March 2012 (updated May 2015)

ELDER CARE

A Resource for Interprofessional Providers

Choosing the Correct Walker

Cameron R. Hernandez, MD, Mount Sinai School of Medicine

Assistive devices, such as walkers, are being used more often as the population ages. If you're looking for something to provide minimal help for your patient, a cane might be a better solution. Canes improve one's ability to get up from a chair or can help with balance. Canes will be discussed in a future *Elder Care* issue. Walkers, however, provide even more stability. In general, walkers are given to patients to keep them stable when walking. If the correct type of walker is prescribed, and if patients are taught how to use the walker correctly, walkers can decrease the risk of falls. But, if used inappropriately they can make falls more likely.

Thus, knowing when to prescribe a walker and which type to prescribe is important to patient safety. This issue of *Elder Care* will discuss the three most commonly used walkers: the standard walker, the two-wheeled walker, and the four-wheeled walker.

Standard Walker

The standard walker does not have wheels and, therefore, it is the most stable type of walker (Figure 1). It is used for patients who need to bear a significant amount of weight on the device. Standard walkers are used in older patients who are very unstable with a cane and who do not have the ability to control a rolling walker. For maximum stability when using this walker, the patient should place all four legs of the walker on the ground before taking a step forward.

Besides stability, another advantage of the standard walker is that it that folds quickly and is easy to transport. The disadvantages of the standard walker are that 1) it truncates the patient's walk, 2) it needs to be lifted with every step, 3) it makes the patient slow, and 4) patients can fall when lifting the walker. Patients who stop using this type of walker tend to state that they stopped because they get tired of picking it up with every step.



Figure 1. Standard Walker



Two-Wheeled (Rolling) Walker

Rolling walkers have two front wheels and two back sliders (Figure 2 on back page). They are used for patients who have gait instability but who do not need to bear a substantial amount of weight on the device.

A key advantage of rolling walkers over standard walkers are that they provide a more normal walking pattern, as they do not need to be lifted off the ground with each step. Furthermore, the wheel-and-slider combination makes it easy to maneuver on many different surfaces. And, just like a standard walker, they can be easily collapsed.

The disadvantages of a rolling walker relative to a standard walker are that 1) it is less stable, 2) it requires more cognition, and 3) the front wheels are fixed (i.e., do not rotate), which makes for a large turning arc. Because of the large turning arc, many patients will pick up the walker during the turning process and this creates the possibility of a fall. The correct way to turn with a rolling

TIPS FOR CHOOSING THE CORRECT WALKER

- Recommend a standard walker for patients who have an unstable gait and need to bear a significant amount of weight on the walker.
- Recommend a two-wheeled (rolling) walker for patients who have an unstable gait but do not need to bear a substantial
 amount of weight on the walker.
- Recommend a four-wheeled (Rollator) walker for patients who need a walker only for balance but not for weight bearing.
- Be sure patients receive and understand instructions for how to use their walker, as improper use can lead to injury.

ELDER CARE

Continued from front page

walker is multiple small turns until the patient and the device are facing in the new direction.

Figure 2. Two-Wheeled (Rolling) Walker



Finally, patients may fall when attempting to use the seat. The proper way to sit on a Rollator is to abut the walker against a sturdy surface like a wall, apply the permanent brakes, and then sit down. Patients should never be transported on the seat of this walker as this is a setup for a serious fall and possible head injury. This walker does not collapse very compactly. It is thus more difficult than other walkers to transport.

Figure 3. Four-Wheeled Walker (Rollator)

Four-Wheeled Walker (Rollator)

The Rollator has four fully-rotating wheels, brakes, a seat, and often a basket (Figure 3). It is used for patients who need a walker only for balance but not for weight-bearing. It is easier to propel than the rolling walker. It is also easier to maneuver around turns and typically does not need to be lifted when turning. The seat is helpful for people with diseases that require resting (e.g., heart failure or COPD). The basket allows carrying items hands-free.

Most of these advantages can be disadvantages, too. Easy to propel means that the Rollator can roll away from a patient. Easy to maneuver means that the patient needs to have good abdominal strength to keep from falling.

Furthermore, the brakes do not necessarily stop the walker. Rather, when the brakes are pressed the Rollator essentially turns into a rolling walker; it may slow the patient but it is not going to stop a runaway patient and Rollator. If the patient is dependent on the brakes to stop when using this walker, then this is not the appropriate walker choice.

When assessing the need for a walker, it is important to take into account the various features available, as specified in the following table.

Weight Take into account the patient's height, weight, and lifting capability. There will be times that the patient will need to lift or shift the walker away from uneven surfaces, so models that are lightweight are important.

Foldability Does the patient travel outside of their home frequently? If so, choose a walker that folds down for easy storage and travel.

Wheels The patient should be able to control both the wheels and brakes effectively.

Seat Many of the rolling walkers, or rollators, come with seats. If a patient tires easily and needs sitting breaks, rollators with seats and storage baskets are a good choice.

"Wheelchair" Rollator/transport chair combination products are useful if patients wish to walk part of the time and be pushed at other times.

References and Resources

Bradley SM, Hernandez CR, Geriatric Assistive Devices. Am Fam Physician. 2011;84(4):405-411.

Faruqui SR, Jaeblon T. Ambulatory assistive devices in orthopaedics: uses and modifications. J Am Acad Orthop Surg. 2010;18(1):41-50.

Kaye HS, Kang T, LaPlante MP. Mobility device use in the United States. Vol 14: National Institute on Disability and Rehabilitation Research, US Dept. of Education; 2000.

Interprofessional care improves the outcomes of older adults with complex health problems

Editors: Mindy Fain, MD; Jane Mohler, NP-c, MPH, PhD; and Barry D. Weiss, MD Interprofessional Associate Editors: Tracy Carroll, PT, CHT, MPH; David Coon, PhD; Jeannie Lee, PharmD, BCPS; Lisa O'Neill, MPH; Floribella Redondo; Laura Vitkus, BA

The University of Arizona, PO Box 245069, Tucson, AZ 85724-5069 (520) 626-5800 http://aging.medicine.arizona.edu

Supported by: Donald W. Reynolds Foundation, Arizona Geriatric Education Center and Arizona Center on Aging

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UB4HP19047, Arizona Geriatric Education Center. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.