- Most desirable is training the client for functional ambulation without external devices.
- But the limited time allowed for rehabilitation by third party payers sometimes drives PT to accept a less than desirable gait pattern or a greater level of support.

- A single point or quad cane is often needed by elderly people for use outside in the street.
- Sometimes using the cane on the prosthetic side help learn the weight shift to that side.
- On occasion, crutches may be needed if the client has other medical conditions that preclude ambulating with less support.
- A four point gait is usually taught unless the client needs to protect the sound leg from FWB.

o Walker

• A walker is not indicated in most instances and should not be considered as a intermediate step between the parallel bars and a cane.

o Walker

- does not allow a smooth step over step pattern,
- reinforce a slow gait pattern characterized by uneven steps,
- negates the principles of prosthetic design and alignment,
- reinforces forward flexion,
- eliminates the normal use of the arms in the gait pattern.

o Walker

- Using a walker as a shortcut to allow the client to be discharged from treatment early or to use the prosthesis at home before a good gait has been achieved leads to:
 - o gait deviations
 - dependency on the walker that may never be overcome.

• Walker

• Should be used only if it is obvious that the client will not be able to use the prosthesis with any other form of external support.

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 i.e.: An unstable client who can go to the bathroom independently with a walker is easier to care for at home than one with a wheelchair.

- **Conclusion:** Criteria for giving crutches or walking aids at discharge time:
 - Double amputee,
 - Elderly client,
 - Client with risk of falling (insufficient balance, difficult environment),
 - Client with bad stump (pain, wounds, stumps which are at risk of complications)