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Assistive Devices

Teaching Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson. Certificates may be copied for everyone who completes the lesson.

Learning objectives

After this lesson, participants should be able to:

- Identify the role of assistive devices
- Recognize proper and improper uses, cleaning, and maintenance care for various assistive devices
- Understand the role of assistive devices for activities of daily living

Lesson activities

If you can, bring in some assistive devices, such as wheelchairs, a hearing aid, a reacher, or a walker. After participants review the lesson, have them use or clean the device in the manner indicated below. Ask another participant to point out what might be wrong or unsafe. Encourage participants to also point out if the devices happen to be too big, too small, worn out, etc. You can also have the participants simply look at each device and discuss as a group whether anything looks like it should be fixed, such as the following:

- Patient is in wheelchair without footrests or with footrests not being used
- Patient is cleaning the hearing aid using a paper clip
- Patient is stooped over walker, which is far away from the patient's body

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Conclusion

Have participants take the test. Review the answers together. Award certificates to those who answer at least seven (70%) of the test questions correctly.

Test answers

1. b
2. d
3. b
4. a
5. c
6. c
7. d
8. d
9. b
10. b

Assistive Devices

Contents:

- Mobility aids
- Wheelchair use and etiquette
- Home safety
- Hearing aids
- Adaptive devices

An assistive device is anything that helps a homecare patient with activities of daily living (ADL). Such a device may be something as simple as a walker to make moving around easier or a hearing aid to make sounds easier to hear (e.g., for talking on the telephone or watching television). These devices help a patient perform activities that might otherwise be difficult or impossible. Many people who use assistive devices have a disability, but assistive devices can also be used by patients who simply may not have the strength or agility to complete ADLs without help. These ADLs include ambulating, eating, bathing, grooming, and more. The person could also be using the device temporarily if they have recently suffered an injury.

Other examples of assistive devices include:

- A magnifying glass that helps someone who has poor vision read the newspaper
- A wheelchair that makes it possible to travel distances that are too far to walk
- A reacher device that makes it easier to grab out-of-reach objects
- A set of weighted utensils that helps a patient with a light grip or tremor grasp their fork, spoon, or knife
- A dressing stick that helps someone who has a hard time pulling their clothes on because of their limited reach

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Safety in using these devices is paramount to the effectiveness of the devices for the patient. It is your responsibility to understand why your patient is using an assistive device, how it works, and how to ensure the patient is using it safely.

Mobility Aids

Mobility aids help patients ambulate from place to place if they are disabled or have an injury. Patients may need a walker or cane if they are at risk of falling. If they need to keep their body weight off their foot, ankle, or knee, they may need crutches. They may need a wheelchair or a scooter if an injury or disease has left them unable to walk.

Mobility aids include:

- Wheelchairs
- Scooters
- Walkers
- Canes
- Crutches
- Prosthetic devices
- Orthotic devices
- White cane and/or guide dog (for visually impaired or blind)

Choosing these devices takes time and research. Patients should be fitted for crutches, canes, and walkers. Patients are also fitted for wheelchairs. If they fit, these devices give support; however, if they don't fit, they can be uncomfortable and unsafe. The person must learn how to use the device safely.

Wheelchair usage

There are many reasons for someone to use a wheelchair, and there is a wide range of physical abilities among those who do. This means that users may require different degrees of assistance or no assistance at all. Some people do not use wheelchairs exclusively.

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There are many different types of wheelchairs to meet patients' diverse needs. Some wheelchairs are moved manually, and others are motorized. They can also differ in size and shape. For example, a patient with hemiplegia (paralysis of the arm, leg, and trunk on the same side of the body) might have a lowered base of support and lowered seat to allow the patient to use the uninvolved foot to propel the wheelchair or a one-armed drive that enables maneuvering with one arm and hand.

Always make sure that the wheelchair fits the person and that it is in good repair with all parts working. This includes checking the footrests, as they are often missing. You should ensure that the person is positioned correctly and properly supported. Be sure to check the condition of the wheelchair cushion. This is important for comfort and to prevent skin breakdown. If you believe that the wheelchair is broken or not effective for the patient, you should report this to your supervisor.

Wheelchair etiquette

It's important to remember that a wheelchair is an extension of the person's body, and you must treat both with respect. The following are tips for proper wheelchair etiquette:

- Communication with a patient in a wheelchair should accommodate them. Remember to give the person a comfortable viewing angle of yourself. If the patient has to look straight up at you, it's probably not comfortable. If conversation lasts more than a few minutes, you can consider sitting down or kneeling to get yourself on the same level as the person using the wheelchair. Looking someone in the eyes is an important aspect of strong communication.
- Do not come up to someone who is using a wheelchair and start pushing them without asking—they may not want or need your assistance.
- When communicating, do not stand too close to the person in the wheelchair. Give the person the proper amount of personal space.
- It is a very common experience for people who use wheelchairs to be told that a place is accessible when it isn't. Listen carefully when anyone who uses a wheelchair tells you that an area that you thought was accessible is not. It may seem easy for you to navigate, but every wheelchair user has their own level of comfort.

Home Safety

Many patients receiving homecare, regardless of their age, will find themselves in need of an assistive device for ambulating or getting from one place to another. Safety in using these devices is paramount to the effectiveness of the devices for the patient. The following are some safety tips for using an ambulation device:

- Always wear supportive shoes
- Check that the walker or cane's rubber tips are not worn; replace them when needed
- Avoid wet surfaces when using a walker
- Use ramps with caution
- Stand tall and avoid walking bent over
- Remove any throw rugs or unnecessary objects on the floor of the home
- Move all extension cords away from the walkways of the home
- Keep the ambulation device close to the body to maintain balance
- Use caution on thick surfaces, such as shag carpet

Hearing Aids

Hearing loss is something that often occurs in the aging process, and many homecare patients suffer from it. Hearing aids are assistive and sound-amplifying devices designed to aid people who have a hearing impairment.

Using hearing aids can be very frustrating for an older person during simple activities of daily living. Using an electric shaver or a hair dryer with hearing aids in the ears can be upsetting. The hearing aid amplifies the sound so it is almost painful. Many people talking at once causes a garbled sound that is hard to understand. Background noise drowns out spoken words. New hearing aid users will have to relearn how to ignore these background noises.

It can be hard for a person with memory problems to remember how to turn the volume down or what to do if the hearing aid squeals. Replacing the tiny batteries can be a problem if the person has arthritis.

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It can be hard to grip the batteries. A person with Parkinson's may drop the batteries and be unable to find them again. Trying to pick them up is likely to cause a fall due to tremors and rigidity associated with the condition.

Hearing aids also need proper care to work well. Very hot or very cold temperatures can damage them, as can hair spray. The inside of the hearing aid is filled with delicate electronics that can be ruined by water. If sharp items such as a toothpick or paperclip are used to clean the hearing aid, they can break it. A special tool that is provided by the manufacturer is the only thing that should be used to clean the hearing aid.

Assistive Devices for ADLs

Assistive devices may not always be used as the result of a disability or injury. Many devices are used simply to make ADLs easier for the patient. These are often called adaptive devices because they aren't a standalone device but an attachment or a simple adaption that makes an everyday object easier to use.

Homecare patients are often elderly and may have lost some of their agility and strength. Patients may also live alone with no one to help them reach things, bathe, dress, or use the bathroom. Being able to feed or bathe yourself are things many may take for granted, but it can be very hard for patients when they can no longer do these things on their own. Assistive devices that enable these activities can help a patient live more independently.

The home health role

Home health staff members often have frequent interaction with a patient and therefore play a key role in a number of areas related to assistive device usage and safety, such as:

- Observing and reporting any improper use or lack of use: If a home health staff member observes that the patient is not properly using his or her device or has decided to completely stop using it, he or she should report this to their supervisor. Once the misuse is reported, a clinician can speak to the patient about properly using the device, discuss why they might not want to use it, and offer an alternative to provide quality care.

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- Ensuring safe practices when using assistive devices: Home health plays a key role in maintaining safety during ADLs regardless of whether the patient needs assistance, but when assistive devices are in the mix, home health staff must pay even closer attention. Ensure that devices are working properly and that the patient is using them properly. If the patient gives pushback, explain to them why the device is important and how to properly use it. The home should be clean enough to make sure there are no hazards to get in the way.
- Maintaining, cleaning, and caring for the assistive device. Observe the condition of the patient's assistive devices and make sure they are in good shape and clean. This includes ensuring that walkers or canes are at the proper height, hearing aids have fresh batteries, wheelchairs are working properly, and the rubber tips of canes are intact.

TEST**Assistive Devices**

Name _____ Date _____ Score _____

Directions: Circle the best answer. (Seven correct answers required.)

1. **Assistive devices are effective only for patients with long-term injuries or permanent disabilities.**
 - a. True
 - b. False

2. **A _____ would NOT be considered an assistive device.**
 - a. reacher
 - b. prosthetic device
 - c. hearing aid
 - d. hairbrush

3. **What could be a reason that a patient would need to use a mobility aid?**
 - a. They are having a hard time hearing
 - b. They are at risk of falling
 - c. They need help reaching things on high shelves
 - d. Their eyesight is failing them

4. **If a mobility device isn't fitted properly, it can prove not only uncomfortable but also unsafe for a patient.**
 - a. True
 - b. False

5. **A wheelchair that fits a patient well and is in good condition should:**
 - a. Be a standard size and shape
 - b. Be motorized whenever possible
 - c. Have a supportive cushion
 - d. Not have footrests

TEST

Assistive Devices (cont.)

6. A safe practice for patients who use ambulation devices is _____.
- a. stooping over the device to maintain balance
 - b. walking on throw rugs rather than floored surfaces, as they provide more cushioning in the case of falls
 - c. Replacing a walker or cane's rubber tips when they become worn to improve traction
 - d. Lining walkways with extension cords, which can double as cordons for dangerous areas
7. Patients can sometimes become frustrated with their hearing aids when they _____.
- a. experience the painful amplification of sounds from certain daily-use devices, like hair dryers and electric shavers
 - b. have difficulty gripping the devices' small batteries
 - c. forget how to adjust the volume
 - d. all of the above
8. What can home health staff do to help patients care for their hearing aids?
- a. Clean them with thin, pliable objects, like toothpicks or paperclips
 - b. Store them in the refrigerator to prevent their sensitive internal electronics from overheating
 - c. Use hairspray as an adhesive when they won't stay in a patient's ears
 - d. Ensure they are regularly supplied with fresh batteries for optimum performance
9. Assistive devices used simply to make ADLs easier for patients are often called _____.
- a. mobility aids
 - b. adaptive devices
 - c. standalone devices
 - d. canes
10. Which of the following behaviors should home health staff NOT engage in?
- a. Facilitating patients' proper and safe usage of assistive devices
 - b. Educating patients about why adjustments can't be made to their devices, even if they are experiencing discomfort
 - c. Reporting improper or lack of device usage to supervisors
 - d. Maintaining, cleaning, and caring for devices