THE STUDY VAULT

Clinical Chaos

Crutches

SKILL SNAPSHOT

Purpose

Provide stability and reduce weight bearing while supporting safe ambulation.

When to use

Lower-extremity injury/surgery, weakness, or prescribed non-, toe-touch, partial, or weight bearing as tolerated.

Supplies needed

Properly fitted crutches; nonskid shoes; gait belt; clear walking path.

PREP + PATIENT SETUP

- Verify weight-bearing order and gait.
- Assess pain, strength, balance, cognition, and dizziness.
- Fit tips 2-3 finger widths below axilla; elbows flexed 20-30 degrees.
- Apply gait belt; lock equipment; clear hazards.

VAULT TIP

Stairs: “Up with the good, down with the bad” - affected leg and crutches move down together.

STEP-BY-STEP

- Teach tripod position: crutch tips slightly forward and lateral.
- Support weight through hands, never axillae.
- Three-point gait: advance both crutches and affected leg, then step through with unaffected leg.
- Two-point gait: advance right crutch with left foot, then left crutch with right foot.
- Four-point gait: right crutch, left foot, left crutch, right foot.
- Sit: back to chair, hold both crutches on affected side, reach for chair, lower slowly.
- Stairs: up with the good leg; down with crutches and affected leg. Use rail if available.
- Stop and sit if weak, dizzy, or unsafe.

SAFETY REMINDERS

- Axillary pressure can injure the brachial plexus.
- Check rubber tips, handgrips, and skin.
- Guard slightly behind and on weak side.
- Follow weight-bearing restriction exactly.

COMMON MISTAKES

- Resting body weight on axillae.
- Crutches too tall/short or placed too far forward.
- Looking down continuously.
- Incorrect stair sequence.

DOCUMENTATION

- Device fit and prescribed weight-bearing status.
- Gait taught; distance and assistance level.
- Tolerance, pain, balance, and vital symptoms.
- Patient return-demonstration and safety teaching.