

- **Check the assistive device (e.g., cane, walker, crutches) to determine the maximum weight limit; if necessary, provide patients with bariatric assistive devices.**
- **Know the patient's weight-bearing status before ambulation.**
- **A cane does not provide enough stability and support to be used safely with a patient who has a partial-weight-bearing or non-weight-bearing status.**
- **Assistive devices require a higher energy expenditure from the patient. Use caution when guiding a patient who uses a walker if he or she has cardiac dysfunction.**

1. Review the patient's medical record for orders and restrictions.
2. Gather the necessary equipment and supplies and ensure the ambulation device is in good working order.
3. Provide for the patient's privacy and perform hand hygiene.
4. Introduce yourself to the patient and family if present.
5. Identify the patient using at least two identifiers, such as name and date of birth or name and account number, according to agency policy. Compare these identifiers with the information on the patient's identification bracelet.
6. Explain the procedure and its purpose to the patient and demonstrate the gait technique the patient will use.
7. Collaborate with the patient and set a goal for how far the patient will ambulate.
8. Help the patient to a sitting position, if necessary.
9. Apply a gait belt to the patient.
10. Help the patient to stand and assess the patient's strength and balance. Ask if the patient is experiencing any dizziness. If the patient is too weak to proceed, or if the patient begins to feel dizzy, assist the patient in sitting down.
11. Check the fit on the ambulation device and adjust as needed.
  - a. Canes: Ensure that the cane is the correct height for the patient. Hold the patient's gait belt firmly in one hand. The cane should extend from the patient's greater trochanter to the floor. The patient's elbow should be able to flex 15 to 30 degrees and the cane's handle should fit comfortably in the patient's hand.

- b. Walkers: Ensure that the walker is the correct height and width for the patient. Have the patient stand inside the frame of the walker while the nurse holds the patient's gait belt firmly in one hand. The walker is at the correct height when the top of the walker lines up with the crease on the side of the patient's wrist. When the patient places his or her hands on the grips of the walker, the patient's elbows should be flexed between 15 and 30 degrees. If the patient's hips are too wide for him or her to easily step into the walker, obtain a wider walker.
  - c. Axillary crutches: Ensure that the axillary crutches are the correct height for the patient. Stand on the patient's weak side, holding the gait belt firmly in one hand. Position the base of each crutch 15 centimeters (or 6 inches) to the side and 15 centimeters (or 6 inches) in front of the patient's feet. Ensure that three fingers fit in between the crutch pad and the patient's axilla. Using a goniometer, adjust the handgrip so the patient's elbow is flexed 15 to 20 degrees. Follow the manufacturer's instructions on how to adjust the height of the crutch or handgrip.
  - d. Forearm crutches: Ensure that the forearm crutches are the correct height for the patient. Stand on the patient's weak side, holding the patient's gait belt firmly in one hand. The height of the handgrip should be at the crease of the patient's wrist when the patient's arms are extended and the patient's arms should be bent at a 30 degree angle when the patient holds the handgrips. The cuff should be approximately 1 to 2 inches below the patient's elbow. Measure the patient's forearm at the widest point to get the patient's cuff size. Follow the manufacturer's instruction on how to adjust the height of the crutch.
12. Assist the patient with ambulation.
- a. Canes:
    - i. To walk with a cane, have the patient move the cane forward 15 to 25 centimeters (6 to 10 inches). Then have the patient move the weaker leg forward, even with the cane.

- ii. Instruct the patient to move the stronger leg forward 15 to 25 centimeters (6 to 10 inches) past the cane. Then move the weaker leg forward, even with or slightly past the stronger leg.
  - iii. As the patient becomes more comfortable with the cane, encourage the patient to move the cane and the weaker leg at the same time, so they strike the ground simultaneously.
- b. Walkers:
  - i. To walk with a walker, have the patient advance the walker 15 to 25 centimeters (or 6 to 8 inches).
  - ii. Instruct the patient to step forward with either foot, and then bring the second foot even with the first. Stand behind and slightly to the side of the patient, holding the gait belt firmly in one hand.
- c. Walking with crutches using the four-point gait:
  - i. Have the patient begin in the tripod position, with the patient's feet parallel and the crutches 15 centimeters (or 6 inches) to the sides and 15 centimeters (or 6 inches) in front of the patient's feet.
  - ii. Stand behind the patient and slightly to the side, holding the gait belt firmly in one hand. Instruct the patient to move the right crutch forward 10 to 15 centimeters (4 to 6 inches), then move his or her left foot forward until it is parallel with the left crutch. Next, have the patient move the left crutch forward 10 to 15 centimeters (4 to 6 inches), then move his or her right foot forward until it is parallel with the right crutch.
- d. Walking with crutches using the three-point gait:
  - i. Stand behind the patient and slightly to the side, holding the gait belt firmly in one hand. Have the patient begin in the tripod position with all weight on the uninjured leg.
  - ii. Next, instruct the patient to move both crutches and the injured leg forward.
  - iii. Finally, instruct the patient to move the uninjured leg forward.
- e. Walking with crutches using the two-point gait:

- i. Stand behind the patient and slightly to the side, holding the gait belt firmly in one hand. Have the patient begin in the tripod position with his or her weight distributed at least partially on both feet.
    - ii. Next, instruct the patient to move his or her left foot and the right crutch forward, followed by his or her right foot and the left crutch.
  - f. Walking with crutches using the swing-to gait:
    - i. Stand behind the patient and slightly to the side, holding the gait belt firmly in one hand. Instruct the patient to begin in the tripod position with his or her weight distributed at least partially on both feet.
    - ii. Next, have the patient advance both crutches, then lift and swing both legs to the crutches, letting the crutches support the patient's weight entirely.
  - g. Walking with crutches using the swing-through gait:
    - i. Stand behind the patient and slightly to the side, holding the gait belt firmly in one hand. Instruct the patient to begin in the tripod position with his or her weight distributed at least partially on both feet.
    - ii. Next, have the patient advance both crutches, then lift and swing both legs past the crutches, letting the crutches support the patient's weight entirely.
  - h. Climbing stairs with crutches:
    - i. To climb stairs with crutches, instruct the patient to start at the bottom of the stairs in the tripod position. Hold the patient's gait belt securely, and have the patient transfer all weight to the crutches and use the uninjured leg to step up onto the first stair.
    - ii. Instruct the patient to straighten the knee on the uninjured leg and lift his or her body weight bringing the crutches and injured leg up onto the stair.
    - iii. Repeat sequence of steps until the patient reaches the top of the stairs.
  - i. Descending stairs with crutches:

- i. To descend stairs with crutches, instruct the patient to start in the tripod position, and then shift body weight onto the uninjured leg.
    - ii. Have the patient bend the strong knee while moving the crutches and injured leg to the stair below, shift body weight onto the crutches, and then step down onto the stair with the uninjured leg.
  - j. Rising from a chair with crutches:
    - i. Instruct the patient to move to the edge of the chair and place the weak leg forward and the stronger leg between the chair's legs and slightly under the chair seat.
    - ii. Hold the patient's gait belt, and have the patient hold both crutches in one hand on the injured side and use both crutches and the opposite chair arm to provide leverage to stand. If the chair is lightweight or unstable, the patient should use both chair arms to prevent the chair from tipping.
    - iii. Once standing, instruct the patient to transfer one crutch to the strong side.
  - k. Sitting in a chair with crutches:
    - i. Hold the patient's gait belt and have the patient back up until the patient feels the seat of the chair against the back of his or her legs, then move the weak leg forward and balance on the strong leg.
    - ii. Have the patient transfer both crutches to one hand on the injured side. Instruct the patient to grasp the arm of the chair with his or her free hand and lower body onto the seat.

13. If the patient feels weak or dizzy, immediately help the patient to a bed or chair.

14. Provide patient teaching using Teach Back.