THE STUDY VAULT

Clinical Chaos

Walker

SKILL SNAPSHOT

Purpose

Provide a wide base of support for patients with weakness, poor balance, or weight-bearing restrictions.

When to use

Bilateral weakness, significant balance impairment, postoperative mobility, or need for greater support than a cane.

Supplies needed

Correct walker type; nonskid shoes; gait belt; clear path.

PREP + PATIENT SETUP

- Verify weight-bearing order and walker type.
- Assess strength, balance, cognition, pain, and dizziness.
- Fit handgrips at wrist crease with elbows flexed 15-30 degrees.
- Lock bed/chair; apply gait belt; inspect tips/wheels.

VAULT TIP

Walker -> weak leg -> strong leg.
Keep the walker close enough that the body stays inside the frame.

STEP-BY-STEP

- To stand: push from bed/chair; do not pull on walker. Grasp walker after balanced.
- Standard walker: lift/place one step ahead; keep all four legs on floor.
- Move weak/affected leg into walker, then step with strong leg.
- Rolling walker: push forward a short distance; do not let it roll too far ahead.
- Keep body inside walker frame; use short steps.
- Turn with multiple small steps; never twist.
- To sit: back up until legs touch chair, reach for armrests, lower slowly.

SAFETY REMINDERS

- Do not use walker on stairs or escalators.
- Never pull on walker to stand.
- Lock rollator brakes before sitting/standing.
- Guard on weak side and avoid wet/uneven surfaces.

COMMON MISTAKES

- Walker too far ahead.
- Stepping outside the frame.
- Lifting a rolling walker.
- Using walker with loose hardware or worn tips.

DOCUMENTATION

- Walker type, fit, and weight-bearing status.
- Distance and level of assistance.
- Gait, balance, symptoms, and tolerance.
- Teaching and return-demonstration.