilities, and choose the device which best meets their goals and fits their lifestyle.

The Beginning

Determining the best device starts with defining the client's goals. Does the client want to increase their mobility? Are there specific activities in which the client would like to participate where power mobility is an asset? The therapist may need to probe the client and family as they may not have even considered power mobility as an option, and the possibilities that may create. One technique is to listen to what the client believes they can no longer do.

"I can't go Christmas shopping because I use a rollator"

It is also important to listen for the client's perceptions of what a specific device "means" to them. As a clinician we may see a mobility device as a way to increase independence or decrease caregiver burden. The client however, may see it as a symbol of disability or as a added nuisance for their spouse.

"I won't go shopping with Barb, she can't put my rollator in the car."

"Using a cane makes me look old"

"I can use my cane here, no one knows me"

Until the underlying attitude regarding a mobility device is addressed, it will be difficult to find a device which the client will use, and will meet their mobility needs. One of the most powerful ways to address this barrier is to loan or rent an appropriate device to the client for a short period of time. That way it is not a permanent commitment, but will enable the person to try using the device in their own environment. For this trial to be successful, a great deal of training may be required. For example it is not enough to show the client how to walk down the hall with the rollator, but demonstration of how they can carry items from the refrigerator, sit at the counter and maneuver around their kitchen may be necessary. Clients who can use the device in their own environment can see the benefit and be more likely to purchase the device.

The Assessment Process

The next step is the assessment process. A thorough assessment needs to address the client's status now and into the foreseeable future. As the impact of seating and mobility is broad, the assessment needs to be multidimensional. Each domain requires specific attention. Assessment domains include but are not limited to the following:

- **Medical and surgical history, and plans:** Does the client have a condition that is likely to change over time? Is there a history of stroke, diabetes or falls? Does the client complain of pain? Is this pain triggered by activity, or posture? Do they have a history of pressure ulcers, or leg ulcers?

- **Postural control:** Degree of postural control will influence the amount and type of support required in the seating system, as well as the optimal orientation in space (upright or some degree of static or dynamic tilt).
- **Skeletal factors:** Spinal and joint deformities may influence whether or not modular seating or some form of a custom seating system will be required.
- **Sensory status:** If the client has decreased sensation, development of pressure ulcers may be a concern. Seating systems with increased pressure distribution and education regarding weight shifting are two interventions to prevent future skin breakdown. Protection for insensate limbs should also be considered.
- **Functional skills:** In what position does the client need to be to optimize their functional ability? Can the client maintain this position? Or do they need to change their position during the day?
- **Cognitive/behavioural status:** Is there anything that needs to be incorporated into the seating system to ensure the client's safety? Will these factors limit whether or not the client would be safe with a power mobility device?
- **Communication:** Does the client have a communication device which needs to be mounted on the mobility device and/or integrated with the wheelchair electronics?
- **Environments:** Each of the client's environments can potentially influence the seating and mobility prescription. An analysis of accessibility, usual activities in a particular environment and available resources will ensure that the seating and mobility system does not limit the client in any of these environments.
- **Transportation:** Does the client access public transit, disabled transit or a personal or agency vehicle? Ramp/lift dimensions, weight capacity, internal vehicle space, tie-down systems and whether or not the client drives the vehicle can all influence the compatibility of the mobility system and the vehicle.
- **Funding sources:** Funding should not limit the scope of the assessment; however, funding does influence what equipment is possible for the client. Having a clear understanding of the possible resources will help to generate a realistic prescription.
- **Caregivers:** Caregivers may be a spouse or have their own health problems. The impact of the device on the caregiver, their goals and lifestyle needs to be considered. For example, is it realistic for the caregiver to load the device into the vehicle?

If a form of power mobility is being considered, the client's ability to drive that device needs to be assessed. It is not enough to simply "test" the individual, but observation of their ability while performing other tasks such as going to the store is helpful.

For some clients, power mobility means they will be dependent on disabled transportation which may need to be booked in advance. This may have the unintended consequence of limiting mobility if the client can not get a ride, or is unable to go on spontaneous excursions. For other clients, power mobility may make some relatives' homes inaccessible, again limiting some mobility choices.

Choosing the Equipment

The last step is to consider which type of device or devices may have the best match with the client's goals and the assessment results. Prescriptions may include a combination of devices such as a

manual wheelchair, scooter and trunk lift so that the client can continue to be transported in the family vehicle.

Some clients may become equipment connoisseurs, making decisions on the best equipment based on form, function, engineering, esthetics or colour.

*"I told Mary to get a rollator like mine, because it is the easiest one to fold"
"I don't care about the features, I want the green one"*

Education and demonstration of appropriate devices will assist the client to make an appropriate decision. Investing the time in this process will ensure that the client has the device that best meets their needs, but also one that they are likely to use on a regular basis.

Evaluation and Follow-up

It's important to follow up with the client after the purchase of the equipment to ensure that it is being used effectively. Clients may forget some of the features which were originally demonstrated. These features may make the difference as to whether or not the device is used.

"I can't use this chair because the foot rest does not swing away"

Follow up also gives you the opportunity to identify any concerns or further needs which have arisen since the prescription. As clients experience a new independence with mobility, they may have other ideas of their needs.

"Is it possible to get something to lift my scooter into the van? It is too heavy for Joe to lift"

Summary

Becoming a partner in the assessment process with your client will empower the client to become educated about their choices, and make the equipment decisions which best meet their needs. The best device is one that gets used regularly.

Speaker Bio

Linda is an Occupational Therapist who has been working in the area of seating and mobility for over 15 years. She is a faculty member at two Ontario Universities, and is currently working on her Masters of Health Science at University of Toronto. She has presented numerous workshops across North America and is the Rehabilitation Education Coordinator with Shoppers Home Health Care.