

IN THE KNOW

Instructions for the Learner

We hope you enjoy this Inservice, prepared especially for nursing assistants like you. You work very hard, and we appreciate the effort you make to complete these educational materials. It shows your desire to continue learning and growing in your profession!

After finishing this inservice, you will be able to:

- Define “assistive device”.
- Discuss why some clients find it difficult to adapt to assistive devices.
- Name at least twelve assistive devices that are—or could be—used by your clients.
- Watch for clues, as you perform client care, that your clients may need an assistive device.
- Make suggestions to the health care team regarding assistive devices that may be useful to your clients.



If you are studying the inservice on your own, please:

- Read through all the attached materials. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and circle the best answer.
- Check with your supervisor for the right answers. You pass the quiz with at least eight correct answers! Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself, and turn in the quiz page to _____ no later than _____.
- Show your Inservice Club Membership Card to _____ so that it can be initialed.

THANK YOU!

IN THE KNOW

Using Assistive Devices

What do a **shoelace**, a **magnifying glass** and a **computer** all have in common? They can each be used as an assistive device!



- Assistive devices are tools that help people function independently—despite physical limitations or disabilities. Assistive devices help people perform daily activities, such as eating, dressing, talking, walking and driving. Some assistive devices are elaborate “store-bought” machines. Others are hand-made creations.
- There are “**low tech**” assistive devices, such as a spoon with a large easy-grip handle. Some devices are “**medium-tech**” such as a reaching tool with a claw for picking things up. There are also “**high tech**” assistive devices, such as a motorized scooter. In all, there are more than twenty thousand assistive devices on the market today!
- Over 50 million Americans—including some of your clients—have some kind of disability. Assistive devices can help them open a door, put on shoes, pick up a newspaper, eat a meal, read a book or write a letter. In addition to making it easier to get through the day, using assistive devices may help relieve pain and conserve energy.
- When it comes to assistive devices, you’re in a great position to help your clients. For example, you might:
 - Notice a problem with one of your clients that could be solved if the client had an assistive device.
 - Observe—and report—that a client is using a device improperly and needs additional training.
 - Encourage a client to use an assistive device that he has been reluctant to use.

Keep reading to learn more!

INSIDE THIS INSERVICE:

Who Uses Assistive Devices?	2
Adapting to Assistive Devices	4
Types of Devices	5-10
What You Can Do to Help	11

Some assistive devices end up being used by the general public—and not just by people with disabilities. For example, ink pens with big barrels were first developed for people who have problems gripping a thinner pen. However, the bigger pens became widely popular when people discovered they were more comfortable to use.



© 2002 In the Know, Inc.
 306 Brandermill Drive
 Durham, NC 27713
 877-809-5515
 www.knowingmore.com

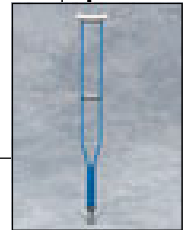
May be copied for use within each physical location that purchases the inservice from In the Know, Inc. Any other copying or distribution is strictly prohibited.

Who Uses Assistive Devices?

Assistive devices are used by people who:

- Have temporary or permanent physical limitations.
- Are elderly.
- Have cognitive problems, such as memory loss.
- Have problems with their hearing or vision.
- Have a physical condition that causes them to tire out easily.
- Are recovering from surgery.

Centuries ago, early cave dwellers used assistive devices. For example, they made crutches out of tree limbs.



*Did you know that in the early 1900's, it was considered an honor to use a cane? In England, people had to have a **license** to carry a cane!*



Surveys have shown that when elderly people are given appropriate assistive devices, eighty percent of them will be less dependent on others and up to half of them will be able to live in their own homes longer.

Living & Breathing “Assistive Devices”!

There are many different kinds of animals that assist people in their daily lives. For example:

- Miniature horses serve as guide animals for visually impaired people—just like dogs. One advantage to using a miniature horse is that it lives for 35 to 40 years. The horses wear little sneakers to protect their hooves and to cut down on noise when they walk.



- Monkeys can be great friends and helpers to people who are paralyzed. They can perform simple tasks such as picking up dropped items, turning on lights and pouring a drink. Capuchin—or organ grinder—monkeys are most commonly used.
- It's important to remember that service animals are *not* pets. They have been specially trained to provide assistance to people who have disabilities. Some of these animals are even certified—and are “licensed to serve”!

A Little History of Assistive Devices

- World War I had a significant impact on the development of assistive devices. Many soldiers returned from the war missing a limb or unable to hear or see. The U.S. government passed a law in 1918 that mandated rehabilitation for these disabled veterans. As a result, many assistive devices were developed.
- The civil rights movement in the 1960's also had an impact. People with disabilities began to lobby for change so that they could have equal access to buildings and facilities. Across the United States, thousands of wheelchair ramps were built. Bathrooms were altered to allow for wheelchair access. Public buildings posted signs written in Braille.
- Since the mid-1970's, more and more devices have been developed to assist people with physical limitations. Assistive devices include large items like a wheelchair or an electric bed and small items like a magnifying glass or a zipper pull. Today, there are thousands of different assistive devices.



Nearly 65% of all assistive devices are paid for by the individuals who use them. The rest are paid for by private insurance, federal and state funding, worker's compensation insurance or charities.

Can You Figure This Out?



Two of John's clients have recently received reaching devices from the occupational therapist.

One of the clients, Mrs. Jones, has been confined to a wheelchair for several years. She thinks her new "grabber" is wonderful! Now, she can pick things up if she drops them. She uses her grabber every day and sometimes seems to drop things on purpose just so she can use her new "toy".

John's other client, Mr. Carter, is recovering from a recent stroke. He hates his grabber and hides it whenever he gets the chance. If John asks Mr. Carter where the grabber is, he pretends not to know.

Why do you think these two clients are reacting so differently to the same assistive device?

Here's one possible answer: It seems as though Mrs. Jones has adapted to her disability and is eager to be as independent as possible. Mr. Carter, however, is still adjusting to the effects of his stroke. He may be angry that he can't do things the way he did before. Remember...the goal of an assistive device is to improve quality of life. If clients become depressed because they view the device as a sign of their own failure, then it has NOT improved their quality of life.

Adapting to Assistive Devices



Have you ever worked with a client who quit using an assistive device? That's a common situation. In fact, about *one third* of all assistive devices are abandoned—usually within the first three months. People are more likely to give up on an assistive device if:

- Using the device makes them feel self-conscious about their physical limitations.
- They don't see the benefit of using the device.
- The device was "forced" on them by a therapist or doctor.
- The device no longer suits their needs (because their physical condition has changed).
- They were never properly trained how to use the device.
- The device doesn't work the way it should.
- The device breaks and they don't know how to get it fixed.
- The device is so complicated that they become confused and discouraged.
- Using the device makes them more tired than doing without it.

Often, people who are *born* with disabilities have an easier time adapting to the use of assistive devices. For them, the devices offer the chance to be independent—maybe for the first time in their lives!



For people who *develop* a disability, the situation may be different. They remember how independent they used to be and may feel resentful and angry about having to use some kind of device. This doesn't mean they are uncooperative or unmotivated people. It means that they may need help adjusting to their physical limitations.

Please be careful not to judge your clients—regardless of their attitude toward assistive devices. Don't assume that their lives would be better *if only* they would start using some assistive devices. You may be right...but since you don't walk in your clients' shoes, you'll never know for sure.

You can impact how well your clients adapt to their need for assistive devices by:

- Being a good listener. Let your clients express their feelings about an assistive device.
- Remembering that your clients may be grieving over the loss of their independence and may need some time to get over the sadness.
- Focusing on what your clients are still able to do...not on what they can't do.
- Emphasizing the *positive* aspects of an assistive device.
- Introducing your clients to other people who are using the same device successfully.

Bathroom Devices

Between toileting, showering, brushing their hair and teeth and washing their hands, spending time in the bathroom can be exhausting for many clients. Bathing and grooming activities require strength, coordination and the ability to sit, stand and transfer. Safety is a major concern. Assistive devices can help keep your clients safe in the bathroom.

- **Grab bars** help people get safely in and out of a tub or shower.
- **Handheld showerheads** make it easy for people to wash while standing still or sitting down.
- **Shower chairs and benches** provide seating for people who might become weak or dizzy while showering.
- **Rubber bath mats** provide a non-skid surface in the bottom of a tub or shower.
- **Long-handled bath brushes** allow people to wash their bodies even if they have limited range of motion.
- **Bedside commodes** are chairs with attached toilet seats. Most bedside commodes can be adjusted to different heights. Some have wheels. Clients who are unable to walk long distances may benefit from using a bedside commode.
- **Urinals and bedpans** are also assistive devices, allowing people to void while sitting or lying down.
- **Elevated toilet seats** are plastic seats that attach to the top of an existing toilet. They add from three to six inches to the height of the toilet and are good for people who have trouble bending their hips.
- **Toothbrushes, hairbrushes and combs** with built-up or long handles help people who have limited movement in their joints.
- **Tooth floss holders** make flossing a one-handed activity.
- **"Pump" style soap, shampoo and toothpaste containers** make grooming tasks easier for people with limited coordination.



Dressing Devices

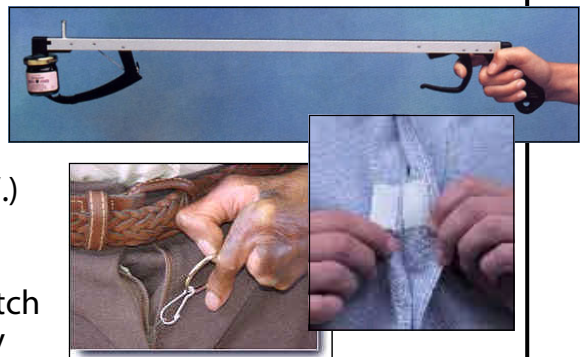
Getting dressed may seem simple to us, but it is actually a complex task that requires mental alertness, a certain amount of mobility, range of motion, strength and coordination.

Many of your clients may need help getting dressed, but it's best to let them do as much for themselves as possible. Here are some assistive devices that may help:

- **Elastic shoelaces** allow shoes to be slipped on and off without having to untie the laces.
- **Stocking aids** help people pull on their socks. They are great for people who can't bend over or who have trouble moving their legs.
- **Long-handled shoehorns** help people put their shoes on without bending over.
- **Velcro fasteners** on shirts and shoes make it easier to get dressed.
- **Button hooks** or **threaders** help pull buttons through button holes.
- **Zipper pulls** attach to the small hole on a zipper, making it easier to grasp and pull a zipper up or down.
- **Special clothing** including items that:
 - Fasten with Velcro or hooks instead of buttons or zippers.
 - Have elasticized waists.
 - Have large armholes for easier dressing.
- **Reachers** have a pair of jaws on one end, controlled by a trigger on the other end. (These devices are also known as "**graspers**" or "**grabbers**".) They are often made of lightweight aluminum and plastic and are available in a variety of sizes and lengths. Some have magnets on the end to help catch and hold metal objects. Some reachers fold for easy storage.



Remember that *buttons* require the most coordination. *Snaps* are a bit easier to open and close. *Zippers* are easy for many people—especially if they use a zipper pull. The easiest of all are *Velcro* fasteners.

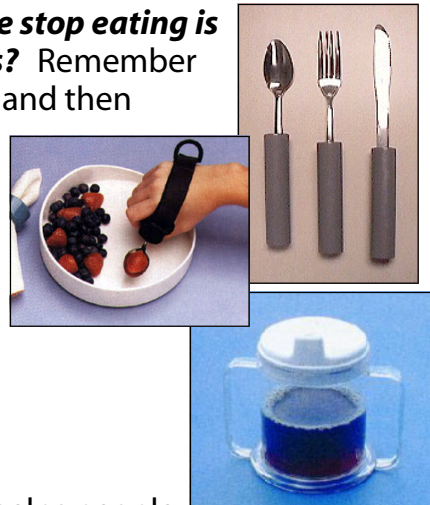


Mealtime Devices

Did you know that one of the main reasons elderly people stop eating is that they have trouble getting the food into their mouths? Remember that feeding yourself involves grasping the food or utensil and then bringing it up to your mouth. This requires fine hand movements, coordination and strength.

Some of your clients, whether or not they are elderly, may find it difficult to control eating utensils and/or to use them safely. There are many tools to help people who have difficulty eating. These include:

- **Silverware** with:
 - Thick handles or long, flexible handles.
 - Weighted handles. The extra weight in the handle helps people keep a tighter grasp on the silverware. This is especially helpful for people who have trembling in their hands or arms.
 - Lightweight handles. These are good for people who tire out when feeding themselves. Plastic silverware (like you'd buy for a picnic) is probably *not* the best since it may break if a client bites down on it.
 - Curved handles. These help keep food from falling off the utensil, especially for people who have limited movement in their wrists.
- **Rocker knives** which cut meat by rocking the knife back and forth.
- **Lightweight drinking cups** with special handles and/or lids. These cups are easier to hold and use.
- **Cup holders** for wheelchairs to keep beverages handy.
- **Dishes with high, scooped edges, divided dishes** and **plate guards** all help people scoop their food without it falling off the dish.
- **Dishes with suction cups on the bottom** help keep the dish in one place.
- **Universal cuffs.** This device has straps that hold it across the palm and back of the hand. A spoon or fork can be secured in the sleeve. This helps people who are unable to grasp silverware. These cuffs can be made of elastic or leather.



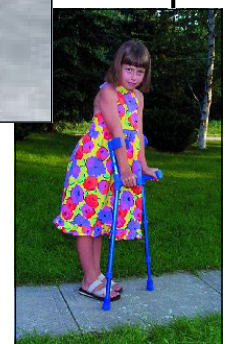
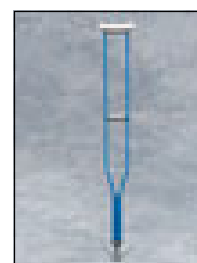
Mobility Devices: Canes & Crutches

Some clients may start with one type of mobility device, such as a cane, and progress to needing a walker or wheelchair as their condition worsens. Others may start with a cane and later be able to walk without any assistive device.

- **Canes** are the simplest assistive device for ambulation. They can support about 25% of a person's weight. People with minor balance problems, pain or leg weakness may benefit from using a cane.
- Standard canes are shaped like a "candy cane" and may be made of wood or metal. These single-point canes are usually not as steady as a quad cane (which has four legs).
- There are many different kinds of hand grip styles for canes, too. The doctor, nurse or therapist will select the best cane for each client.
- Canes and crutches help redistribute a person's weight. This improves balance and reduces falls.
- Usually, a therapist will evaluate a client's strength, coordination, range of motion, balance, stability and general condition before selecting the best assistive device for that client.
- **Crutches** are often used by people with weakness in one or both legs, leg injuries or who need extra support of their trunk.
- When most people think of crutches, they picture the kind that fit under the armpit. These are called *axillary* crutches and may be made of wood or aluminum.
 - Axillary crutches require good upper body strength and balance.
 - Generally, they are not recommended for older people or for long term use.
- Most people who need crutches for long periods of time use *forearm* (or Lofstrand) crutches. They are shorter than axillary crutches, have grips for the hands and metal cuffs that fit around the arms.
 - Forearm crutches also require upper body strength but they take the stress off the armpit area.
 - People who use forearm crutches must have good coordination.



Canes are one of the most commonly used assistive devices.



Mobility Devices: Walkers & Wheelchairs

A walker provides sturdy support for a client. It can support up to 50% of a person's weight. Your clients may need a walker if they have:

- Weakness in one or both legs.
 - Problems bearing weight on one leg.
 - Poor coordination.
 - An injury to one of their legs.
 - An inability to use crutches.
 - Difficulty balancing without support.
- There are several different types of walkers:
- Some walkers have straight legs with rubber tips on the end. These walkers require some upper body strength since the walker must be lifted and moved forward as the client walks.
 - There are walkers with wheels. These are good for people who only need the walker for balance...but not support. Walkers with wheels can be difficult to use on thick carpets.
 - Some walkers also have seats. These walkers can support up to 300 pounds and have brakes in both the front and the rear.
 - A few walkers can be folded flat when not in use.



Eight million Americans use some type of assistive device for mobility.

Each person needs a wheelchair that fits his/her size, comfort level and functional needs. This requires proper measurement by experts. Remember...if your client has the wrong wheelchair for his/her needs, it may make his life harder, not easier.

- There are many different types and designs of wheelchairs:
 - Some wheelchairs are manual and very basic.
 - Others are electric, with elaborate controls. These controls often resemble a video game joystick.
- Some wheelchairs come with protective seat cushions that help prevent pressure sores.
- The back support may be high enough to support the head or may stop below the shoulders.
- All wheelchairs have brakes which should be used whenever a client is not moving.



Other Assistive Devices

- **Electric scooters** are popular devices for people who can't walk long distances without getting tired.
- **Manual Communication Boards** allow people who can't speak to communicate by pointing to letters and/or words. These boards are geared to an individual's needs and are usually set up by a speech therapist. Using a communication board takes time, so if one of your clients uses one, you'll need to be patient!
- **Lift Sheets, gait belts** and **sliding boards** help make moving and transferring clients easier.
- **Daily** or **weekly pill organizers** help clients keep track of which medications to take each day. This is especially helpful for home health clients. Some pill boxes are so fancy that they talk to the client and/or automatically dispense the correct dose!
- **Medication timers** or **alarms** warn clients that it's time to take their medications.
- **Speaker phones** are helpful for people who get tired when they hold a telephone to their ear.
- **Telephones with large keypads** are great for visually impaired people or those who have limited coordination in their fingers.
- **Lamps** that turn on automatically when someone enters a room can be great safety devices. There are also lamps that turn on and off in reaction to a noise (like clapping).



The assistive devices you've read about throughout this inservice are just a few of the *thousands* of devices available today. To learn more about various assistive devices, visit the following web sites:

<http://www.makoa.org/cmpyinfo.htm>

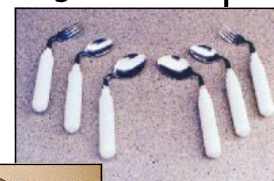
<http://assistivedevices.net/products.htm>

<http://www.ilp-online.com>

Please note that the above web sites offer assistive devices for sale. In the Know does not endorse any of the products on these sites. We are providing the addresses for these web sites for educational purposes only.

Tips For Helping With Assistive Devices

- Don't let your clients use towel racks or toilet paper holders to help them stand. If they seem to need a grab bar, report the situation to your supervisor.
- Make a toothbrush or pencil easier to grasp by twisting a large rubber band around the item. Or, use the foam from an foam hair roller (with the plastic part removed).
- Keep in mind that some of your clients may find it safer and easier to dress while lying down—especially when it comes to pulling up pants. If a client is weak on one side, encourage him or her to dress the *weaker* side first.
- If your clients like to carry personal items with them, but have trouble holding them, suggest that they wear an apron with large pockets.
- Try tying a ribbon to your client's zipper for a "homemade" zipper pull!
- Remember that a cane should always be held on the client's *strong* side—unless otherwise directed by a physical therapist. The handle of the cane should be at the person's hip joint.
- Don't let clients rest their weight on their armpits when using axillary crutches. Instead, their *hands* should bear their weight.
- Discourage your clients from picking up their walkers and carrying them. (If you see a client doing this, let your supervisor know. Maybe the client no longer needs a walker!)
- Keep an eye on each client's range of motion. If a client has limited movement in certain joints, there are many assistive devices that can help make life easier.
- Remember that some people need time to adjust to a new physical limitation. If you try to rush your clients to use an assistive device before they have dealt with the emotional impact of their disability, they may reject the device.
- Your clients may need reminders of how to use a particular assistive device—even if they've been instructed in its use before. Be patient and show them again. If you don't know how either, ask for help and/or report the problem.
- Thorough documentation can be *very* important for reimbursement of assistive devices. For example, an insurance company may not pay for Mrs. Parker's walker if her aide documents that she walks okay by herself—but the therapist documents that the client needs assistance. Be sure to document the facts about your clients clearly and completely!



Are You "In the Know" About Using Assistive Devices?

Circle the best choice and then check your answers with your supervisor!

1. TRUE or FALSE

The main purpose of an assistive device is to help people maintain their independence.

2. Assistive devices are:

- A. Too complicated for most clients to use.
- B. Helpful for performing activities of daily living.
- C. Most useful for people under age 65.
- D. Covered by most insurance policies.

3. TRUE or FALSE

People who develop a disability later in life are usually eager to try using assistive devices.

4. Mr. Wilson has had a stroke and is weak on his left side. He would probably benefit most from using:

- A. A zipper pull for his trousers.
- B. A universal cuff for his silverware.
- C. Crutches.
- D. A "talking" medication box.

5. TRUE or FALSE

Silverware with weighted handles is helpful for people who tire out when feeding themselves.

6. A cane:

- A. Can support 50% of a person's weight.
- B. Requires a lot of upper body strength.
- C. Helps to improve balance and reduce falls.
- D. Is good for someone with weakness in both legs.

7. TRUE or FALSE

Your clients may have better success with an assistive device if you praise them for using the device correctly.

8. TRUE or FALSE

Some people give up using an assistive device because they were never trained how to use it.

9. TRUE or FALSE

In addition to improving the quality of life, assistive devices can help keep your clients safe.

10. TRUE or FALSE

Assistive devices are only intended for people with permanent physical limitations.

EMPLOYEE NAME _____

DATE _____

I understand the information presented in this inservice. I have completed this inservice and answered at least eight of the test questions correctly.

Employee Signature _____

Inservice Credit: 1 hour

Supervisor Signature _____

Self Study _____

File completed test in employee's personnel file.

Group Study _____