Physical Therapy - Patient Safety during Gait Training Process

Purpose

This document outlines the essential safety considerations to be observed during gait training.

Audience

The information in this document is intended for all members of the Physical Therapy staff.

Policy

The Department of Rehabilitation Services shall set standards of practice for gait activities that assure patient safety at all times.

General Safety Regulation During gait training

- Gait training areas must be frequently checked for spilled liquid, materials or obstructions.
- The patient's clothing must be checked prior to gait training activities. Any loose articles of clothing should be properly fastened to avoid loss of balance.
- A safety belt should be used during all gait training.
- Assistive device will be used as appropriate as determined by best practice guidelines.
- Full attention is given to the patient when gait training. If attention must be diverted, the activity is stopped.
- Signs of fatigue must be recognized and frequent rest periods given if patient has poor endurance.
- Gait training on both level and unlevel surfaces should be performed as determined by best practice guidelines.
- Variations of safety procedures are subject to approval of immediate supervisor.

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Safety Precautions for Tilt Table Use

- Prior to use, the tilt table should be checked for signs of malfunction and/or damage.
- Tilt table wheels will be locked during patient transfer.
- Patients will be transferred to the tilt table with adequate staff available to safely transfer the patient.
- Safety straps should be utilized across the patient's chest and /or abdomen.
- Resting blood pressure and pulse rates may be taken and monitored during treatment.

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Safety Precautions During Gait (continued)

- The therapist will walk behind or to the side of the patient keeping hands in place until the patient walks independently.
- When training a patient on the stairs, the therapist will stand behind the patient while ascending the stairs, and in front of the patient while descending, using the above guarding techniques.

Safety Precautions: Procedures for Crutch Use

- The therapist will stand on one side of the patient.
- The therapist will instruct the patient to place both crutches in one hand, grasping the handgrips to allow the patient to push against crutches to stand and to insure that crutches are within reach when standing.
- The therapist will instruct the patient to push with the other hand against the armrest of the chair or surface on which patient is sitting.
- Upon standing, the patient will steady himself, using crutches for balance, and reach with the free hand to take the front crutch and place it under the free arm.
- Once the crutch is securely in place, the patient will be instructed to simply rotate the other crutch to rest it under the axilla.
- With crutches in place, the patient will be able to walk away from the chair and the therapist will assume proper guarding position.
- The therapist will instruct the patient to sit down with crutches by reversing the above procedure.

Safety Precautions: Procedures for Walker Use on Stairs

- Before attempting stairs, the patient will be able to walk on level ground with minimal assistance.
- The therapist will stand behind the patient while ascending stairs, and in front of the patient while descending, keeping one hand on the safety belt and the other hand on the patient's shoulder.
- The therapist will instruct the patient to close the walker to one side.
- The therapist will instruct the patient to place a hand in the center of the highest hand grip on the walker and push down with that hand to maneuver steps.
- The patient will be instructed to place the other hand on handrails.

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Safety Precautions: Procedures for Walker Use on Stairs (continued)	• The patient will be instructed to push with both hands to ascend-descend stairs. • Using guarding procedures, the therapist will assist the patient to ascend the stairs. At the top of the stairs, the patient will be instructed to carefully turn and repeat the procedure to descend the stairs. • If patient is large or unsteady, assistance may be necessary.