When shopping for an assistive device to help with your walking, you might find yourself in need of some assistance…

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Your arthritic knee has been getting more and more painful, and a month ago it started giving out every once in a while.

Your husband with Parkinson's shuffling is getting worse, making him more unsteady; he almost fell the other day.

Your wife's back pain is increasingly limiting her walking tolerance. On your last trip to Costco, she needed to take 14 rest breaks, one on top of the mega-bulk bundle of Cup O Noodles soup.

What do these situations have in common? Besides excellent indicators for some good physical therapy, they also illustrate tipping points in a person's ambulatory ability, where a decision to start using some kind of ambulatory aid or assistive device should be considered.

What is an ambulatory aid/assistive device? Canes, walkers, crutches, and even poles and sticks. All qualify, with the first three being the most common. These three forms of aid have variations of their own, along with uses for which each one is most apt. This article will attempt to break down some of these options and hopefully make the decision on an assistive device easier.

Of all ambulatory aids, the cane is the most commonly used, as well as the perennial favorite. When choosing a cane, several considerations exist: Is it straight or pronged? Is it adjustable? What kind of handle does it have?

Straight canes are exactly that: straight. The classic wood straight cane with the hooked handle is still in use, though the hooked handle places more stress on the hand and wrist and mechanically is less efficient. This cane technically is adjustable, if you're good with a saw. Superior to the wood cane of old is the aluminum adjustable cane, which has a "J" type handle that lines up the downward pressure with the shaft of the cane and has various cushioned and contoured grips to better distribute the stresses put through the hand and wrist joints.

Straight canes work very well for people with painful joints, particularly on one side, that could benefit from some off-loading, and also for people with mild balance problems. From a strictly physics standpoint, a cane- straight or otherwise- takes weight off of a painful leg more effectively when it is used on the OPPOSITE side of the problem leg. This may be awkward at first, but it is the preferred method most of the time.

Canes also may have prongs, or “legs”, usually four. These four-legged “quad” canes are either small-based or large-based. They are helpful for people who need a little more stability in their cane, mainly because they need to put more pressure on the cane. However, legs or no legs, a person should never need to lean over a cane or put so much pressure on it that their knuckles turn white. If that is the case, they probably need a more supportive device, such as a walker. Other considerations for pronged canes (usually four, sometimes three) are that people who walk at a normal to fast pace will probably not use these canes correctly, because they likely will not take the time to touch all of the prongs to the ground at once. Also, large-base quad canes typically have to be turned sideways in order to fit on an average-sized step.

Over the last decade or so, hard rubber or resin molded bases have come onto the market, giving people more options than straight canes and pronged canes. These bases have their value, but keep in mind that if the prospective buyer has more than a mild balance deficit, a square or triangular-shaped base is not going to make an unsteady person’s gait much safer. You definitely don’t want a certain cane on the market that has a shaft that pivots on the base (desirable in a vacuum cleaner, but not a cane!) It also claims that the cane stands up on its own (it doesn’t).

Which brings us to the ever-reliable walker. The walker is probably the most widely used assistive device for people who are fall risks. Unlike canes, walkers, especially the standard aluminum ones, can dependably prevent falls, though no device is foolproof. Most people opt for the rolling walkers, which are appropriate as long as a person can control them and does not have some kind of weight bearing restriction due to a fracture, heel ulcer, etc. To make the back legs slide on the floor better, little ski attachments are available, or some just use tennis balls on the bottom of the walker legs.

But walkers have their drawbacks. For example, even those most committed to maintaining upright posture will find themselves bending forward at their trunk as they walk. Many people also have the tendency to lag behind the walker, leading to a potentially unsafe scenario. One of the most limiting aspects of walkers is that they do not allow a person to have a reciprocating gait, meaning coordinated arm and leg

movements with rotation. Without this reciprocation, people using walkers will tend to get stiff in their spines, hips, upper backs and necks.

Not to mention that walkers are bulky, make it difficult to negotiate tight spaces in the house, and are unwieldy when getting in and out of the car. On the other hand, one can get convenient little baskets to hang on the walker frames for carrying items. The bottom line is *safety first*: as much as one might not want to use a walker, if they are having frequent falls that could seriously endanger their lives, the walker is the only reasonable option for an ambulatory aid.

Beyond the standard issue aluminum numbers, there are also what are generally called rollators. These are the ones with the brakes and the four wheels and the seats. These are very useful for people who are only mildly unsteady without a significant history of falling, especially if their walking limitation is more due to endurance than balance. They can take the rollator out in the community, where they move more easily than a standard walker, and the person using them can sit down in the seat if they get tired. They also have a little area for storage under the seat. Keep in mind, however, that the wheels on the rollator have more degrees of freedom, making them harder to control and maneuver. They are also even heavier than standard walkers, so consider that you will be lugging them in and out of the car whenever you go somewhere.

There are more specialized walkers on the market designed for people with certain conditions, such as Parkinson's. Insurance may cover some of the costs of these as well as the typical rollators; sometimes a letter of medical necessity from one's doctor is required. Canes and walkers and other ambulatory aids go under the heading of Durable Medical Equipment, or DME, and insurances have a DME rider that will tell you how much and how many pieces of durable equipment they will cover over a span of time.

Another more specialized walker is the UP Walker. Instead of handles that you hold onto with your hands, it has troughs in which the forearms rest, allowing the user to stay more upright as they walk. This design enables the user to walk outside for longer periods of time with a better gait and less back fatigue. It is most useful for taking longer walks on straight, level surfaces; it is not likely you will be using it to go to restaurants or crowded social functions.

There is one walker that should not be considered. It is the tri-wheeled walker. While compact, allowing better navigation of tight corners and spaces, these walkers are flimsy and have a turning radius too small for those with genuine balance issues to

control. People who use them successfully likely do not have significant balance issues, and, perhaps unbeknownst to them, use these walkers for the convenience of having a built-in fabric bag in which to transport things.

You might see sundry other ambulatory aids being used in your community, anything from trekking poles to shillelaghs to sanded pieces of gnarled driftwood. Before you decide to go for the unconventional, it is advisable to get some advice from a professional.

And what professional might that be? Well, you can't go wrong with your local physical therapist! A physical therapist will evaluate your strength, range of motion, and balance, analyze your gait, and even screen ancillary systems that can affect your walking, such as vision and the vestibular system. They will also make sure you are using the device properly, as well as make sure it is correctly adjusted to your body's dimensions. The importance of this should not be underestimated. Many people are walking with ill-fitting devices, and the wrong way- trust the therapists who see it all the time! It may not seem like rocket science, but a device fitting along with training by a professional can make a big difference in the comfort and effectiveness of the device.

Choosing the right ambulatory aid/assistive device can be a daunting task, so it is best to ask questions, do some research, get feedback from friends and relatives, and talk to a physical therapist!