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Acronyms:

MOH	Ministry of Health
DG	Director General
HOD	Head of Department
DGSMC	Directorate General of Specialized Medical Care
MRS	Medical Rehabilitation Services



Walking Aids Procedure

1. Introduction

Walking aids are sometimes also referred to as ambulatory assistive devices. A walking aid is one of several devices a patient may be issued in order to improve their walking pattern, balance or safety while mobilizing independently. The correct use of a walking aid is not always as straightforward as it seems. The 'usual' way of using an aid may need to be adapted to suit patient and his/her particular condition or circumstances.

Walking aids may improve patient mobility but if an inappropriate walking device is used, if incorrect techniques are adopted, or if the device is not suitable for a particular environment, patient safety may be jeopardized. As such, prescription of walking aids should ideally be done by a physiotherapist or occupational therapist after a thorough assessment of gait, balance, cognition and the cardiovascular, musculoskeletal and neurological systems. Assessment should also take into account any clinically significant co-morbidity and the individual's day to day mobility requirements.

2. Scope

It is applicable for all medical rehabilitation staffs working in government and private sectors in the Sultanate of Oman.

3. Purpose

- 3.1 To help all medical rehabilitation staff understand the expectation to assess mobility status
- 3.2 To provide guidance to support the risk assessment process in the mobilization of patients
- 3.3 To provide simple, practical advice on how to provide newly referred patients (who do not have complex mobility needs) with an appropriate walking aid to facilitate safe transfers and mobility

4. Definitions

- 4.1 A **walking aid**: is a device designed to assist walking or otherwise improve the mobility of people with mobility impairment. The term walking aids includes, walking frames (zimmer frames), wheeled walking frames (often called rollators), crutches and walking sticks.



5. Procedure

5.1 **Risk assessment;** all newly referred patients should be assessed for their ability to transfer and walk. The assessment should include the following:

- 5.1.1 Look at the patient's posture – note any abnormality in symmetry.
- 5.1.2 How 'active' do they look? Upper limbs – can they lift their arms to shoulder height?
- 5.1.3 Hand function – can they grip effectively?
- 5.1.4 Lower limbs – can they lift their heel off the bed slightly whilst keeping knee straight? (This gives you a clue as to whether they are likely able to control their knee position in standing).
- 5.1.5 Therapist should ensure that patient is aware of, and understand, any weight bearing or movement restrictions issued by an orthopaedic/surgical team.
- 5.1.6 The assessor transfers the findings of the assessment into risk assessment sheet (if available).

5.2 Training

- 5.2.1 Training will be provided by the rehabilitation staff in the hospitals as requested.

6. Responsibilities

6.1 Head of rehabilitation is responsible for:

- 6.1.1 Responsibility for implementing the procedure and provide a copy to all rehabilitation staff.

6.2 Rehabilitation staffs is responsible for:

- 6.2.1 Ensuring that purchasing of walking aids is based on assessed need and urgency of application.
- 6.2.2 Ensuring that training in the appropriate use of the allocated aid, equipment or home modification is provided to the patient.

6.3 Patient is responsible for:

- 6.3.1 General upkeep care and cleaning of walking aids, and the replacement of wheelchair and scooter tyres and tubes



7. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Jokha Salim Al-Abrawi	October/2023
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8. Related Documents

There is no related document for this procedure.



9. References

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Effect of different walking aids on walking capacity of patients with post stroke hemiparesis	Allet L, et al	February 2019	1408–1413
Physical Therapists Make Accurate and Appropriate Discharge	Smith, B	2010	693-703