



# ASSISTIVE TECHNOLOGY ESSENTIALS

## Part Two

Assistive Technology Solutions for Commonwealth Home Support Programme Service Providers

# Foreword



Assistive Technology Essentials showcases best available evidence and extensive practice knowledge in this innovative guide for consumers, families, practitioners and the home support sector who support them. This resource is a valuable knowledge translation tool in the rapidly evolving landscape of assistive technology. The Assistive Technology Essentials Guide, with the Making Choices Finding Solutions Guide draws together service delivery principles and contemporary products in uniquely Australian contexts, empowering assistive technology

users and informing all who support them to make informed decisions and to build capability around assistive technology solutions. Independent Living Assessment are to be congratulated on this addition to the evidence base.

## **Dr. Natasha Layton**

Senior Research Fellow: Rehabilitation, Ageing and Independent Living Research Centre, Monash University, Victoria, Australia

Industry Adjunct: Swinburne University

Sessional Consultant: World Health Organisation Global Access to AT (GATE) team.

# Content

<b>Foreword</b>	<b>2</b>
.....	
<b>About this guide</b>	<b>4</b>
.....	
<b>About us</b>	<b>6</b>
.....	
<b>Self care products</b>	<b>7</b>
.....	
<b>Support products</b>	<b>38</b>
.....	
<b>Mobility products</b>	<b>47</b>
.....	
<b>Positioning and seating products</b>	<b>56</b>
.....	
<b>Wheeled mobility</b>	<b>64</b>
.....	
<b>Medical management products</b>	<b>67</b>
.....	
<b>Products to support seeing, hearing and communicating</b>	<b>70</b>
.....	
<b>Environmental controls</b>	<b>83</b>
.....	
<b>Car adaptations</b>	<b>86</b>
.....	
<b>Domestic equipment</b>	<b>89</b>
.....	
<b>Appendix One – Recommended useful resources and sites</b>	<b>112</b>



# About this guide

Part Two of the Assistive Technology Essentials Guide – Assistive Technology Solutions, whilst not exhaustive, provides comprehensive details on low through to high risk Assistive Technology (AT) products that are available to support older people with everyday activities. Products are broken down into sections with each section containing a descriptor of the product, considerations, when to use, when not to use and fitting instructions.

The products have been chosen based on commonly used assistive technology by older people accessing aged care support. Many of the products fall under the categories of AT funded through Commonwealth Home Support Programme (CHSP) Goods, Equipment and Assistive Technology Service (GEAT). However, GEAT providers may vary by state.

As detailed in Part One of the Assistive Technology Essentials Guide – an introduction to low risk Assistive Technology for Commonwealth Home Support Providers, AT can be categorised in many ways. Understanding the complexity of AT is essential as it informs what skills, knowledge and qualifications are required to support the governance structure around AT prescription and provision.

For the purpose of this guide and within the aged care setting, we have used the categories of low risk AT, under advice AT and prescribed AT to reflect levels of complexity.

These codes are informed by classifications used by the Therapeutic Goods Administration (TGA), by the National Disability Insurance Agency, and the Department of Health.

We have also for ease of recognition applied a 'traffic light' (Green, Amber and Red) colour code to the list of assistive technology/equipment indicating whether the product is simple, more complex or whether there is any risk involved in safe use.

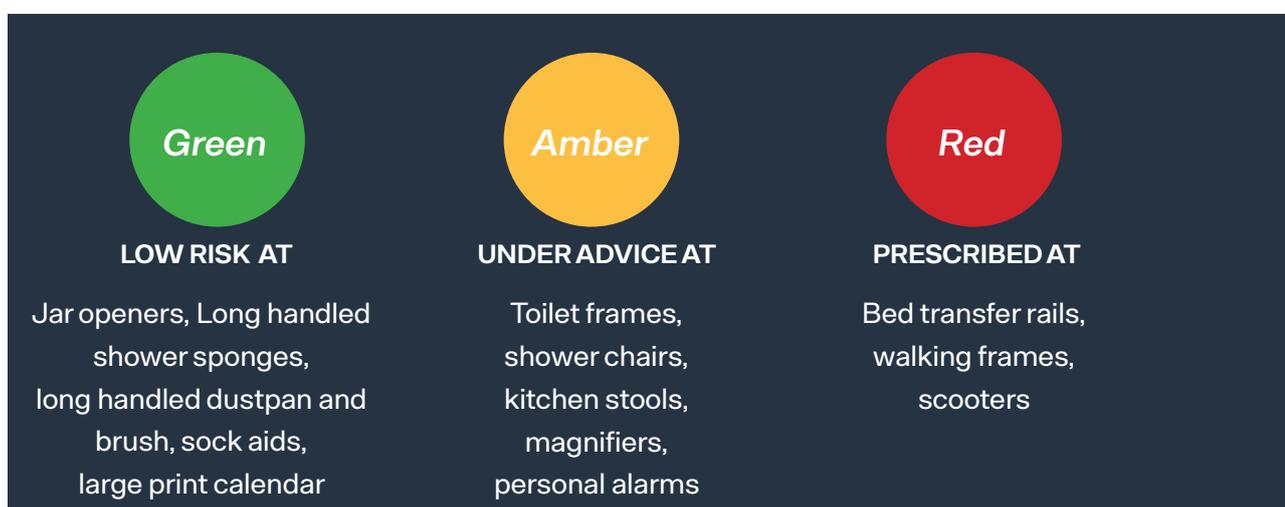
The table on the next page provides easy reference to the traffic light system and is stepped out further below.

**Green means low risk AT products.** These are simple and relatively low-cost daily living aids such as a long-handled duster, jar and can openers, long handled shower brushes, sock aids, light weight mops and vacuum cleaners, long handled dustpan and brushes and gardening items such as kneelers.

Low risk AT is usually available 'off the shelf', can be purchased at a wider range of retail and online suppliers. Low risk AT is defined as having a low potential for causing harm when used for activities in daily living environments and do not require professional advice, setup or training for effective use.

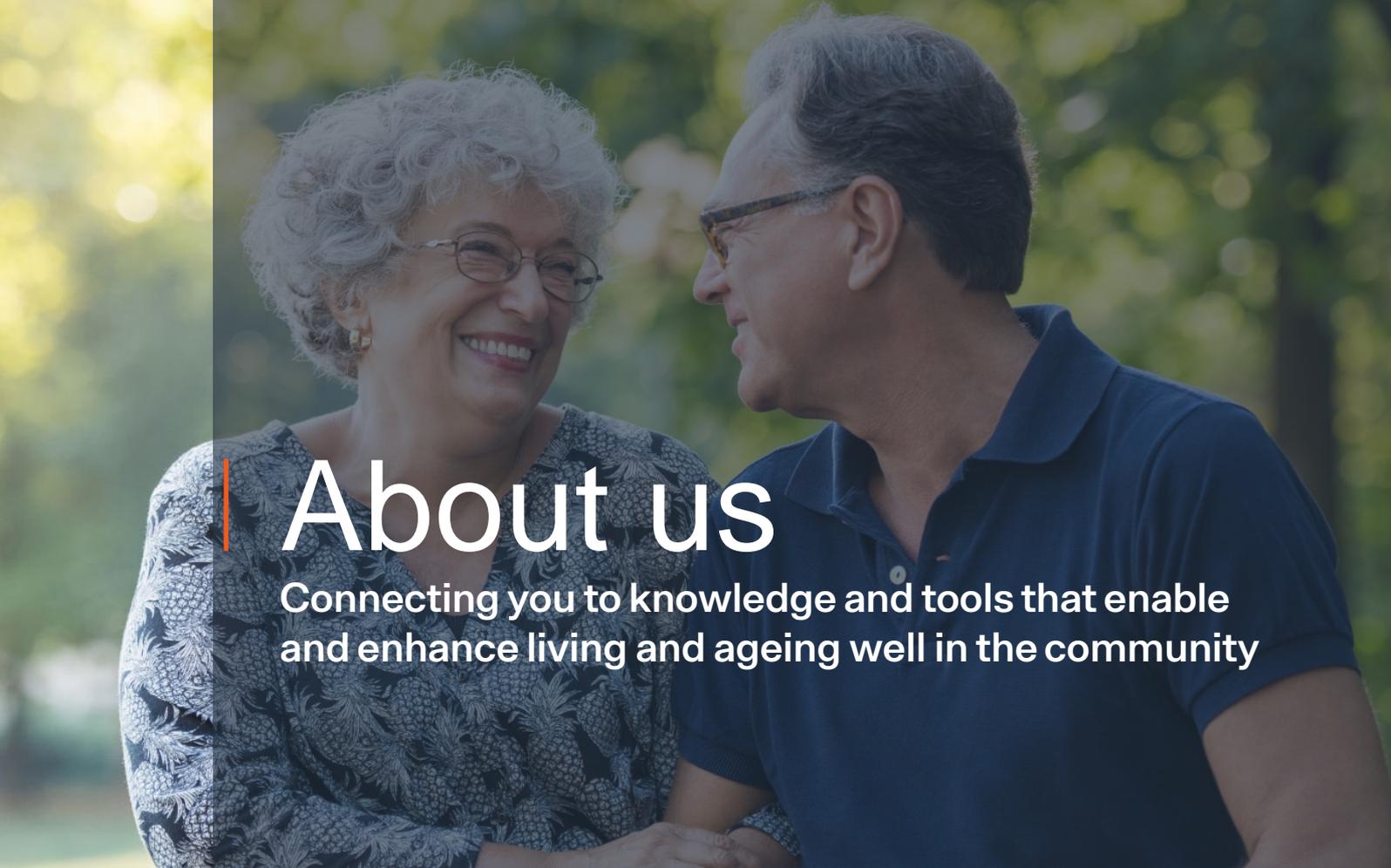
**Amber means AT products best used 'under advice'.** These products are generally available, but the person requiring the product/s would benefit from written or professional advice to select and to ensure the products/s are used or installed correctly. Having appropriate information and advice can also reduce the chance of the product/s not being used. For the purpose of this guide these products have been coded amber to signal caution. Examples include toilet frames, shower chairs, kitchen stools and personal alarms.

**Red means specialised or complex AT products that need to be prescribed.** These high-risk products are usually more complex and more costly. They require a clinical assessment to ensure appropriate prescription and for the product/s to be adjusted or configured precisely to meet individual support needs. These products may have potential to cause the user or others harm due to their features and are coded red to signal high alert for professional services. Examples include bed rails, scooters, patient hoists etc.



#### **Helpful things to know about the list:**

- Generic and common terms for AT are generally used.
- Items have been listed individually under the sub-types with some exceptions e.g. when there are multiple options that can be grouped under a task heading such as 'meal preparation equipment'.
- Image captions are generic unless an item is unique in function and has a specific model name which will help with sourcing the specific item.
- For further solutions, detailed product specifications, estimated prices and suppliers, please refer to supplier websites.
- For a comprehensive overview visit NED, the online National Equipment database [askned.com.au](http://askned.com.au).
- To access a CHSP GEAT service a referral must be submitted by a Regional Assessment Service (RAS) or Aged Care Assessment Team (ACAT) through My Aged Care.
- Where a GEAT provider determines it is necessary, a client may be referred to an occupational therapist for an assessment for customised GEAT or for support using AT equipment.
- Referrals and requests for funding from GEAT may be considered on a case by case basis by the GEAT service provider



# About us

Connecting you to knowledge and tools that enable and enhance living and ageing well in the community

---

Independent Living Assessment (ILA) was established in January 2020 by Indigo Australasia (formerly Independent Living Centre WA).

The focus of ILA is to support people through assessment, navigation and sector capacity building initiatives.

Some services previously provided by the Independent Living Centre WA are now provided by ILA, including CHSP funded Sector Support and Development, Regional Assessment Services (RAS), AT Chat and Grants (Equipment for Living Grant).

Our services support people with disability, older people, carers, health professionals and the aged care sector.

## Acknowledgements

Funding for this guide has been provided by the Australian Government, Department of Health and through Indigo Australasia Incorporated. It is part of a series of initiatives developed by the ILA Sector Support and Development team.

Although funding for this guide has been provided by the Australian Government, the material contained therein does not necessarily represent the views or policies of the Australian Government.

© Copyright Independent Living Assessment. All rights reserved. No part of the material protected by this copyright notice may be reproduced or used in any form or by any means, electronic or mechanical, including photocopying, recording or by any information storage and retrieval systems, without the prior written permission of the copyright owner.

Assistive Technology Essentials Part 2 Issue: V1.0-11/2021

# Self Care Products

## Clothing Aids

### Dressing aids

#### Description

The following items may be helpful for donning or doffing clothing and shoes.

- Aids for clothing.
- Aids for socks and stockings.
- Aids for shoes.

First consider what the person is already using or doing to get dressed. Adding too many small aids may complicate the task as there are a wide variety of dressing aid options.

#### When to use

To assist with various dressing tasks to reduce effort with fine coordination tasks or overcoming range of motion restrictions.

#### Considerations

Item specific considerations are highlighted under individual items if necessary.

- Style and size of garment.
- Seating support such as a perching stool.
- Ability to learn and sequence task.
- Environment in which the person gets dressed: bathroom/bedroom – where can dressing aid be placed for easy access, whilst getting dressed. What happens if the aid is dropped?
- If using a walking aid, can the person mobilise with the aids safely?
- Availability of a carer to provide support if required.
- Dexterity and ability to fit items onto aid, to push and pull aid.
- Hip or joint precautions following surgery.

#### When not to use

If a person is unable to learn and apply a new skill safely. Dressing aids require an element of learning.

#### Alternative options

Adapt method to suit functional abilities, consider buttoning first and then putting on garment.

Consider a physiotherapy referral for increased strength, range of motion and flexibility exercises.

Consider dressing affected side first

Look for clothing that use different types of fasteners such as velcro.

Purchasing clothes that are one size bigger can make it easier to get them on and off.

Use easier to fit clothing such as elasticated waist trousers and skirts, velcro shoes or elasticated laces.

Carer's assistance or set up.

## Button Hook and Zip Hook (Green - low risk)

Button hook and zip puller



Zip hook

### Description

A diamond shaped wire used for catching the button and threading it through the buttonhole. The other end has a metal hook which can be used to catch the tab of a zipper to assist with pulling the zip up or down.

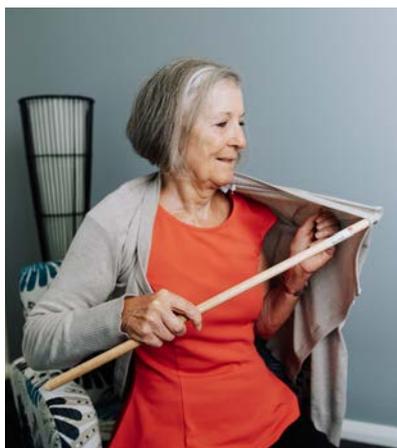
### When to use

For individuals who struggle with fine motor dexterity and handling small items between their fingertips.

### Considerations

Requires a reasonable level of vision and hand/eye coordination to see hook and put in through zipper. Another option is a zip loop or ring that can be attached to the zip permanently to create a larger hole to allow a finger to hook through and pull the zip upwards or downwards.

## Dressing Stick (Green - low risk)



### Description

A stick made of wood or plastic usually featuring attachments on each end such as a double hook, "C", wire 'push and pull' hook, shoehorn or a rubber thimble to assist in pulling up or removing garments.

Can also be useful to hook hard to reach cloth hangers/ items from the cupboard or floor level.

### When to use

For individuals who have difficulty bending, a limited range of upper body movement or the use of one arm or hand.

### Considerations

Some aids require two to be used bilaterally for the pulling up of undergarments.

The person's ability and opportunity to learn and practise a new skill.

Having an accessible area to put the dressing stick so it is within easy reach, during the task.

The grip strength and coordination to reach, place and use the attachment with arms extended.

### Alternative options

Long-handled reachers. Long handled shoe horn.

Sewing large material loops to undergarments and trousers.

Consider a physiotherapy assessment to look at flexibility and range of motion exercises. Observes the Person's own method or teach them a new technique without aids.

Minor modifications such as a wardrobe lift rail for access to hanging items in cupboard.

## Sock and Stocking Aids

### Sock aid (Green - low risk)



#### Description

Aids that can assist with putting on and taking off socks and hosiery items.

A flexible or rigid plastic base usually encased within smooth nylon lining. Some options have a terry cloth outer covering. Two cotton tapes with looped ends are attached to the base.

Aid holds open the sock/stockings to allow easy position onto and over the foot. Loops help lower the sock to feet, bypassing the need to flex hips or reaching to floor level.

#### When to use

For individuals who have difficulty bending and reaching their feet or who are following hip precautions post surgery.

#### Instructions for person

Dependent on the style of the aid.

Seated, position the sock onto the aid and pull until it is over the notch or to the rim.

Lower to the foot with the loops.

Guide foot into aid.

Pull sock up towards the back of the knee.

Practice method that suits the person's (and carer's) function and setting.

Remove the sock by using a long handled reacher/shoe horn/dressing stick.

#### Considerations

Can be more difficult to use with compression stockings. (Refer to compression stocking aid).

A flexible sock aid will bend making it easier to load sock onto the holder.

A rigid sock aid will stretch and hold the sock wider making it more suitable for swollen feet.

Single handles or a continuous loop are better suited for people with the use of one hand.

Sock aids with two handles require more coordination to pull upwards.

Sock aids can require some practice and support until confident using.

*\*Although not a high-risk item, an assessment and trial is indicated for clients with compromised skin integrity or pressure needs due to the risk of skin damage or injury.*

## Compression stocking aid (Green - low risk)

Doff and donner



Pelican stocking slider



### Description

Aids to assist with the application compression stockings. Some soft options mainly aid in reducing friction by adding a removable, looped slider.

Most stocking aids have loops or an extender for an easier reach to the foot.

Other options are rigid-framed and aid in opening up the stocking with a metal frame, allowing fitting the foot into the stocking.

### Instructions for person

Dependent on the stocking aid:

Position the stocking aid onto leg/frame or device.

Guide foot into aid. Pull stocking aid up towards the back of the knee.

Practice method that suits the person's (and carer's) function and setting.

Put on compression stockings before you get out of bed when legs are less swollen.

### Considerations

Stocking style is it Open or Closed toe.

Dexterity and the person's ability to fit and pull loops over frame.

Grip strength and positioning of the stocking onto the aid or pulling the aid over the leg still requires a moderate amount of strength.

Some devices require measuring for sizing.

If skin viability is a concern opt for soft aids. Check with GP or nurse for contra-indications.

Ability to self monitor skin integrity or pressure needs if a concern.

Method of removing stocking – as pressure stockings are tight a dressing stick may not be sufficient.

Strength and ability of carer.

*\*Although not a high-risk item, an occupational therapy assessment and trial is indicated for clients with compromised skin integrity or pressure needs due to the risk of skin damage or injury.*

## Shoe Aids

### Shoehorn (Green - low risk)



#### Description

A long handled lightweight plastic shoe horn, with a hook at one end. It can have a built-up rubber handle to allow for adequate grip.

#### When to use

Allows reach to the shoes without having to flex hips.  
Helps with difficult to fit or soft shoes by allowing the heel to slip into the shoe whilst the shoe horn supports the back of the shoe.

### Shoelace aids (Green - low risk)



#### Description

Elasticated shoe laces or shoe lace aids that eliminate the need for or reduces the effort of tying shoe laces.  
A shoelace aid is made of plastic and is designed to secure laces, preventing the need to tie a knot.

#### When to use

A person cannot easily bend or reach down to their shoes.  
Difficulty with fine motor dexterity or vision to see and handle fine shoe laces.

#### Instructions for person

Thread both ends of shoelace through the hole while pushing the end of the aid in.  
Release the end of the aid and the shoelace is then held in position.  
Tuck the ends of the shoelace down the insides of the shoe.  
To undo the shoelace, push the end of the aid in to release pressure on the lace and slide along the shoelace until the shoe is loose enough to take off.

#### Considerations

May need carer assistance for set up initially.  
Dexterity for adjusting lock mechanism.

#### Alternative options

Sitting down and using a foot stool will help put socks and shoes on.  
Slip-on shoes are easier to put on than shoes with laces and ties.  
Consider trialling shoes without laces such as velcro fastening.  
Trial the person sitting with their foot on foot stool to see if this aids the ability to reach shoes and laces.

## Long handled reacher (Green - low risk)



### Description

A light weight reaching aid, made from polycarbonate, plastic or fibre glass. Helps with reaching light weight items on the floor-level or overhead. A squeeze action handle on the one end uses a wire pull system to operate (close and open) a large rubber grip or prongs on the other end.

Most options have a magnet in the grip which helps to pick up small metal items and they come in different lengths, angles and folding options.

Some varieties offer an adjustable head, allowing the reacher to be used horizontally and vertically.

Also called: helping hand, reaching aid, pick-up stick, reaching tongs, easy reacher.

### When to use

Minimises the need to reach outside a persons base of support to pick items from the floor or overhead.

People with restricted or reduce range of hip/knee flexion.

If a person requires joint or energy preservation techniques.

### Instructions for person

Adjust the angle of grip before use.

Make sure you are standing securely, steadying yourself with the other hand if necessary.

Place the reacher in your palm with fingers over the handle.

Position grip end around the item you want to pick up.

Pull handle to grip the item.

Keep the handle in while moving the item to where it is easy to reach.

When the item is in a secure place, release the handle to release the item.

### Considerations

Consider a reflex style and wider sized handle for people with altered grip strength or arthritis related conditions.

Combination style grips with hooks to assist with other tasks such as dressing.

Weight and length of reacher to reduce strain on arm and shoulder joints.

Discuss how and where the person will store it and carry it for easy access.

Impact of a person's ability to see, plan, aim, coordinate and maintain the grip, important to trial first.

Option for a style that offers a hook for securing the reacher to a walking aid.

### When not to use

Dexterity is insufficient to operate - position handle and grip.

Righting reactions are insufficient to coordinate the reach safely.

### Alternative options

Reorganising high frequency items to a safe working height.

### Fitting considerations

Have a reacher in each area or clamp onto walker, instead of carrying one around.

## Grooming Products

### Grooming and washing aids (Green - low risk)

#### Description

The following items could assist with grooming and washing by providing wider and longer handles for reaching to hard to reach places.

- Long handled small aids.
- Bottom wipers.
- Dispensers.

#### When to use

To assist with various washing and grooming tasks to reduce effort with fine coordination tasks or overcoming range of motion restrictions in upper and lower limbs.

#### Instructions for person

Find a safe height storage space in the shower for these and other items, such as a shower shelf, hooks or caddy that do not protrude.

Ensure the shelf is secured well as liquid containers can be heavy. This will also allow pump-action containers to be pushed down without having to pick them up from the shelf.

Ensure the environment is set up where the person gets dressed: can a dressing aid be placed on the bed for easy access during use?

Consider aids already being used.

Avoid clutter and complicating task by adding unnecessary small aids.

#### Considerations

Item specific considerations are highlighted under each section if necessary.

Upper limb dexterity and the person's ability to manipulate items onto aid.

Grip strength and upper limb range of movement to push and pull aid.

Ensure person is still able to follow hip or joint precautions following surgery when using aid.

Encourage the person to use a stable seated position by using as a shower/perching stool or an armchair beside the bed during the washing and grooming tasks.

Check the person's ability and/or willingness to learn and sequence tasks using aids.

Environment in which the person tends to complete grooming (bathroom/bedroom) – where can aid be placed for easy access.

Discuss strategies for what happens if the aid is dropped?

Check aid can be stored safely and does not impact safety getting in and out shower.

#### When not to use

If a person is unable to learn and apply a new skill safely. These aids require an element of learning.

#### Alternative options

Trial a different technique and/or look at standard items such as the person purchasing pump style dispensers.

Physiotherapy referral for increased strength, flexibility and range of motion exercises.

Discuss carer's assistance with parts of the task or set up.

## Long Handled Products

### Long handled brushes/combs (Green - low risk)



Etac beauty care hair washer, combs and brushes



#### Description

Ergonomically designed, soft non-slip handles with curved long necks to follow the shape of the head. The hair washer allows easier, one-handed reach to the scalp.

#### When to use

Long handled hair aids give an extended reach in case of reduced upper limb joint range.

May reduce joint pain, upper limb fatigue or to reduce effort following a fracture or stroke.

#### Considerations

Encourage the person to use pump action shampoo containers to dispense shampoo onto the washer.

Washing your hair while in the shower may be difficult if balance is an issue or if you experience pain when holding your arms above your head.

### Long handled sponges and toe washers (Green - low risk)



Contoured toe washer



#### Description

Variety of long handled sponges and pads that are mounted on plastic or plastic coated wire. The wire is flexible and can be contoured or bent to different shapes.

#### When to use

Allow safe reach to the feet, toes and/or back.

Reduces the need for flexion of the hips/knees or upper limb joints.

To assist a person to adhere to joint precautions following surgery.

#### Considerations

Some types can be bent to the angle that suits the client.

Options include contoured sponges, interchangeable flannels for washing and drying in-between toes.

Show options to the person (images or trial samples) to suit personal preference.

Consider hook/shower caddy to store for safe access.

Some have the option to replace sponges.

Practice drying methods as well.

## Long handled applicators (Green - low risk)



### Description

Variety of applicators mounted to long plastic handles.

### When to use

Use to extend a person's upper limb reach when reaching to apply lotion, cream or oil to the back and body.

Often used with people with reduced tolerance or range of movement in the upper limb joints.

### Considerations

Some clients may be on medication that affects skin integrity. The applicator could assist in this case, however can also be too firm and cause bruising. If the person is prone to severe bruising opt for a soft sponge or fabric applicator.

Consider an alternative method or technique.

Long handled sponges and long-handled toe washer can also be used by adding lotion or creams to a dry sponge.

## Toileting Aids and Equipment

### Bottom wipers/washers (Green - low risk)



### Description

Often angled or plastic coated wire handled with moulded plastic heads that grip toilet paper or wipes.

Options include:

Folding.

Angled.

Different toilet paper grips and release mechanisms for no-touch use.

### When to use

To help to extend reach for cleaning and hygiene purposes for toileting. Can be useful for a person with limited reach to their bottom due to limited range or strength or in some cases for clients with larger body shapes and, especially thighs.

### Considerations

Consider the client's ability to use the mechanism and keep it clean, its transportability and storage.

Suggest the use of flushable, eco-friendly wet wipes instead of toilet paper.

## Toilet Frame (Amber – under advice)



### Description

Height adjustable, powder-coated steel or aluminium frame with arms and attached plastic toilet seat. Rubber stoppers or suction cups on the legs for non-slip stability.

Splash guard ensures waste is directed into the toilet bowl. Commode pan will allow the frame to double as a bedside commode.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

### When to use

Designed to assist a person to safely and more easily get on and off the toilet by raising the height and providing armrests to push and provide stability.

If the toilet is too low for the person.

If the person has insufficient quadriceps strength to push up to stand or lower themselves in a controlled manner.

If the person has balance problems and requires armrests for stability.

### Considerations

Will other people in the family be required to remove the frame?

Check that the height and width is suitable for user.

May not be suited for small bathrooms.

May not fit around non-standard toilets.

Consider position of waste pipe for leg placement.

Is the toilet door able to be fully opened and closed?

Check there is sufficient space around the toilet to accommodate the frame.

Legs can be a trip hazard for some people.

Some individuals experience problems performing bowel motions when their toilet seat height is raised.

Available in standard size or bariatric (heavy-duty).

May limit room to manoeuvre with a walking aid.

### Instructions for person

Ensure both feet are positioned slightly apart and flat on the floor.

Lean forward, looking straight ahead.

Straighten your hips and knees, raising yourself slowly, pushing your weight evenly through both knees and feet.

Stand up straight and gain your balance fully before stepping forward.

## Toilet frame (Amber – under advice) *cont.*

### **When not to use**

If the person can only use one arm as the frame can tip if too much pressure is placed on one side - a floor fixing frame may be necessary.

When a person tends to 'drop' onto the seat, a floor fixing frame can be used to keep the frame steady.

Ensure the frame does not obstruct access to a bath or hand basin or entrance to the bathroom.

If the unusual features of the toilet affect fitting equipment e.g. side waste pipes, toilets being raised on small steps, close to a side wall.

If the floor surface uneven.

If the equipment impedes the person's ability to clean themselves.

If the person's body shape and/or weight result in an individual not being able to get all the necessary anatomy over the opening when voiding.

If seat opening size limits access for men who sit.

If the person's feet cannot touch the floor.

For a person who slide- or side-transfers.

If the toilet is not structurally sound (cracked, coming away from the floor).

### **Alternative options**

Rehabilitation – strength and balance, alternative techniques.

Raised toilet seat.

Toilet surround frame (minus seat).

Install a higher toilet.

Drop-down or grab rails.

Commode.

Floor fixed toilet frame for uneven arm support weight bearing.

### **Fitting instructions**

Select the height required for user, if necessary adjust as follows:.

Place frame on its side and push spring clip out and slide leg to correct height. Ensure spring clip is fully re-engaged and facing inwards. Repeat for each leg in turn. Double check all legs are secure and the same height.

Lift lid and seat of toilet and place frame over toilet. All four legs should be stable on the ground and splash guard should be inside bowl but not touching it.

Sit on seat and frame to ensure it is stable.

Demonstrate safe use of the frame to the person.

Re-enforce to the person that they should use both hands when transferring on/off frame.

Observe the person demonstrating the safe use of the frame.

## Toilet frame (Amber – under advice) *cont.*

### Care requirements

Check the seat and frame regularly for cracks.  
Ensure there is no rust on the frame or at weld points.  
Clean with a damp cloth, mild soap or non-abrasive cleaner.

## Toilet seat raiser (Red - prescribed)



### Description

Plastic seat designed to raise the height of the toilet for people who may need to use less flexion in the hips and knees to make it easier to sit down or stand up.

Available in 5cm, 10cm and 15cm heights.

Fits to the toilet bowl using plastic screw-in brackets.

Models also available with built-on armrests.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

### When to use

To raise the toilet seat height to assist independent standing from the toilet.  
When the user requires a higher seat to minimise excessive flexion of hip joints.  
If the toilet is too low for a person to transfer on/off safely.  
If there is insufficient space for an over-toilet frame.

### Instructions for person

Ensure seat is fitted securely before each use.  
Place weight evenly on each side of the seat when transferring.

### Considerations

Consider ease of use for others in the household if a shared toilet.  
May need to be used in conjunction with toilet surround or grab rails on wall.  
Some individuals experience problems performing bowel motions with a raised toilet seat .  
Always assess skin condition and pressure areas of concern.  
Consider front cutaways for easier access for personal hygiene.  
May not fit non-standard toilet bowl shapes.

## Toilet seat raiser (Red - prescribed) *cont.*

### **When not to use**

When the person requires additional stability of armrests.

If the person cannot get their feet flat on the floor when using the toilet with seat in situ.

Unsuitable for people with poor sitting balance unless used with appropriate rails or who have gross restrictions in hip/knee movements.

If the equipment impedes the person's ability to clean themselves.

If the person's body shape and/or weight result in an individual not being able to get all the necessary anatomy over the opening when voiding.

### **Fitting instructions**

Ensure that correct height of toilet seat is prescribed. The person should be able to place their feet on the floor when in use.

Optimum seat height is calf length – measure from back of knee to floor when seated.

Lift lid and toilet seat attach to the toilet bowl.

May be used in conjunction with grab rails.

Do not over-tighten screws.

Demonstrate safe transfer to the user. Re-enforce to user that they should not hold on to the toilet seat riser as a support when getting on and off the seat.

Observe the person demonstrating the safe use of the equipment.

Demonstrate removal and refitting of equipment to the person/carer and observe them doing same.

### **Alternative options**

Rehabilitation – strength and balance exercises.

Toilet surround frame.

Install a higher toilet.

Drop-down or grab rails.

### **Care requirements**

Suggest they leave it in position when cleaning.

If they need to remove from toilet bowl to clean, ensure they can easily refit.

Clean with a damp cloth, mild soap or non-abrasive cleaner.

Check fixings regularly.

Check seat for cracks and splits.

## Toilet surround (Amber – under advice)



### Description

This is an adjustable height steel toilet frame with plastic moulded hand grips for support and comfort. The toilet frame fits around the toilet and can be moved when not in use.

The frame is height adjustable.

Available in standard size or bariatric (heavy-duty).

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

### When to use

When the person requires the stability of arms to hold onto while lowering and raising from the toilet, but doesn't require additional seat height.

If the person has insufficient quadriceps/leg strength to stand or lower themselves in a controlled manner.

### Instructions for person

Height adjustment – the most appropriate height will vary depending on individual. Take instruction from the prescribing therapist.

Place weight evenly on both armrests when transferring.

Splayed frame legs may pose a tripping hazard. Ensure lighting is adequate to see position of frame legs.

### Considerations

Is there sufficient space around the toilet to accommodate the frame?

Will other people in the family be required to remove the frame? .

Check that the height and width is suitable for user.

May not be suited for small bathrooms.

May not fit around non-standard toilets.

Consider position of waste pipe for leg placement.

Is the toilet door able to be fully opened and closed?

## Toilet surround (Amber – under advice) *cont.*

### When not to use

If the person has only use of one arm as the frame can tip if too much pressure is placed on one side. In this situation a floor fixed toilet frame may be necessary.

When a person tends to 'drop' onto the seat, a floor fixing frame can be used to keep the frame steady.

Ensure the frame does not obstruct access to a bath or hand basin or entrance to the bathroom.

If the unusual features of the toilet affect fitting equipment e.g. side waste pipes, toilets being raised on small steps, close to a side wall.

If the floor surface uneven.

If the person's feet cannot touch the floor when sitting on the toilet.

For a person who requires a slide or side-transfers.

If the toilet is not structurally sound (cracked, coming away from the floor).

### Alternative options

Rehabilitation – strength and balance, alternative techniques.

Raised toilet seat.

Toilet surround frame (minus seat).

Install a higher toilet.

Wall mounted fold-down rail.

Grab rails mounted to the wall.

Commode.

Floor fixed toilet frame for uneven arm support weight bearing.

### Fitting instructions

Double check all legs are secure, set at the same height and level on the floor.

Place around toilet with bars at front of the toilet.

Demonstrate safe use of the frame.

Re-enforce to the person that they should use both hands when transferring on/off toilet.

Observe the person demonstrating the safe use of the frame.

When using, a toilet surround with a 5cm or 10cm raised toilet seat, frame height should be raised by 5cm.

If a toilet surround is being used in conjunction with raised toilet seat, the raised seat must be checked regularly to ensure brackets remain tightly fastened.

### Care requirements

Clean the toilet surround when the toilet is being cleaned.

To clean the toilet surround it is recommended to use hot water and a soapy solution or non-abrasive cleaner.

Worn ferrules can be replaced.

Check the frame regularly for cracks.

Ensure there is no rust on the frame or at weld points.

## Static commode (Amber – under advice)



### Description

Powder-coated aluminium or steel frame with height adjustable legs and removable plastic pan and lid.

### Options:

Removable seat cover (exposes a toilet seat underneath).

Removable armrests.

Padded backrest and seat.

Bariatric. (Heavy duty).

### When to use

If a person is unable to access their normal toilet.

If a person has frequency of micturition – should be referred for medical intervention if appropriate.

For overnight use.

To facilitate continence.

When a person can transfer on and off safely and use both hands to push up from the frame.

If the person has balance problems and requires armrests for stability.

### Instructions for person

Remove seat cover and lid before use.

Place weight evenly on both armrests when transferring.

### Considerations

Positioning and placement of commode for use to ensure a person's privacy.

Check that the flooring is level and easily cleanable if possible.

Check who will empty the clean the commode after use.

Discuss how willing a person is to using the commode.

Consider social impact of the commode placement.

### When not to use

For people who have poor sitting or functional balance.

If a person tends to 'drop' themselves onto chairs as it is not floor fixed.

If a person has weakness or reliance on one side of their body.

Cannot be supplied unless assistance is available to empty and clean – consider chemical commodes.

If positioning/seat height impedes effective bowel movements.

If the person's body shape and/or weight result in an individual not being able to get all the necessary anatomy over the opening when voiding.

## Static commode (Amber – under advice) *cont.*

### Alternative options

Urinal.

Bedpan.

Wheeled shower commode.

Chemical commode (if unable to empty daily).

### Fitting instructions

Ensure a person can sit with their feet on the floor.

Optimum seat height is calf length – measure from back of knee to floor when seated.

Ensure all 4 legs are adjusted to the same height and spring clips secure the position.

### Care requirements

Clean with a damp cloth, mild soap or non-abrasive cleaner.

Check the seat and frame regularly for any damage, rust or corrosion to welded joints.

## Bathroom Products

### Handheld shower hose (Amber – under advice)



#### Description

A handheld shower head and long flexi hose enables the person to control the water while sitting down in a shower recess or when washing in the bath.

It can be permanently attached (requiring a plumber to install) into showers or to convert a bath to a shower over the bath. Self-install rubber push on tap shower head with hose can be installed over bath taps.

#### When to use

When the client sits to shower and current shower head is fixed.

When the person has difficulty reaching parts of their body to wash (back, feet, hair).

When a carer is assisting a person with showering.

#### Instructions for person

Direct the shower head away from the body while adjusting the temperature.

Do not immediately turn the tap to full pressure.

Drain water from the hose before hanging back on the bracket.

## Handheld shower hose (Amber – under advice) *cont.*

### Considerations

This item needs to be fitted and may require a plumber.

If converting a bath to a shower over the bath. Consider how to stop water going outside of the bath or across the bathroom.

Consider the shower head hose length in relation to the person's position (sitting or standing) and what other equipment may be required.

### When not to use

When electrical safety cannot be guaranteed.

If the person cannot reach the taps to turn on and off.

### Alternative options

Repositioning shower seating to a more comfortable position under the existing shower head.

Detachable rubber shower hose.

Washing with a bucket and washcloth.

### Fitting instructions

Should be installed by a qualified plumber.

Structural integrity of the wall – check whether an additional bracket can be installed.

Electrical safety – outlets, appliances or lighting may pose a hazard if in reach of spray. Additional barriers (shower screens, etc), safety switches or waterproofing of outlets may be required.

### Care requirements

Regularly check components for wear, perishing or rust.

Regularly check electrical outlets to ensure waterproofing is still sealed.

## Tap turner/ universal turner (Green – low risk)



### Description

A turner that is placed over a tap to form an enlarged grip lever which makes it easier to turn the tap.

There are various style tap turners to fit different styles of taps such as capstan, cylindrical or plastic moulded taps.

Most tap turners can be left in place on the tap and may be used by hands or arms. They are removable and an ideal short term or temporary solution to reduce effort of tap opening.

Most options are colour-coded red for hot water and blue for the cold-water tap. Additionally, some also feature hot and cold Braille symbols on each turner or an 'H' and 'C' respectively.

Universal turners can also be used for other applications such as door and stove knobs. These can usually not be left in place.

## Tap turner/ universal turner (Green – low risk) *cont.*

### When to use

Person has difficulty using existing taps due to reduced hand function or grip strength.

A person with medical conditions that requires joint protection and energy preservation.

A person who has difficulty with distinguishing hot and cold taps due to visual or perceptual impairment.

Ideal for a temporary setting such as holidays or whilst awaiting home modifications.

### Instructions for person

Fit turner onto tap by matching the style of tap to the turner.

Some options may need adjusting to fit the size of the tap.

Once fitted, push the lever to turn the tap on or off.

### Considerations

Consider use for others in the household.

Style of tap will determine the style of tap turner.

Sufficient space adjacent to tap for the turn range of extended lever.

If the person may be at risk of scalding when using the hot tap as it is easier to turn and use and the flow may be faster than usual.

May require a plumber if existing tap wear not working well or need washers replacing.

### When not to use

Insufficient space around the tap for lever range.

### Alternative options

Non-slip material such as dycem can be used to turn the tap.

More permanent option – lever taps to replace existing taps that person has an ongoing.

### Fitting instructions

Fit and trial full range of tap opening to ensure that it opens fully and is not restricted by adjacent walls or fixtures.

Observe person using aid.

### Care requirements

Clean with a damp cloth, mild soap or non-abrasive cleaner.

Some options have a non-slip strip inside to grip onto the tap, which may need replacing over time.

## Bath products

### Bath seat (Red – prescribed)



#### Description

Plastic slatted bath seat with suckers on each leg to allow the seat to be secured to the bottom of the bath for stability. Comes in a range of heights to bath depth and individual needs. May be used in conjunction with a bathboard to transfer into the bath and/or with grab rails.

#### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

#### When to use

Useful for people who can transfer into the bath but have difficulty getting up from a seated position or have difficulty sitting down fully in the bath.

Can be used in conjunction with a shower board and grab rails.

Used to assist a person who does not have the option of a shower or for when a bath is required for personal or health reasons.

#### Instruction for use

Holding onto the side of the bath, board if used, side of the seat and/or the rail gently lower your bottom onto the seat – this depends on the user's upper limb strength and ability to use both arms especially when using a lower seat.

When seated straighten knees so they extend in the bath.

Before starting to come out of the bath, drain water and then reverse the process, including the person drying themselves and the bath sides before getting out.

Place feet in front of the bath seat, and holding onto the sides of the bath or rail.

Ensure that one or both hands are on the side of the bath, or rail prior to transferring from seat to standing.

#### Considerations

If the person is only using a bath seat, check that they are able to step over the side of the bath and lower and raise self from seat.

If the person is to use the seat with a board, check whether they can lift themselves from the seat to the board using their arms and legs to weight bear through.

Length of bath and room for persons legs once seat is in position.

Check whether bath rails should also be recommended.

Risk of entrapment in the openings on the bath seat, including fingers, loose skin or lower body parts.

## Bath seat (Red – prescribed) *cont.*

### When not to use

Unsuitable for people with poor sitting balance and with limited range of movement in hips/knees.  
If the person does not have good upper limb strength to raise and lower on and off the seat.  
If the person is unable to transfer into/out of the bath tub (including when using a bathboard).  
If the bath surface has a textured surface that prevents suckers from adhering.

### Alternative options

If unable to attach to the floor of the bath, consider a side hung bath seat.  
Using a bathboard and tap attached shower hose.  
Strip wash by the basin.

### Fitting instructions

Ensure bath surface is clean and dry before attaching.  
Position bath seat in front of bathboard.  
Suction cups should fit securely to the bottom of the bath.  
Should be used in conjunction with a non-slip bath mat.

### Care requirements

Check rubber stoppers regularly.  
Check seat and frame regularly for cracks.  
Clean with a damp cloth and non-abrasive cleaner.

## Bathboard (Red – prescribed)



### Description

Plastic slatted bath board that rests on the rim of the bath with brackets underneath to allow the board to be secured tightly against the side of the bath for stability. It comes in a variety of widths and lengths to suit a range of baths.

### Options:

Handle.  
Slatted, moulded or perforated surface.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

## **Bathboard (Red – prescribed) *cont.***

### **When to use**

If person is unable to weight bear and therefore unable to use shower over bath

When a person is unable to independently and safely step in/out and/or rise from the bath.

If the person has a shower over the bath and needs to sit to transfer legs in/out of bath as well as enable them to bathe in a seated position.

Can be used with bath seat to allow user to lower into water in 2 easy stages by transferring weight from board to seat.

### **Instructions for person**

To get into the shower:

Turn until bottom faces side of bath with board directly behind you.

Sit down centrally on the side of the board, with feet on the floor.

Slide or shuffle backwards on the board, turn to hold the handle or grab rails (if available) lift legs over the hob/bath one at a time.

Reposition yourself into the middle of the board.

To get out of the shower:.

Holding onto the handle or rails, shuffle with feet on non-slip bathmat across to the edge of the bathboard.

Lift legs over the edge one at a time.

Swivel around to sit at 90° to the bath, shuffle forward and ensure both feet are flat on the floor before standing-up.

### **Considerations**

Is the person able to sit on the board and lift legs over the side of the bath?

Is the bath rim/edge wide enough to accommodate the bath board, especially on wall side?

Is it an acceptable solution for the person?

Check that the bath board does not overhang the bath side.

Can the person get on and off the board safely and has appropriate sitting balance?

Check whether bath rails should also be recommended.

## **Bathboard (Red – prescribed) *cont.***

### **When not to use**

Unsuitable if a fixed shower screen is in situ.

Unsuitable for people with poor sitting balance.

If the person does not have enough exercise tolerance, upper and lower limb strength to use safely.

Check if the person has fragile or broken skin especially on the lower body – sliding on bath/shower boards can cause friction.

Can be unsuitable for fitting in some sculpted baths or those with scalloped tops.

Standard bath boards may not be suitable for corner baths.

Use with caution following total hip replacement – ensure clear instructions are given to prevent flexion beyond 90 degree at hip or twisting movements on operated leg. If bath handles are higher than the side of the bath, this may impede use of bath board.

### **Alternative options**

Transfer bench.

Grab rails only.

Use in conjunction with a bath seat and shower head tap attachment.

Rehabilitation – strength and balance, alternative techniques.

### **Fitting instructions**

Position so the handle is against the wall.

Do not over-tighten screws/fastenings.

Should be used with a non-slip mat in the bath.

May be used in conjunction with:

Grab rails.

Hand-held shower head.

Non-slip mat.

Leg lifter.

Bath seat.

### **Care requirements**

To clean, remove from the bath and wipe with a damp cloth and non-abrasive cleaner.

Check screws/fastenings regularly.

## Swivel bather (Red – prescribed)



Occupational therapy risk assessment is indicated due to risk of injury and body part entrapment.

### Description

Rotating plastic seat with back and arms and small drainage holes attached to a coated aluminium or stainless steel frame with locking mechanism designed to assist a person to transfer into a shower over the bath.

It has adjustable widths to fit to different bath sizes.

### When to use

Person is unable to use bath board, shower board or bath seat, independently or with assistance to access over bath shower.

The service user is unsafe transferring in/out of the bath independently.

A strip wash is unsafe or inappropriate.

Carer assisting the person is unable to do so safely and a manual handling risk has been identified.

The person requires additional back support.

The person should have adequate hip mobility to facilitate safe use of equipment.

Person is able to lift their legs over the bath edge.

### Instructions for person

Should be used in conjunction with a non-slip mat.

Swivel the seat to face the side of the bath and lock into position - The user can now be seated.

Unlock the seat by lifting the locking lever and transfer legs over the side of the bath.

Lock the seat when over the bath for extra security while washing or showering.

To get into the shower:

Turn the swivel bather so the front of the seat is in line with the side of the bath.

Lock into position.

Holding the armrests, sit down and shuffle back into the chair.

Release the lock, then slowly turn the chair, lifting legs over the side of the bath one at a time until facing the front of the bath.

Lock the seat into position again.

Once seated comfortably, the person may stand to adjust taps, etc.

To get out of the shower:

Holding onto the handles, unlock the swivel mechanism.

Slowly turn the seat toward the edge of the bath, lifting legs over the edge one at a time.

Once sitting at 90° to the bath, lock the swivel mechanism, shuffle forward and stand-up when ready.

## Swivel bather (Red – prescribed) *cont.*

### Considerations

Has the bath enough ledge (minimum 3cm) on either side for the bather to rest on to achieve a safe and secure fitting?

Is the person tall enough to sit safely on the seat with feet flat on the floor to stand up?

Can the person slide to the back of the seat to position themselves ready to use the bather or slide forward to facilitate standing up?

Client's strength and postural stability to turn the chair.

Consider impact on others in the household.

### When not to use

A secure and safe fitting cannot be achieved.

The person cannot demonstrate a safe transfer using the equipment.

When the person's feet are unable to touch the floor while sitting in the chair.

When cognitive deficits will impact the person's ability to use the equipment safely.

When the person does not have the coordination to lift legs and turn the chair at the same time.

### Alternative options

Transfer bench.

Adjustable width swivel bather.

Swivel bather for corners baths.

Heavy duty swivel bather for users over 127kg.

Bath lift.

### Fitting instructions

Position forward enough for the person to reach the taps.

Position far back enough to allow room to swing legs into the bath.

Be aware of the position of shower head, screen and controls, along with the length of hose and management of shower curtain in relation to the board.

May need to be used with a bath step to enable the person to touch the floor.

Possibility of entrapment of body parts in the turning mechanism or drainage holes.

### Care requirements

Check seat and frame regularly for cracks.

Clean with a damp cloth and non-abrasive cleaner.

## Transfer bench (Red – prescribed)



### Description

Height adjustable, coated aluminium or stainless steel with long seat.

Rubber stoppers on outside legs, suction cups on shower legs.

### Options:

Padded seat.

Backrest.

Handle on either left or right-side.

Bariatric (heavy duty).

Aperture or commode-style seat for easier personal hygiene.

The integral sliding seat option is not recommended. Be aware of entrapment of body parts if in situ in a person's home.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

### When to use

Roman bath.

Over-bath shower.

Shower hob with an outside floor depth discrepancy,.

When a seated bath/shower transfer is needed and a bath board is not feasible,.

When the person feels insecure with using a bathboard and requires a more substantial seat and stable support for moving over the bath/hob edge.

Bariatric clients where the safe loading weight of a bath board is insufficient.

### Instructions for person

To get into the shower:

Sit on the end of the seat outside the shower.

Shuffle bottom across to the centre of the seat.

Holding the handle, lift legs over the side of the shower one at a time.

Shuffle bottom further across to sit comfortably against the back rest.

To get out of the shower:.

Holding onto the handle, shuffle across to the side closest to the edge of the bath.

Lift legs over the edge one at a time.

## Transfer bench (Red – prescribed) *cont.*

### Considerations

Confusion or dementia may impact safety and sequencing of movement.

Progression of the person's condition.

Hip strength and mobility.

Skin integrity – there is an element of shearing when moving along the seat. Opt for a padded version to reduce this effect.

Ease of use for the carer.

Other bathroom users.

Sufficient dynamic sitting balance to coordinate righting the trunk as the person coordinates moving along the seat.

Sufficient door or bath edge clearance space to allow for a seated transfer and lifting legs or feet over the shower hob or bath edge.

### When not to use

If the base of the bathtub is at risk of puncture (thin plastic).

If a person has poor trunk control and upper body strength.

If a person is not able to weight-bear through their arms to move themselves along the bench.

### Alternative options

Swivel bather.

Bathboard.

Grab rails only.

Rehabilitation – strength and balance, alternative techniques.

### Fitting instructions

Position the seat half-in and half-out of the bathtub or shower recess with handle on the wall-side.

Adjust the inner and outer legs in order to create a level seat area.

May be used in conjunction with:

- Grab rails.
- Hand-held shower head.
- Non-slip mat.
- Leg lifter.

### Care requirements

Check rubber stoppers regularly.

Monitor for any rust.

Check seat and frame regularly for cracks.

Clean with a damp cloth and non-abrasive cleaner.

## Shower products

### Standard shower chair (Amber – under advice)



#### Description

Coated stainless steel or aluminium frame, with height adjustable legs, non-slip rubber feet and plastic moulded shell seat with drainage slots.

#### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

#### When to use

For people who have poor exercise or standing tolerance.

To support a person with a medical condition where fatigue is predominant.

To support a person who is unable to weight bear.

When a person experience dizziness, or struggles to reach up and safely wash their own hair or reach the feet when standing.

Person is able to transfer in and out of the shower stall.

#### Instructions for person

To sit on shower chair use standard method for a chair:

Approach the seat and turn to back up until back of knees touch the seat.

Put hands onto chair arms prior to sitting down in a controlled manner.

To get up:

Move forward in the seat and lean forward until head is above the knees.

Leading with the head, push up with the arms and legs until upright.

Take hold of walking aid if used, with one hand then 2 hands, move away from the chair once standing balance assured.

## Standard shower chair (Amber – under advice) *cont.*

### Considerations

Check the space available in the shower cubicle to fit a shower chair and the person.

Check the type of shower tray and how even the shower flooring is.

Consider the social impact and who else uses the shower.

Orientation/position of shower controls and screens to person to accommodate easy use and space to wash effectively.

Check seat width and depth will accommodate the person's body shape to ensure personal hygiene can be completed.

Consider the person's lower body skin condition and risk of injury using plastic seating with/without holes.

### When not to use

If a person has poor sitting balance or one sided weakness.

If the person is very thin or has skin/tissue problems.

In a bathtub.

Insufficient circulation space.

If shower floor is at risk of puncture (plastic shower cubicle unit).

### Alternative options

Shower stool

Transfer bench

Drop-down shower seat

Wheeled commode

Corner Shower stool.

### Fitting instructions

Ensure a person can sit with their feet on the floor.

Optimum seat height is calf length – measure from back of knee to floor when seated.

May be used in conjunction with grab rails in the shower.

Ensure all 4 legs are adjusted to the same height and spring clips secure the position.

Splayed legs may pose a tripping hazard.

Ensure lighting is adequate to see position of frame legs.

### Care requirements

Check rubber stoppers regularly – can be replaced if cracked.

Monitor for rust.

Check seat and frame regularly for cracks or welding breakdown.

Clean with a damp cloth and non-abrasive cleaner.

## Shower stool (Amber – under advice)



### Description

Coated aluminium or stainless steel frame with non-slip rubber feet. Shower stools come in a wide variety with height-adjustable legs.

### Alternative options

With or without armrests.

Padded seat.

Corner Shower stool.

Aperture for easier personal hygiene.

Bariatric (heavy duty).

Added backrest.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

### When to use

When the shower space will not fit a shower chair.

For people who have poor exercise or standing tolerance.

To support a person with a medical condition where fatigue is predominant.

When a person experience dizziness, or struggles to reach up and safely wash their own hair or reach their feet when standing.

Person is able to transfer in and out of the shower stall.

### Instructions for person

Using shower stools:

Be aware that the short arms are often too low to use during sitting down.

When getting up the arms must be leaned on with both hands to avoid tipping.

Often used in conjunction with the grab rail.

To sit on shower stool:

Approach the seat and turn to back up until back of knees touch the seat.

Grip grab rail if used prior to sitting down in a controlled manner.

To get up:

Move forward in the seat and lean forward until head is above the knees.

Leading with the head, push up with the arms and/or legs until upright.

If using a walking aid, on pushing up from the shower stool, take hold of the walking aid with one hand, then both hands, move away from the chair once standing balance is assured.

## Shower stool (Amber – under advice) *cont.*

### Considerations

Check the space available in the shower cubicle to fit a shower stool and the person.  
Check the type of shower tray and how even the shower flooring is.  
Consider the social impact and who else uses the shower.  
Orientation/position of shower controls and screens to person to accommodate easy use and space to wash effectively.  
Check seat width and depth will accommodate the person's body shape to ensure personal hygiene can be completed.  
Consider the person's lower body skin condition and risk of injury using plastic seating with/without holes.  
If back support is required consider addition of a back support or use a shower chair.

### When not to use

In a bathtub.  
Persons with poor sitting balance and trunk control.  
Insufficient circulation space.  
If shower floor is at risk of puncture (e.g. plastic shower cubicle unit).

### Alternative options

Shower chair.  
Transfer bench.  
Drop-down shower seat.

### Fitting instructions

May be used in conjunction with:  
Grab rails.  
Hand-held shower head.  
Non-slip mat.  
Splayed frame legs may pose a tripping hazard.  
Ensure lighting is adequate to see position of frame legs.

### Care requirements

Check rubber stoppers regularly.  
Monitor for rust.  
Check seat and frame regularly for cracks and welding breakdown.  
Clean with a damp cloth and non-abrasive cleaner.

## Support Products

### Bed Equipment

#### Bed transfer rails and bedsticks (Red – prescribed)

Occupational therapy risk assessment is indicated due to risk of injury and entrapment that could occur. Clinical consideration to be documented in choosing and positioning bed supports.



#### Description

Metal rails, which slot between the bed base and the mattress to aid transfers in and out of bed.

The rails are held in place by the person's weight and mattress but can be secured with straps if required.

There should always be a central bar to avoid the risk of entrapment.

Solid base bedrail with straps should be used with slatted beds.

Opt for the bed stick with:

Smallest possible opening.

Integral horizontal hand grip rail which reduces the risk of entrapment and increases functionality.

A bed stick that can be attached to the bed frame by straps or a clamp or that can be adjusted to fit the width of the bed.

A variety of styles are available to suit different bed types:

#### Adjustable width chrome bed stick

Suitable for a divan style/solid base bed.

Adjustable width to fit single/double beds with a handle on each end.

If the bed is shared, the one end could be turned down. Consider safety of other bed user in this case.

#### Bed Support Stick

Floor mounted versions are also available. Floor mounted options increase the risk of tripping on floor base and should be avoided.

#### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

## Bed transfer rails and bedsticks (Red – prescribed) *cont.*

### When to use

To assist the person to manoeuvre in bed – can be used to assist turning and to assist the less mobile user to sit up in bed.

If a person requires additional support to stand up from a seated position on the edge of the bed.

When the person has sufficient strength to lift legs into the bed.

### Instructions for person

To get into bed:

With the back of the legs against the bed, hold onto the rail and sit on the edge of the bed.

Still holding the rail, shuffle the bottom back toward the centre of the bed.

Holding the rail, turn the head toward the pillow and leaning back, lift the legs onto the bed.

To get out of bed:

Hold onto the rail to sit up in bed.

Turn the body to move the legs off the side of the bed.

Holding onto the rail, shuffle forward to sit on the edge of the bed.

Still holding the rail, push down to stand upright.

Stand up straight, let go of the bed rail and get your balance before walking away.

### Considerations

*Please refer to the bed rail risk management and clinical considerations.*

Ensure bed is suitable to fit bed rail.

Is the bed a divan base or slatted base? Establish if straps are required.

Check the person has some degree of upper body strength and mobility.

Does the person have sufficient sitting balance?

Check that access to bedside table is not be impeded.

Access to under bed drawers should be considered.

Whether another person sleeps in the same bed. If using the double-ended “bedstick”, consider turning one end over to face downwards. Ensure this does not pose any harm to the other person with bed transfers.

Width of the opening between vertical sections of rails. Ensure the opening width is not too great that it may increase the effort to reach the rail.

Too wide opening could also result in entrapment for clients who with limited safety or perceptual awareness.

Consider sufficient bed rail protectors reduce the risk of entrapment.

Daily monitoring of bed stick position.

## Bed transfer rails and bedsticks (Red – prescribed) *cont.*

### When not to use

These are only transfer aids and should not be used to prevent someone falling out of bed. If this is the issue, then consider if bed rails are appropriate.

A bed stick only offers limited support when transferring from sitting on the edge of the bed to standing if it is not strapped on.

Not suitable for profiling and adjustable beds or to use with pillow lifters or mattress raisers.

Unsuitable if the bed has 2 mattresses (i.e. pressure mattress which raise the level of the surface of the bed).

As a restraint or as an alternative to safety rails.

If the person has postural or cognitive deficits which may put them at risk of entrapment between the bed stick and mattress.

If the risk of injury cannot be managed and outweighs the functional benefit of the bed stick.

If there is no means of summoning help from the bed side.

It should not be used in circumstances where there is a gap between the bed stick and the mattress, or potential gap if the rail or mattress moves due to possible risk of entrapment.

### Alternative options

Rehabilitation and strengthening to improve independence.

Grab rails or drop-down rails on the wall by the bed.

### Fitting instructions

Risk of entrapment should be considered, and the position of the rail should allow a gap of less than 60 mm or more than 250 mm at the top of the bed.

Lift or remove the mattress from the bed and place the rail against the inside of the bed base or frame. The handle should be placed at bottom edge of pillow where the user can easily grasp it from a lying position. Fix straps if required.

Replace the mattress and ensure the rail is sitting securely.

The force required to dislodge any type of bed rail is dependent on the size, type and weight of mattress.

Observe person demonstrate safe use of equipment.

Bed stick is placed under the mattress and tight against it to prevent the risk of entrapment.

Type of rail will be dependent on the type of bed.

Double-ended rails are not suitable for slat-base beds.

Slat-base beds – consider a solid-base rail or clamp-on options.

Taller rails may be required for deeper mattresses.

Soft-sprung divan bases may not support under-mattress rails. Rails mounted on the floor or under the bed legs.

Electrically powered beds – consider floor/wall mounted or integral frame fixed transfer rails that are optional with most models.

### Care requirements

Check straps or fixings regularly.

Check daily that the bed stick is always positioned as close to the mattress edge as possible.

## Bed rails (Red – prescribed)



Occupational therapy risk assessment is indicated due to risk of injury and entrapment that could occur. Clinical consideration to be documented in choosing and positioning a bed rail. Other strategies and assistive technology should be considered prior to opting for bed rails.

### Description

Fixed tubular metal frames or mesh covered frames which fit to both side of the variable height or profiling bed frame to prevent a person falling out of bed or to increase a sense of safety whilst in a bed. Bed rails can raise a person's awareness of the boundaries of a bed and can offer support for bed mobility.

A manually operated mechanism lowers/raises the rail.

### Weight restrictions

Bedrails are not intended as a moving and handling aid and should not be used as such.

### When to use

The person is at risk of accidentally slipping, sliding, falling or rolling out of a bed.

The person communicates the need for a rail to increase their sense of security whilst in bed.

To offer a clear bed boundary to the client. This could be in the case of changing from a double to a single bed.

When the person has sufficient cognitive ability in the safe use of bed rails.

### Instructions for person

This will depend on the set up of bed rails. If used in combination with a bed stick, please see bed stick instructions.

Please refer to manufacturer's instructions for fitting and use:.

Hold onto the rail to sit up in bed.

Turn the body to move the legs off the side of the bed.

Holding onto the rail, shuffle forward to sit on the edge of the bed.

Still holding the rail, push down to stand upright.

Stand up straight, let go of the bed rail and get your balance before walking away.

### Considerations

*Please refer to the bed rail risk management and clinical considerations for a full list.*

Side rails can pose a risk of serious injury, for example if part of the body gets trapped between them. Thus it is essential that care is taken when selecting, positioning and adjusting the rails and also when choosing or changing the type of mattress to be used in a bed with rails so as not to put the user at risk. The need for mattress in-fills may be considered to avoid gaps.

There may be a risk of entrapment between the bed and rail where drop down rails are used.

Bumpers should be used for service users who are assessed as requiring bedrails, but who are at risk of striking their limbs or of entrapment.

## Bed rails (Red – prescribed) *cont.*

### Considerations (*cont.*)

Where 'Overlay' pressure mattresses are used it must be insured that the combined height of the standard mattress plus the overlay does not render the bed rail too low as to be ineffective against the user falling out of the bed.

Assess a person's cognitive ability to maintain safety awareness around the use and purpose of bed rail. Evidence this with completing a cognitive screen and clear rationale.

Progression of the person's condition and medication that could impair their safety awareness.

Ability of the person and/or carer to use and maintain equipment and equipment position.

Padding or removable rail protectors can reduce the risk of injury on rails.

Quarter and half rail options are available and should first be considered prior to full length rails.

A combination of a bed rail on one side and bed stick or quarter rail (transfer rail) on the side the person prefers to transfer. This still offers a sense of safety but also offers a supported transfer without the person feeling 'enclosed'. This is a good set-up for clients who live alone.

### When not to use

If there is an alternative solution or strategy such as increasing strength and control, changing the height of the bed which would address the risk of falls or difficulty with bed mobility.

If risk of injury or entrapment on bed rails cannot be managed or sufficiently be reduced.

Bedrails should not be issued if the person is sufficiently agile and/or sufficiently confused, to climb over them.

If the person lacks cognitive capacity, staff have a duty of care and must decide if rails are in the person's best interest.

### Alternative options

Bed bumpers to create a soft, clear bed boundary.

Falls mat to reduce the impact should a fall occur (consider that these could also be a trip hazard).

Increased carer monitoring initially if the person has changed to a single bed.

Lowering the bed (electrically powered beds) to reduce impact should a fall occur.

Falls sensors for increased monitoring.

Portable removable with a fixed length and portable removable with adjustable length.

Fixed to bed frame, usually with electrically operated beds.

Height adjustable, coated aluminium or stainless steel with long seat.

### Fitting instructions

Ensure that there are no gaps between the mattress and bed rail. Check not only between the side of the mattress but also any gaps at the head and foot of the bed.

Consider sufficient clearance of the rail over the mattress in case of extra thick mattresses.

Slatted bed frames may require a solid bed rail base or consider a shorter clamp-on rail, if feasible.

### Care requirements

Daily monitoring of the bed rail positioning is essential by the client or carer.

Provide clear written instructions to the client as to the purpose and use of the rail as well as consent to the rails being fitted.

Check straps or fixtures regularly.

## Self-help poles (Red – prescribed)



Occupational therapist or physiotherapist assessment is indicated.

### Description

Also known as: lifting pole/ monkey pole/ goose neck

Fixed tubular metal frames or mesh covered frames. Over bed metal lifting frame with adjustable length webbed strap and plastic handle that suspends over the bed.

Can be either free-standing or attached to the bed.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

### When to use

Designed to assist a person to move up and down the bed, lift parts of the body off the bed and move from lying to sitting.

Use if there is no other suitable alternative to support bed mobility.

The person has difficulty with bed mobility and fit the considerations.

The person has good upper limb strength and control to lift parts of the body using the pole.

The person or their carer are cognitively intact and able to understand the equipment's use.

### Instructions for person

Use the strongest arm to hold the handle.

To sit up, hold onto the handle with palms facing the head of the bed.

To lift the bottom, hold the handle with palms facing the foot of the bed.

Hook the handle on the frame when standing to reduce risk of hitting the head.

### Considerations

Consider other solutions prior to recommending a bed pole as it requires substantial upper limb strength and control and could cause joint injury if not used correctly.

Sufficient upper limb strength and trunk control.

Careful consideration should be taken as it could increase wear and tear on shoulder joints.

Weight limit of the equipment – beware of excessive bending of the overhead pole.

Other equipment that may be used in combination, e.g. bed rails.

Whether another person sleeps in the same bed.

## Self-help poles (Red – prescribed) *cont.*

### When not to use

Severe cardiac problems.

Severe chest problems.

Upper limb girdle dysfunction e.g. Rheumatoid Arthritis, Muscular Dystrophy.

Severe hemiplegia.

Where there is any possibility of shoulder dislocation or spinal strain.

The person has existing upper limb weakness, joint injury or pain.

Weight exceeds the weight limit of the equipment.

Skin integrity and pressure relief concerns due to increased shear and friction.

The person has cognitive deficits which may make understanding difficult.

To get on and off the bed – the equipment is designed for bed mobility, not transfers.

### Alternative options

Powered bed.

Bedrail.

Bed ladder.

### Fitting instructions

Lengthen or shorten the chain to enable the person to reach easily.

Type of bed – appropriateness of floor- or bed-mounted.

### Care requirements

Check regularly for broken chain links or cracks in the handle or frame.

Check for rust or loose fixtures.

## Bed cradle (Red – prescribed)



Occupational therapy risk assessment is indicated due to risk of injury and entrapment that could occur. Clinical consideration to be documented in choosing and positioning a bed cradle.

### Description

Fixed tubular metal frame, which fits between the base of the bed and the mattress to raise a persons bedding away from the lower body in order to relieve pressure.

### When to use

When the person has conditions, which predisposes them to pain, discomfort or injury due to pressure and weight of the bedclothes – e.g.: peripheral neuropathy, diabetes, foot and leg ulcers, open wounds, or restless leg syndrome.

## Bed cradle (Red – prescribed) *cont.*

### Instructions for person

Refer to installation instructions as models vary.

Using a top-sheet may not be practical unless a larger size is purchased.

### Considerations

Check whether the person moves down the bed during the night.

Whether another person sleeps in the bed.

Who will make the bed and are they able to negotiate around the bed cradle.

Check compatibility of bed and bed cradle – cannot be used on certain beds e.g. those with a wooden slatted base.

Consider that cradle may impede access to bed for person and/or carer.

### When not to use

Not to be used as an aid to prevent a person falling out of bed.

Not to be used with a mattress variator or profiling beds.

Not to be used as a moving and handling aid.

Must not be positioned to impede transfers out of bed.

If the person is likely to slide down the bed during the night.

If the person has cognitive impairment which may impact the ability to understand the purpose of the equipment or increase risk entrapment.

### Alternative options

Lightweight bedclothes.

Bedroom heating so heavy bedclothes are not required.

### Fitting instructions

Best practise would be to fit the bed cradle to the end of the bed.

For slatted base beds, at the end of the bed.

Fitting to the side of the bed should be avoided. Consider the impact on transfers in and out of bed.

Follow manufacturer's instructions.

### Care requirements

When changing bed linen, inspect the frame for cracks or damage .

## Bed raisers (*individual*) (Green – low risk)



### Description

Fixed tubular metal frames or mesh covered frames over plastic blocks designed to raise the height of a bed (or chair).

They come in a range of different heights.

Blocks can be stacked to increase or decrease height.

Bed legs or castors sit in the top indentations.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

### When to use

When a person has difficulty rising from or controlling their descent onto the side of the bed. This can be due to restricted joint movement, weakness or general debility.

The need to raise a bed in order to achieve a safe working height for a sole carer.

When the bed has legs or castors narrow enough to fit into the indentations.

### Considerations

Weight of the person and weight capacity of the equipment.

Others in the household using the bed.

Are the bed legs suitable to attach the raising unit to?

Bed corners don't inhibit use of the raisers.

Compatibility issues with other equipment or furniture i.e. hoists, additional pressure relieving mattresses raising the height of the bed base.

Users should be aware that drawers in divan bases will not be able to be used as they may de-stabilise the bed.

### When not to use

When bed is next to a heater, as the heat will soften the plastic.

When the bed has legs that do not fit into the indentations (e.g. thick wooden block legs; beds without feet or castors).

When the person can no longer get their feet on the floor.

Method of transfer (e.g. unevenly leaning heavily to one side).

Beds in an unsafe condition.

If the bed is frequently moved.

### Alternative options

Purchase a higher bed.

Powered bed to raise and lower.

# Mobility Products

## Walking aids

The first time a walking aid is issued, a physiotherapy assessment and prescription request should occur. Other allied health professionals can generally request a like for like replacement if no functional changes have occurred since original prescription. A physiotherapy referral is advised if uncertain.

## Forearm / elbow crutches (Red – prescribed)



Physiotherapy prescription is indicated for first issue or change in functional abilities.

### Description

Lightweight forearm crutches that are height adjustable at both the cuff and handgrip. Features a moulded semi-circle cuff and ergonomically shaped, moulded handgrips. Available in three sizes: small, medium, large.

### When to use

Short term application during post-surgery recovery to reduce weight bearing on an affected leg. Mobility rehabilitation progression.

Long-term users where the person does not need the full support of a frame, but still requires bilateral / unilateral support for safe mobility.

To allow access to smaller environments or steps and stairs where a frame could not fit. If considerations are met.

### Instructions for person

Physiotherapist to indicate method of use as per injury precautions or functional need.

Adjust the handgrip of each forearm crutch to the height of the wrist crease by using the spring buttons at the bottom end of the crutches.

Adjust the placement of the cuff on the forearm crutches before you begin to walk with them. Use the spring buttons on the upper half of each crutch to adjust the cuffs to approximately 10cm below the elbow bend.

Turn the collar to secure the cuffs so that they will not move around as you walk.

Grab the handgrip of the crutches, one in each hand, while placing the cuffs on each forearm. The cuff is shaped like a u; the open end of the u should face outward.

### Considerations

Safe load capacity, weight and size/dimensions of user, correct length of crutch.

Person's ability to learn and coordinate method of use safely.

Terrain – person needs to be taught and practice using crutches outdoors, indoors, steps, stairs if appropriate.

Be aware of hazards including wet floors, uneven surfaces, wet leaves, and ice and carrying too many bags.

Remove any loose mats and rugs to prevent tripping.

## Forearm / elbow crutches (Red – prescribed) *cont.*

### Considerations (*cont.*)

Make sure lighting is adequate around the house.

Wear flat supportive shoes that fit well.

Sufficient dynamic balance for bilateral opposed to antero-medial support.

Upper body strength, range of motion and hand and wrist health could indicate style of grip.

Upper limb joint over-use and injury risk or history.

Storage and access when needed.

### When not to use

If considerations cannot be met.

If unable to stand independently or transfer from sit to stand independently.

If the person has limited learning or conceptualisation ability.

### Fitting considerations

Measurement as per instruction by physiotherapist.

The person should be standing as upright as possible.

The elbow should be bent to 15 degrees and the distance from the crease of the wrist to the floor at 15cm to the side of the heel.

### Care requirements

Regularly check ferrules (rubber stoppers) on the bottom to see if they have worn smooth or split.

Regularly check walking stick for bends, elongated adjustment holes or loose handles.

Ensure there is no rust on the frame or at weld points.

Clean with a damp cloth, mild soap or non-abrasive cleaner.

## Walking stick/single point sticks/ canes (Red - prescribed)



Physiotherapy prescription is indicated for first issue or change in functional abilities.

### Description

Wooden or lightweight steel/aluminium, height adjustable stick with ergonomically shaped, moulded handgrips for left or right hand use.

Available in various sizes and styles: quad sticks, tripods, single walking sticks to offer various levels of stability.

### Features

Tripods and quad sticks features:

Swan neck, rubber handle grip and different leg configurations - rectangular, offset or wide offset.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

## Walking stick/single point sticks/ canes (Red - prescribed) *cont.*

### When to use

A stick provides a basic level of support and is designed to assist with balance and/or decrease weight on an affected leg. It can offer a sense of safety to a person who has reduced confidence with mobility.

Selected when someone has good balance and just a small amount of support is needed. The person will normally be able to support most of their weight.

Short term application during post-stroke recovery to enable more weight-bearing through the unaffected upper and lower limb.

Mobility rehabilitation progression.

Long-term users where the person does not need the bilateral support but still requires support for safe mobility or confidence.

If considerations are met.

### Instructions for person

Wear your usual shoes and stand in an upright natural position.

Adjust the handgrip of the stick to the height of the wrist crease by using the spring buttons on the stick.

Once adjusted, hold the stick in the hand opposite to the injured leg.

Place the stick close by your side in such a way that the tip remains a few inches from the body. No need to stretch out as it can result in loss of balance and control.

Maintain an upright natural posture while walking, supporting the weight bearing of the affected limb.

Physiotherapist to indicate method of use as per injury precautions or functional need.

#### **If using one stick for pain or weakness.**

Hold a walking stick in the opposite hand to the weak or painful leg.

Always move the stick forward first followed by the weak or painful leg, then the other leg.

#### **If using a walking stick for balance.**

Hold the stick in the most comfortable hand.

Always move the stick forward first then the opposite leg.

Do not place the stick too far in-front or too far out to the side.

Do not carry the stick in the air as this is unsafe and service users may be at risk of falling.

#### **Getting up from a chair.**

The stick should be near the arm of the chair and never left on the floor while not in use.

Lean forward, place hands on the arms of the chair and push up to stand. Some users can hold the stick in their hand while pushing up from the arm of the chair.

Take a firm hold of the stick - Pause before moving off.

#### **Sitting down on a chair.**

When returning to the chair, the person should turn until they feel the chair on the back of both legs.

They should put the stick down close to them. Place their hands on the arms of the chair, bend forward and slowly lower themselves into the chair.

#### **Stairs.**

If stairs have a secure handrail, hold onto it for safety.

When a stair rail is used in addition to the stick the stick should be in the opposite hand to the rail regardless of which hand the stick is usually held in.

## Walking stick/single point sticks/ canes (Red - prescribed) *cont.*

### Instructions for person (*cont.*)

NOTE: This could be an issue for users with no use of the other hand.

Where possible go up and down the stairs normally.

A person should only attempt the stairs alone if they feel safe, otherwise they should ask someone to help them. If this is the case they should be assessed by a physiotherapist.

#### **Upstairs.**

Step up with the good leg, then with the affected leg onto the same step.

The stick is the last to move up level with their feet.

#### **Downstairs.**

First place the stick safely on the lower step keeping it away from the edge.

Step down with the affected leg.

Follow with the good leg onto the same step.

Service users should make sure they place the whole foot onto the step.

Person should always take their time.

### Considerations

Safe load capacity, weight and size/dimensions of user.

Person's ability to learn and coordinate method of use safely.

Terrain – person needs to be taught and practice using crutches outdoors, indoors, steps, stairs if appropriate.

Sufficient dynamic balance for unilateral support.

Upper body strength, range of motion and hand and wrist health could indicate style of grip.

Upper limb joint over-use and injury risk or history.

Storage and access when needed.

Remove any loose mats and rugs to prevent tripping.

Make sure lighting is adequate around the house.

Wear flat supportive shoes that fit well.

Be aware of hazards including wet floors, uneven surfaces, wet leaves, and ice and carrying too many bags.

### When not to use

If considerations cannot be met.

Following orthopaedic surgery/not post-stroke.

### Fitting instructions

Measurement as per instruction by physiotherapist.

The person should be standing as upright as possible.

The elbow should be bent to 15 degrees and the distance from the crease of the wrist to the floor at 15cm to the side of the heel.

## Walking frame (Red – prescribed)



Physiotherapy prescription is indicated for first issue or change in functional abilities.

### Description

Metal, height adjustable walking frame with hand grips. Available in youth, narrow (petite), standard and large widths.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

### When to use

Walking aids can assist with balance, reduce fatigue or pain and facilitate a safe walking pattern.

Where more support than a stick or crutches is required.

When crutches are inappropriate.

### Instructions for person

Height adjustment to be indicated by health professional.

Place weight evenly on both armrests when pushing.

Walk into the frame ensuring not to position the frame too far forward to prevent loss of balance.

Frame is for support, encouraging healthy posture and gait pattern.

### Considerations

Should only be used on one level indoors. A second frame can be issued for upstairs .

Check there are no thick pile carpets, rugs or door thresholds that may affect ease of manoeuvring the frame around the property.

Ensure enough space around furniture for safe access.

Safety and body awareness of the person. To keep the frame within a safe reach and maintain a natural gait pattern.

Challenging to carry items with a frame. Consider a frame caddy or bag to store or transport light items.

### When not to use

If considerations cannot be met.

### Alternative options

Gutter frame armrests can be added for clients with limited hand function, postural control or pain.

Addition of ski-feet rather than wheels when client is observed to have difficulty lifting frame or pushing wheels over carpeted areas of home.

## Walking frame (Red – prescribed) *cont.*

### Fitting instructions

Measure the widest part of the walking frame and compare this measurement with narrowest door width to ensure safe access.

Person should be able to move in all directions with frame without the frame causing exertion.

### Care requirements

Check the frame and ferrules (rubber stoppers) regularly for cracks.

Ensure there is no rust on the frame or at weld points.

Clean with a damp cloth, mild soap or non-abrasive cleaner.

## Four-wheeled walker / rollator with seat (Red – prescribed)



### Description

Wooden or lightweight steel/aluminium, height adjustable.

A metal frame with height adjustable legs and four-wheels with a seat, hand grips and breaks.

Features can include bicycle style brakes, ergonomic handles, padded seat and back rests, removable trays or bags, height adjustable seat.

Available in petite, standard and heavy-duty sizes.

Folding frame options can either be front- or side folding. Folding allows compact storage and transportation.

Side folding: less effort as person can remain fairly upright for folding action, however the basket is situated to the front of the walker.

Front folding – person has to flex trunk further to fold, however the basket is accessible in standing so may be a better option for tasks such as shopping.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

## Walking stick/single point sticks/ canes (Red - prescribed) *cont.*

### When to use

To assist with balance, reduce fatigue or pain and facilitate a safe walking pattern.  
Energy preservation and fatigue management with seat feature.  
Mobility support and increased confidence when client is observed to have a more regular gait and more confidence when walking with the walker.  
Fear of falling when walking reported by client.

### Instructions for person

Height adjustment as indicated by prescriber.  
Place weight evenly on both armrests when pushing.  
Walk into the walker ensuring not to position the frame too far forward to prevent loss of balance.  
Folding method and storage for transportation to be planned and practised with health professional.  
Consider storing on the back seat of the car if lifting into the back of the car proves too challenging.

### Considerations

Safe load capacity, weight and size/dimensions of user.  
Terrain – outdoors, indoors, rougher terrain. To determine the size of castor – larger castors to withstand rougher terrain such as footpaths.  
Thick pile carpets, rugs or door thresholds that may affect ease of manoeuvring the frame around the property.  
Ensure enough space around furniture for safe access if used indoors.  
Ability to keep the frame within a safe reach and maintain a natural gait pattern.  
Back support style and amount of time the person will remain seated.  
Folding style.  
Frame design – protruding frame legs may pose a tripping hazard.  
Safe use of features such as break application prior to sitting down, folding method and transportation stowage.  
Weight and size of the walker for lifting into a vehicle.  
Carer assistance for transportation if the person is unable to lift the walker.  
Splayed frame legs may pose a tripping hazard. Ensure lighting is adequate to see position of frame legs.

### When not to use

If client is observed to be unsteady in walking with the walker.  
Hemiplegia in upper limb.  
Cognitive impairment which reduces safe use of features such as safe method and brake usage

### Alternative options

Gutter frame armrests can be added for clients with limited hand function, postural control or pain.  
Combination walker- wheelchair options for clients who fatigue easily.

## Walking stick/single point sticks/ canes (Red - prescribed) *cont.*

### Fitting instructions

Measure the widest part of the walker and compare this measurement with narrowest door width to ensure safe access if used inside.

Adjust handles to a comfortable height when walking.

Person should not flex trunk or reach up to handles.

### Care requirements

Check parts for wear and tear.

Ensure there is no rust on the frame or at weld points.

Clean with a damp cloth, mild soap or non-abrasive cleaner.

Store inside or in a covered area.

## Three wheeled walker / tri-walker / delta frame (Red – prescribed)



### Description

Wooden or lightweight steel/aluminium, height adjustable.

A metal frame with height adjustable legs and four-wheels with a seat, hand grips and breaks.

Features can include bicycle style brakes, ergonomic handles, padded seat and back rests, removable trays or bags, height adjustable seat.

Available in petite, standard and heavy-duty sizes.

Folding frame options can either be front- or side folding. Folding allows compact storage and transportation.

Side folding: less effort as person can remain fairly upright for folding action, however the basket is situated to the front of the walker.

Front folding – person has to flex trunk further to fold, however the basket is accessible in standing so may be a better option for tasks such as shopping.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

### When to use

To assist with balance, reduce fatigue or pain and offer support for increased confidence when mobilising.

Person who lacks confidence when mobilising longer distances without a support, but still has sufficient balance for three wheeled support.

Use in smaller inside spaces.

## Three wheeled walker / tri-walker / delta frame (Red – prescribed) *cont.*

### Instructions for person

Height adjustment to be indicated by prescriber.

Place weight evenly on both armrests when pushing.

Walk into the walker ensuring not to position the frame too far forward to prevent loss of balance.

Folding method and storage for transportation to be planned and practised with health professional.

Also consider storing on the back seat of the car if lifting into the back of the car proves too challenging.

### Considerations

Safe load capacity, weight and size/dimensions of user.

Terrain – outdoors, indoors, rougher terrain.

Dynamic balance for mobility support on three wheels.

Offers a less stable base than four-wheeled options due to smaller tri-angular footprint.

### When not to use

Person who needs a more stable support than a triangular base, when mobilising.

When a seat is needed for fatigue management and energy preservation.

### Alternative options

Four wheeled walker.

### Fitting instructions

Measure the widest part of the walker and compare this measurement with narrowest door width to ensure safe access if used inside.

Adjust handles to a comfortable height when walking.

Person should not flex trunk or reach up to handles.

### Care requirements

Check parts for wear and tear.

Ensure there is no rust on the frame or at weld points.

Clean with a damp cloth, mild soap or non-abrasive cleaner.

Store inside or in a covered area.

# Positioning and Seating

## Body support products

### Pillows/cushions (Green – low risk)



#### Description

Shaped supports to position parts of the body comfortably. Usually constructed of foam, feathers and fabric, these pillows and cushions come in a variety of shapes and sizes.

#### When to use

Support cushions are useful to increase comfort by distributing the body weight over a soft and supportive surface. They may assist in positioning to protect joints, for example, insert a back support cushion into a lounge chair to increase comfort and keep the body in a more upright position, making it easier to get out of the chair.

#### Considerations

Consider what part of the body, and what sitting or lying surface is involved:

**Sitting in bed?** Support sitting up in bed (or maintaining a semi-reclined position) can be provided by a triangle or boomerang cushion, positioned behind the back with sections either side of the trunk to support a person in sitting.

**Maintaining a lying position?** A bolster, which is a long tubular cushion, can be positioned along torso in bed to prevent rolling. Can increase comfort in side lying by placing upper arm and leg over the bolster. Wedge cushions can be used in bed to increase the angle of body parts. This includes propping the upper body in a semi recline to assist breathing and make it easier to move from lying to sitting; or elevating the ankles to aid circulation. Rectangular pillows made of foam and incorporating a contour, may assist with side lying sleeping position comfort.

**Supporting the head?** Neck pillows, often a peanut shape or U profile, used to encircle the back and sides of the neck. Can assist in maintaining head position during fatigue .

**Sitting in a chair?** Back support cushions used to line the upright back section of an armchair, often incorporating a soft lumbar roll or pad.

#### When not to use

Consider how the support impacts the body and the other equipment in the environment. For example, inserting a back support cushion will make the seat depth shallower.

#### Alternative options

Replacing bed or chair may be needed, to manage the number of external supports which have to be positioned. An Occupational Therapy assessment will evaluate the best fit in bed/ chair for a person, considering body positioning as well as ability to safely transfer.

## Pillows/cushions (Green – low risk) *cont.*

### Fitting instructions

Ensure that any support product can be lifted into place / removed by the person using the product and their support people, Ensure the positioning instructions are very clear, it may be necessary to label (eg top, bottom) the product. Check that no adverse outcomes are likely, for example ensure the product has not affected the person's breathing, ability to swallow, or ability to independently move.

### Care requirements

Any product used on or near the body needs consideration of hygiene. Covers for cushions and pillows are usually washable, and a cleaning routine should be implemented.

## Types of body support cushions (Green – low risk)



### Description of common supports

Triangle or boomerang cushion, positioned behind the back with sections either side of the trunk to support a person in sitting.

**Bolster**, which is a long tubular cushion, can be positioned along torso in bed to prevent rolling. Can increase comfort in side lying by placing upper arm and leg over the bolster.

**Neck pillows**, often a peanut shape or U profile, used to encircle the back and sides of the neck. Can assist in maintaining head position during fatigue.

**Wedge cushions** can be used in bed to increase the angle of body parts. This includes propping the upper body in a semi recline to assist breathing and make it easier to move from lying to sitting; or elevating the ankles to aid circulation.

**Rectangular pillows** made of foam and incorporating a contour, may assist with side lying sleeping position comfort.

**Back support cushions** used to line the upright back section of an armchair, often incorporating a soft lumbar roll or pad.



## Bed backrests (Green – low risk)



### Description

Bed backrests are designed to support the upper body in bed. Usually constructed of aluminium for the frame with a breathable nylon backrest.

### When to use

Useful to enable a person to sit up in bed to eat, drink, breathe more easily, or transition out of bed.

### Instructions for person

Ensure the person and supporters are able to insert the product and to operate any rise/recline adjustment.

### Considerations

Bed backrests can increase the angle of lying in bed from horizontal to approaching 90 degrees of sitting. Some products are multiadjustable so can be raised or lowered to suit the person. Powered elevation is an option.

### When not to use

Any additional product used in bed is a potential source of entrapment. Avoid use if the person and their supporters are unable to move or reposition the product, or if it makes it more difficult to move from lying to sitting.

### Alternative options

A powered bed is able to bring a person into sitting position via remote control.

### Fitting instructions

Place behind the pillows in the bed. Ensure the product does not push the person down the bed and that there is still clearance at feet, and that any other products such as bedside table, bedpole or monkeybar, remain within reach.

## Footrests (Green – low risk)



### Description

Footrests provide an adapted surface to support the feet and lower legs. They may be elevated in height, and/or angled.

### When to use

A footrest is indicated if a person is unable to rest both feet on the floor, as this creates extra pressure behind the knees and at other points on the body. If the person has extra fluid building in the legs, then raising the feet and providing a more comfortable ankle angle may assist with this.

### Considerations

Use a footrest if the person is not able to maintain a position with both heels and forefeet fully on the ground; or if the person needs to have their feet elevated or angled to assist with posture, comfort or skincare.

### When not to use

Use with caution if the person is unable to push the footrest away to transfer.

### Alternative options

Power rise/ recline chairs offer variable foot angle and elevation features .

## Chair raisers (Green – low risk)



### Description

Chair raising units (either single or multifit) attach to legs or castors and raise the chair height. They come in a range of heights and designs to suit chairs with non-standard shaped legs.

Available for chairs with an X-shaped base, round metal base or as a static wooden armchair platform.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

## Chair raisers (Green – low risk) *cont.*

### When to use

When a person has, difficulty rising from or controlling their descent into a chair or couch. This can be due to restricted joint movement, weakness or general debility.

When a bed or chair needs raising to allow hoist access.

### Instructions for person

Chair/ bed/ couch must not be moved with the raiser unit attached.

Place hands on armrests before sitting down.

Sit as far back in the chair as possible.

Ensure feet are supported while sitting and that footrests are moved out of the way before standing.

### Considerations

Which chair the person uses most often?

Type of chair and shape of the base.

Weight of the person and weight capacity of the equipment.

Others in the household using the chair.

Are the chair /bed legs suitable to attach the raising unit to?

Over-raising of seating can adversely affect circulation.

Chair should not be moved with raising unit in situ.

### When not to use

When individual raisers would be more appropriate.

When the person can no longer get their feet flat on the floor.

If the chair is moved often.

Method of transfer – e.g. unevenly leaning heavily to one side.

The chair is in an unsafe condition.

Chair without feet or castors eg rocking chair.

Unsuitable for riser/recliner or riser only chairs.

### Alternative options

Riser recliner chair.

Individual chair leg raisers.

High back chair or a chair with a firmer cushion base.

Using higher existing chair already in the home.

### Fitting instructions

Aim that the person can place their feet flat on the floor when in use.

Optimum seat height is calf length – measure from back of knee to floor when seated.

Over-raising of seating can adversely affect circulation.

Chair raisers should be installed by two people.

Raised chairs are often best placed against a wall to give added stability.

### Care requirements

Wipe over with a damp cloth.

Check regularly for cracks or loose fittings.

## Perching stool (Amber – under advice)



### Description

Sturdy, stable stools that are height adjustable, angle adjustable by adjusting leg lengths, powder-coated metal frame, seat and backrest are usually padded with a wipeable polyurethane cover. The legs are splayed for stability and have large rubber feet to prevent slipping. The frames are lower at the front to allow the seat to slope. Some models have a removable back rest. Leg height is generally adjustable over 150mm without tools.

Back rest and arms are optional. Can also be called a propping stool.

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

### When to use

Designed for perching on while working in the kitchen, at a bench or at the bathroom sink. This provides a stable base so that tasks that are usually done in standing, can be done seated. This allows the client to use both hands for tasks instead of for stability. The perching stool reduces the need for a full sit to stand as on a standard chair.

To assist where there is reduced standing tolerance, chronic fatigue, pain or general debility.

Perching stools can be very helpful in conserving energy and maintaining independence.

Perching stools position the user in a semi-standing position. They have a sloping angled seat and are suitable for people who can take some of their weight through their legs.

Because of the semi- standing position, less leg room is required and the user can get closer to kitchen, bench or bathroom sink to enable them to wash and carry out other kitchen or personal hygiene tasks.

Useful for any tasks which require to be carried out at kitchen work surface and other household tasks such as ironing.

Provision would support functional ability.

The user can stand to transfer on/off safely.

### Instructions for person

Height adjustment – most appropriate height will vary depending on the leg length and disabilities of the person. Take instruction from the prescriber.

Place weight evenly on both armrests when transferring.

Back rest is not for leaning against, only for encouraging healthy posture.

Splayed frame legs may pose a tripping hazard. Ensure lighting is adequate to see position of frame legs.

### Considerations

Consider ease of use for others in the household.

Progression of the person's condition.

Impact of changed positioning on bowel function.

Weight of user and weight limit of equipment.

Skin condition and pressure relief.

## Perching stool (Amber – under advice) *cont.*

### Considerations (*cont.*)

Check the environment where stool will be used.

Is user capable of ensuring stool is used correctly? If they try to sit on it the wrong way round this can result in a fall.

Requires sufficient floor space, as legs are wide for stability.

Splayed legs can be a trip hazard.

Work surfaces require to be a suitable height for seated food preparation.

### When not to use

Can be too high for very short people.

May not be suitable for people with painful knees.

Not for use in shower – always supply shower stool. When a seated position is not appropriate for the task.

If a person pushes up heavily on one side or to the back and tipping is caused.

A person with reduced sitting balance.

### Alternative options

Stool - no arms or back.

Stool - with arms and/or back.

Bariatric and ex-wide versions available.

Rehabilitation – strength and balance, alternative techniques.

Reduce duration of tasks and need for standing e.g. using ready-made meals or pre-cut vegetables.

Standard table and chair for seated tasks and transfer items with a kitchen trolley.

### Fitting instructions

#### Leg height adjustment.

Remove spring clip from the extension leg and extend all legs evenly to the desired height ensuring they do not exceed the last punched hole of the extension leg.

Once desired height is achieved re-install the e-clip ensuring that it has passed through the extension leg and that it is fitting neatly and snug around the outside leg.

The perching stool is designed to slant to the front. Do not adjust the legs to make the seat even as this will compromise the safety of the user.

The users feet should be resting on the floor.

When using perching stool with arms or arms and back, user must use both hands when rising from stool.

#### Measuring dimensions.

As seat is elevated, to allow the user to 'perch', it will be higher than standard seat height/calf length.

Measure from back of knee to floor, when seated and add approx. 7-10cm for supply height.

The user should then be assessed with the perching stool, and adjusted as necessary.

This product requires a check home visit to ensure correct height and safety.

## Perching stool (Amber – under advice) *cont.*

### Care requirements

Check the seat and frame regularly for cracks.  
Ensure there is no rust on the frame or at weld points.  
Clean with a damp cloth, mild soap or non-abrasive cleaner.

## Utility chair (Amber – under advice)



### Description

Chairs with epoxy-coated metal frame and a firm postural supportive seat and back. Adjustable seat height which makes it possible for a chair to be adapted to be used by several different people. Often comes with vinyl seat covers for ease of cleaning.

Able to be used as an alternative to existing lounge chairs.

### When to use

When the person has difficulty with sit-to-stand transfers from a regular lounge or armchair. The adjustable height enables users to have feet flat on floor whilst seated, yet be in an optimal position to push up (using the full length armrests) to standing.

### Instructions for person

Place hands on armrests before sitting down.  
Sit as far back in the chair as possible.  
Ensure feet are supported while sitting and that footrests are moved out of the way before standing.

### Considerations

Aesthetics and social acceptability of chair in communal areas.  
Carer available to assist with transfers if required.  
Depth and width of the required chair have been measured.  
Unless there is another appropriate chair available in the house, the preferred option will be to raise the person's existing chair if it is suitable apart from its height.

### When not to use

When alternative chairs are available.  
The person requires a more supportive seat with additional lateral support.  
The person requires pressure relief due to skin integrity issues – basic cushioning is inadequate for this.  
The person has skin integrity issues that require back and seat angle to be variable.  
The person requires a riser/recliner to support transfers from sitting to standing.

## Utility chair (Amber – under advice) *cont.*

### Alternative options

Other chairs of suitable height in the home.

Individual or multifit chair raisers.

Riser recliner chair.

Tilt-recline chair.

Alternative method can be taught for transferring from sitting → standing → sitting.

### Fitting instructions

Adjust chair so client's hips, knees and ankles are approximately at 90°.

May require a footrest if unable to touch the floor.

Whether there is sufficient space in the room for an additional chair.

Whether the armrests fit under the table.

## Wheeled Mobility

### Wheeled mobility products

#### Basic community wheelchair/'off the shelf' wheelchair/folding manual wheelchair (Red – prescribed)



Occupational Therapist prescription, set-up and support is indicated.

#### Description

A basic manual wheelchair which is to be used towards community access. This would be to encourage community participation and to relieve carer's responsibility.

These wheelchairs are not indicated for permanent wheelchair use as they do not have a set specific seat size and set-up, and no customisation options.

They are for short term use only, mainly for outside or in community settings.

#### Two modes of propelling:

**Self-propelling (SP) wheelchair** – can be propelled by the occupant or pushed by a carer. These have larger wheels. SP wheelchairs offer an easier push and smoother ride. Most of the basic options have quick release wheels which makes it easier to transport. Is not necessarily heavier to lift than a transit wheelchair once the wheels are removed. Good for more independent clients who want to be able to propel on outings. Also good for longer distances and outside use.

**Transit (T) wheelchair** – can only be pushed by the carer and only have castors. Good for inside and shorter distances mainly. Castors cannot be removed. Can end up being heavier to lift than a SP wheelchair frame only (with wheels removed).

## Basic community wheelchair/'off the shelf' wheelchair/ folding manual wheelchair (Red – prescribed) *cont.*

Features (basic) could include the following:

Folding frame.

Quick-release wheels.

Removable arm rests/foot plates.

Minor padded seating.

Available in standard sizes mainly which would fall within a 430mm – 460mm seat width bracket. Please check product specifications around seat dimensions and load capacity.

### When to use

Energy preservation and fatigue management for community access.

To reduce risk to person and carer when on community outings.

Fear of falling when walking reported by client.

### Instructions for person

Carer to unfold wheelchair and make sure the seat has clicked into a horizontal position.

Push and position the wheelchair for easy access to the user.

Apply brakes with wheelchair on a level surface.

User to move to wheelchair seat and turn around until the back of both the legs touch the front of the seat.

Place weight evenly on both armrests before sitting down. Gently lower down the bottom onto and as far back into the seat as possible.

User or carer can release the brakes once the user is safely seated.

Carer to maintain a healthy posture when pushing.

Allow for the front footplate border of the wheelchair when manoeuvring.

Plan and prepare for outings: where dropped kerbs and pedestrian crossings are beforehand.

Contact ahead to community places around wheelchair access.

Folding method (use of attachments) and stowage for transportation to be planned and practised with health professional.

Consider storing on the back seat of the car if lifting into the back of the car proves too challenging.

### Considerations

Safe load capacity, weight and size/dimensions of user to match wheelchair.

**Terrain:** outdoors, indoors, rougher terrain, slopes. SP wheelchairs are easier to push/propel over outside terrain.

**Access:** Door widths, floor coverings, rugs or door thresholds that may affect ease of manoeuvring inside areas. Transit options are narrower due to castors. SP wheels add to the outside width.

Parking and distance to be pushed. SP wheels reduce pushing effort.

Ensure enough space around furniture for safe access if used indoors.

**Shoulder and joint health** – basic wheelchairs are not indicated for permanent use but for short term seating and propelling on outings. Consider the person's seated posture and hand reach if they opt to self-propel.

## Basic community wheelchair/'off the shelf' wheelchair/folding manual wheelchair (Red – prescribed) *cont.*

### Considerations (*cont.*)

**Height and back support** – some options offer mid-back support only. If the client is above average height, the support may not be sufficient. Limit time seated or opt for a basic wheelchair with a higher back rest.

**Seat cushion** – a basic foam cushion can be arranged by the client and should be for comfort only. If specialist pressure and postural seating support is needed, it may indicate that the client needs increased formal support and specialist OT assessment.

Safe manoeuvring and use of features by the person / carer such as: break application prior to sitting down, removal/use of footplates and arm rests or quick release wheels.

**Carer strength and height** – push handles should be at a comfortable height to the carer. Some carers may find pushing the wheelchair strenuous. Consider then going out with formal or family support. Many community places offer powered mobility scooter options that can be pre-booked.

**Transportation:** Weight and size of the wheelchair for lifting into a vehicle. As carers themselves may be elderly, opt for as lightweight (maximum of 12kg) as possible option. The weight can be reduced by removing the wheels for transport. Assess and practice sequencing of all aspects: releasing wheels, folding, lifting into the client's own vehicle. Folding backrest and removable arms and leg rests will also make the frame smaller for smaller vehicles.

**Lifting, sliding into the vehicle** – aids like a boot slider can reduce friction and also protect the car from damage. Basic solutions such as a large, 'slide' blanket can also be used for this.

### When not to use

If carer is observed to be unsteady/at risk in pushing/using the wheelchair.  
Cognitive impairment which reduces safe use of the wheelchair.

### Alternative options

Combination walker- wheelchair options for clients who fatigue easily and do not wish to have a full wheelchair. These are only suitable for short distances and mainly inside use.  
Community scooter for hire by client for specific outings.

### Fitting instructions

Measure the outside width of the wheelchair and compare this measurement with narrowest door width to ensure safe access.

Adjust footplates to a comfortable length to suit the user.

Seat sizes and push handles height cannot as a rule be adjusted on these basic wheelchairs. Ensure a hand width on either side of the thighs and behind the knee bend, sitting with knees flexed at more or less right angle. Back height should be supportive but not restricting arm movement for self-propellers.

Sit to stand seat height should also suit the person when the footplates are removed/swung away.

### Care requirements

Check parts for wear and tear. Always check brakes prior to each use.

Ensure there is no rust on the frame or at weld points.

Clean with a damp cloth, mild soap or non-abrasive cleaner.

# Medical Management Products

## Medication Management

### Tablet organisers/reminders/dispensers (Green – low risk)



#### Description

There are a variety of tablet containers that help with organising medicine and/or helps with reminding a person to take their tablets.

These assist when a client has multiple tablets that have to be taken at different times.

Options:

#### Basic organisers

Smaller transportable options enough for a day's worth of tablets. Convenient for days away from home. To fit in a handbag or worn.

Larger options can hold and section a week's worth of tablets. They do not offer alarms or reminders. These can be prepared by the person or a carer. Sections marked with the day of the week and time of day. Larger packs are convenient for daily use at home.

#### Alarm only

Various styles – watches, pre-recorded voice calendars or clocks with multiple programmable alarms within a day. The alerts can be sound and/or visual. These usually offer an active alarm-off button which serves as a prompt for the person to take medication.

#### Alarmed / reminder organisers

Some smaller transportable boxes offer a basic alarm system.

Higher-tech options can feature alarmed sections, lock function, one-slot only dispensing, a tilt function that stops the alarm and missed dose monitoring.

#### When to use

For clients with multiple and/or frequent medication who meets the considerations.

A person who finds it challenging to distinguish between tablets. Possibly due to visual, visual-perceptual impairment.

Support or relief of carer responsibility.

Monitoring of medication management for care support planning.

Slotted or sectioned options for clients with limited dexterity to retrieve tablets individually.

Sectioned options help as tablets can be tipped into the hand.

#### Instructions for person

Device dependent. Please follow manufacturer's instruction.

Carer pre-programming, setup and monitoring may be required.

Practise with prescriber or carer is indicated with monitoring, until the task is mastered.

## Tablet organisers/reminders/dispensers (Green – low risk) *cont.*

### Considerations

Person's and/or carer ability to learn and coordinate method of use safely. This will indicate how structured the system should be. Clients with cognitive impairment may not be able to grasp the use of a new device and / or alarms. In these cases, the more intuitive and basic systems may work better. There may be a need for monitoring of medication through a formal or informal care support system.

Frequency and number of tablets to suit size and slot options.

Set up and preparation assistance available.

Opportunity to trial and practice with a monitoring system in place until use of the device is mastered.

Dexterity – negotiating lids and accessing pills from the device.

Location and access when needed.

Person's routine requirements.

### When not to use

If considerations cannot be met.

A person who cannot conceptualise the use of the device.

If the association of the alarm is not followed through with taking the medication. Consider a more structured option.

### Alternative options

Pharmacies do offer a pre-arranged service to set up week packs. Families can arrange this through their GP.

Structured environment or carer monitoring.

### Care requirements

Device dependent.

Alarmed options require battery replacement or charging.

## Tablet crushers/cutters/tablet pack accessories (Green – low risk)



### Description

Devices that can help with taking medication.

Options:

Products that assist with opening blister or tablet packs by breaking the pack / compartment seal.

Products that crush and cut your pills, making them easier to swallow.

A GP review for a swallow assessment is recommended to review if there is any concern that the client may have a medical condition that is affecting their ability to swallow. Some neurological conditions can affect a client's ability to swallow. Listen for a 'gurgly' voice or coughing directly after swallowing.

## Tablet crushers/cutters/tablet pack accessories (Green – low risk)

### When to use

A person with reduced dexterity that restricts opening packs. This could be due to pain or limited hand strength or visual impairment.

For support or relief of carer responsibility.

Difficulty swallowing whole tablets.

### Instructions for person

This is dependent on the device being used. Please follow manufacturer's instruction.

Practise with prescriber or carer until the task is mastered.

Keeping medicine and medicine devices together in a basket on a kitchen or bathroom top where they are easily accessible, will assist in not misplacing these smaller items.

### Considerations

Person's ability to learn and coordinate method of use safely.

Dexterity to use aid and access pills.

Type of tablet – some tablets cannot be halved or crushed such as capsules (Capsules should not be opened as the contents may be harmful to the upper gastric tract.).

These devices may have sharp edges or blades. Risk assessment and strategies are required to ensure the safe use of the device. Clients with reduced cognitive and safety awareness should not be prescribed these items.

### When not to use

If considerations cannot be met.

A person who cannot conceptualise the use of the device.

If the device cannot be used safely.

### Alternative options

Swallowing pills: To make swallowing pills easier, put the pill on the tongue, take a sip of water. Whilst keeping the water in the mouth tilt the head slightly toward the chest and swallow the pill. With pill on the tongue, use a plastic water bottle and creating a vacuum with the mouth around the opening, squeezing the water into the mouth.

Client to discuss with GP/ Pharmacist if alternate size or form of medication is available.

Opening packs: Client to discuss with pharmacist to trial alternate blister packs with easier to open foil.

Small assisted scissors to cut open foil.

### Care requirements

After each use, wash with mild detergent and warm water, rinse with hot water and allow to fully dry.

# Products to support seeing, hearing and communicating

## Adapted Technology

### Adapted computer technology (Red – prescribed)



#### Description

The following list contains some AT solutions for home computer use. Some of these solutions can also be used for reading and writing tasks. The following considerations and use criteria apply to these items.

#### Keyboards with adapted keys

Keyboards may be standard sized keyboards with larger keys, or with contrasting keys (yellow, black/white), or split into two sections for use either side of the person on a tabletop or in bed.

Alternatives include keyboard stickers with larger font size and contrast on existing keyboard.

#### Adapted mouse options

A range of mouse options include:

Adjustable, angled mouse options.

Mouse options for lefthanded users.

Domed-shaped mouse for neutral hand position.

Programmable buttons to perform specific functions.

A joystick mouse can be used in place of a standard mouse. Options usually include joystick handle options (e.g. straight stem, soft foam ball and T-bar) to enable the joystick to be set up to suit the individual. Can also set up performance parameters e.g. toggle between left and right click buttons as well as cursor speed control and tremor settings.

#### Adapted switches

Switches can be plugged in or wireless, and enable any part of the body to activate a device.

#### Considerations

Need to be set up so that a single click, or series of clicks, achieve the desired effect. For example, if a person wishes to switch a computer or device on or off, one click may be sufficient. If a person wishes to type, then the switch may need to be coupled with an on screen keyboard and scanning array, so the person can wait and select the appropriate letter or function.

#### Wrist and forearm rests/supports.

Various designs and shapes of padded, gel rests and supports for mouse and keyboard use.

Observation of the person's typing and mouse use will give an indication of the style and positioning of support.

## Reading stand (Green – low risk)



### Description

Frame designed to hold reading material open and upright for reading without using the hands. Frames may be adjustable to different widths to hold varying sizes of books, magazines or digital reading devices Tray-style stands with larger desk area.

Most of these offer a page holder that keeps the book open or device in place at an angle.

### When to use

When a person requires the reading material to be held without ongoing static use of arms.  
When a specific position or visual angle is helpful to enable comfortable reading.

### Considerations

How large or small are the usual reading materials?

Will the person be lying, sitting, or changing positions?

Is vision an issue (consider lighting, orientation so windows are behind or to the side).

Freestanding reading stands take up more room, but mean the person does not have to have the device on their lap.

### When not to use

Static book or reading stands usually mean the person needs to reach and turn the pages or activate the touchpad themselves. Consider whether positioning the bookstand or reading stand affects a person's sitting position.

### Alternative options

Consider positioning the stand in combination with an over bed table.

Alternatives include audible (rather than visual) reading options such as audiobooks, or electronic reading devices with alternative access points.

### Fitting instructions

Ensure the person can both see the text and reach to operate the reading material. Consider adequate lighting, and the ability to move the stand and reading material out of the way as needed.

## Magnifiers (Amber – under advice)



### Description

A magnifier alters the size of objects, either by viewing an object through a convex glass lens, or through electronic magnification.

Magnification amounts range from 10X to 70X magnification.

The magnification panel can be laid flat over a surface or held up to change the angle of refraction or viewing. Some magnifiers can be worn around the neck or come with a stand.

### When to use

To avoid eyestrain and assist in viewing and comprehending fine or detailed materials.

### Instructions for person

Dependent on the device being used - hold or adjust the magnifier over text.

### Considerations

Think about the items you would like to magnify (often fine work such as needlepoint, or small text) and consider whether you need:

A large or small diameter to enable you to see without moving over the object?

A handle or way to position the magnifier?

A light to be included in the magnifier?

A lightweight magnifier?

Person may need a range of different magnifiers for different tasks.

Important to trial different types of magnifiers to ensure it meets specific needs.

### When not to use

Consider whether use of magnifying glasses or products are suitable if the person already uses eyeglasses.

### Alternative options

There may be other ways to enhance the viewability and visibility of materials, for example:.

Increasing the text on a computer screen or electronic book.

Large print books.



## Telephones and accessories (Red – prescribed)



### Description

#### Home telephones.

These phones offer accessibility features above those of standard home phones.

#### Factors that may limit the use of a standard phone:

Dexterity challenges (limited strength, tremors).

Visual and hearing impairment.

Cognitive limitations.

Not being 'tech savvy'.

Mobility restrictions (not getting to the phone on time).

#### Options:

Base unit with a corded handset only.

Base unit with a corded handset and one or multiple, portable, cordless handsets.

Cordless handset with a charging cradle only.

#### Built-in features:

Multiple cordless handsets to a unit.

Battery back-up to operate in case of power failure.

Charging cradle for handsets.

Adjustable volume of ringer/headset/speaker.

Amplified ringer/headset.

Visual alerts – flashing ringer lights.

Amplified speaker phone.

Backlit keypad.

Hearing aid compatibility.

Big buttons for dexterity and vision impairment.

Soft touch keys.

Lightweight handset.

Keypad number or caller announcement.

Speed dial programming.

Answer messaging.

#### Existing phone accessories / add-ons:

FotoDialer.

Handset Amplifier.

Wireless Headset (dexterity and to free up hands for safety).

Amplified Ringer.

Alerting system (see Alerting Systems).

## Telephones and accessories (Red – prescribed) *cont.*

### When to use

Person with hearing impairment who needs to be alerted of events in their home.

### Considerations

Firstly, utilise existing phone features not used currently that may be programmed such as speed dial or speaker phone or appropriate apps. If this is not possible, consider accessories such as add-on amplifiers, headset, fotodialer to their existing phone.

Person's capacity to learn to use a new phone and its features. Do not overwhelm the person with all the features. Only learn those new features they essentially need.

Being at risk of falls due to rushing to the phone. Choose features that would allow the person to not have to rush to the phone such as answer messaging, having a handset in each main room or carrying handset, last number identification and caller id.

Static base unit location – needs to be close to landline socket. Recommend a larger standing height table with sufficient space around the unit for accessories, calendar/diary, pen, paper and glasses.

Charging of cordless handsets – most offer a charging cradle. The person's ability to facilitate charging.

Need for installation / set-up by supplier or a family member.

Volume sensitivity and pick-up of sound. If there are constant sounds such as a dog barking, the sensitivity can be reduced to prevent the alert going off excessively.

### When not to use

Consider if the person is able to understand and use the technology. Altering the environment (increase volume on appliances, cut out background noise) may be an effective alternative to support hearing and communication.

### Alternative options

Basic mobile phones with call limitations and specific design options to suit the person (KISA phone).

Sim based personal alarms with incoming and programmable outgoing call options that can serve as a basic mobile / portable phone.

The person may already have a smart phone. Recommend some smart in-built accessibility features of the mobile phone or simplifying apps to design the home screen to limit function of the phone to basic features or frequently called numbers.

### Fitting instructions and care considerations

Set up and programming may be needed by supplier or family member.

Daily charging of units to ensure healthy rechargeable battery life.

Consult manufacturer's instructions.

## Low tech face to face communications products (Red – prescribed)



Speech Pathology assessment and prescription is indicated as well as set-up and training with client.

### Description

Augmentative, low tech resources and visual supports in a variety of display options such as books, boards, calendars and timetables.

### When to use

Under advice from a speech language pathologist, these products may be useful to support communication for someone who would like an alternative to producing speech.

### Instructions for person

Set-up, training and practise to be guided by Speech Pathologist.  
Product and client specific.

### Considerations

Transportability - daily routine and where the aids will be used.  
Size, colours and fonts of symbols and images.  
Person's capacity to learn and complexity level of understanding.  
Help required with set up if person has limited dexterity or is unfamiliar with use.  
Need for training and practise to use in graded settings.  
Visual and visual perceptual capability.  
Storage and access when needed.

### When not to use

Consider if the person is able to understand and use the technology.

### Alternative options

Hand written or drawn messages.  
Message cards.  
Voice amplifiers.

### Fitting instructions

Product specific. Please consult manufacturer's instruction and Speech Pathologist input.

### Care requirements

Product specific. Please consult manufacturer's instruction and Speech Pathologist input.

## Sound amplification systems (Red – prescribed)



### Description

Sound amplification systems comprises a wireless transmitting microphone worn by the speaker and personal receiver(s) worn by the listener. The system sends signals directly from the microphone and transmitter to the receiver. The system operates on frequency modulation (FM) or digital modulation (DM).

Personal remote microphone systems improve the signal-to-noise ratio (SNR) for people with hearing difficulties. This can overcome the negative effects of talker distance, ambient noise and reverberation in an environment. For example a loudspeaker which amplifies the speaker's voice around the room. It does this by linking to a receiver worn by the speaker.

### Instructions for person

Set-up, training and practise to be guided by prescriber.

Once unit is charged, unplug from power or insert batteries.

Position microphone – style specific. Attach the microphone to the unit.

Switch on the unit and adjust volume if not already programmed.

### Considerations

There are many wireless microphones on the market, and some are designed for people with hearing loss to hear and understand more speech in loud noise and over distance. Often, wireless microphones can be also used to listen to TV and multimedia. For example a Personal Amplifier is a portable, body worn voice amplifier used to increase the speech volume of a weak voice. It is designed to be used in conversational situations.

### Alternative options

Message cards.

Sound amplifiers for hearing impaired listeners.

### Fitting instructions

Transportability: size and attachment accessories, wired or wireless - daily routine and where it will be used, ease of access when needed. Will the microphone remain in situ or should it be easily removable?

Style of microphone preferred by person: headset, lapel or collar style. Ensure the person can position, adjust and attach the microphone and unit independently.

Battery capacity and charging style.

Volume and pick-up of sound.

Dexterity and ability to manipulate styles of controls such as a round, sliding knob or a button.

Need for training and practise to use in graded settings.

Price – some options charge microphones and base set separately.

### Care requirements

Product specific. Please consult manufacturer's instruction.

## Listening systems e.g. Wireless stereo headset devices (Green – low risk)



### Description

Wireless stereo headset devices allows users to listen to TV and audio devices at a loud volume through the headset. The audio output from the TV or audio device is transmitted by the base via infrared signal.

### When to use

If a person with hearing impairment finds background noise distracting.

When audio from stereo, smartphone or TV needs to be louder but doesn't disturb others in the home.

### Considerations

Listening to loud volume through the headset will not affect the sound output for other users in the room.

## Personal monitoring and alerting systems technology

### Alerting systems (Amber – under advice)



### Description

Wireless alerting systems are designed to assist people with a hearing loss to be made aware of events in and around their home. Alerts to all or any the following events - the doorbell ringing, telephone ringing, family member calling out or paging, dog barking or smoke alarm.

A transmitter is set off by an environmental sound, then triggering a receiver unit (pager unit, alarm shaker, portable receivers) to flash and/or vibrate.

Can range from very basic to customisable and items can be added.

Options:

Doorbell transmitter.

Telephone transmitter.

Family member speaker transmitter (baby alarm) for carers.

Call button.

Pager receivers that indicate nature of alert (doorbell/fire alarm etc.)

Portable flashing receiver.

Alarm clock with under – pillow shaker.



## Alerting systems (Amber – under advice) *cont.*

Smoke alarm transmitter.  
Rechargeable battery back-up.  
Charging cradle.  
Sensitivity can be adjusted.  
Wireless.

### **When to use**

Use to avoid hearing strain and enhance communication. Select important activities to be amplified, e.g. hearing household appliances; communicating via telephone; hearing radio and television; face to face talking; talking in a group.

### **Considerations**

Products should be selected based on.  
The number of household appliances or functions required.  
The preferred type of alert (tactile, enlarged visual, amplified audio, combination).  
Whether the person is stable or likely to have changes in their needs.  
Size and structure of home – double brick walls can impede signal strength. Ask if a signal amplifier can be added to relay signal in case of a larger home.  
Style of receiver – in case of a carer or if the hearing-impaired client is caring for a family member. Will the carer be outside at times? A portable pager receiver will then be helpful. Could a static flashing/vibrating receiver be sufficiently placed in a main living area?  
Need for installation / set-up by supplier or a family member. The location of the smoke alarm especially has specifications. Ensure these can be installed/set up correctly.  
Volume sensitivity and pick-up of sound. If there are constant sounds such as a dog barking, the sensitivity can be reduced to prevent the alert going off excessively.  
Person's capacity to learn to use the device, how to respond in case of an alert. An emergency action plan needs to be agreed with client and carer.  
Opportunity to trial – this is recommended.  
Dexterity and ability to manipulate buttons to acknowledge alert.

### **When not to use**

Consider if the person is able to understand and use the technology. Altering the environment (increase volume on appliances, cut out background noise) may be an effective alternative to support hearing and communication.

### **Alternative options**

Basic flashing / vibrating pager for hearing impaired carer that can be used by a family

### **Fitting instructions and care considerations**

Trial is advisable. Please consult the supplier and manufacturer's instruction per product.  
If batteries or power are required, a maintenance schedule is required. Consider any warranty, servicing and upgrade requirements for higher technology products.

## Personal alarms (Personal Alarm Call Systems) (Amber – under advice).



### Description

A personal alarm call system is a safety device allowing a person to summon assistance in case they are unable to get to a phone or do not have the ability to operate a telephone or reach a carer following an incident.

Personal alarm systems for CHSP clients should be considered in combination with other prevention and safety strategies that are highlighted in the functional assessment. It is essential for every client to complete an 'emergency action plan' with a client and contact/carer as part of the approach to reduce risk in case of an emergency. The personal alarm should be part of the approaches in the action plan.

Most clients will already have a mobile phone or landline hand-held option. In case of a fall or emergency a person can become overwhelmed and may not have the capacity to operate a telephone or may have left the phone out of reach.

Other basic in-home alerting solutions (not personal alarms) may be considered first. A wireless pager kit or standard doorbell remote unit can be sufficient for a client who permanently lives with a carer and always has someone at home with them or live on a separate unit on the same property as their carer. These can also be suitable if a person is recovering from surgery and only needs to alert their carer on a short-term basis. Also see 'Alerting devices' for clients/carers with hearing impairment alerting needs.

Please read the following which will assist in prescribing a suitable personal alarm system as there are a variety of options and considerations.

Personal alarm systems are categorised into two types:

#### Non-monitored

Suitable for those who would prefer to alert friends and family members, rather than a monitoring centre. This type of system relies on having a network of people that are able to respond in case of an emergency. The unit responds to the alarm trigger by dialling the pre-programmed phone numbers of their contacts. The unit will keep on dialling until a contact acknowledges that the caller (alarm system) requires help by pressing a designated button on their phone. Once this has occurred, a recorded message informs your support person of the emergency.

## Personal alarms (Personal Alarm Call Systems)

(Amber – under advice) *cont.*

### Monitored

Immediate connection to a service that is permanently monitored by a monitoring centre which holds the person's details on file. When triggered, the service activates a pre-arranged response, usually calling a list of support people or contacting emergency services.

This type of system is suitable for those who may not have suitable support people close by that are able to respond in case of an emergency or a client with multiple or chronic medical conditions that need immediate response.

Once it is established if a monitored or non-monitored system is needed, consider the following options:

### **Pendants: worn as a necklace, wrist-worn or belt-clip style**

Home based pendant:

Functions as a transmitter to a receiver unit that is connected to the landline in the client's home.

This is a good option for a client who may be alone in and around home at times/ most of the time and always goes out in the community with someone. Consider the reception range of the pendant to the unit. Some residential blocks are large and signals may not reach the receiver if the person is outside in the garden.

Sim-based pendant:

Functions with a sim card and has no receiver unit and can be used anywhere there is network reception. These usually offer location sharing/ GPS tracking.

### **Watches**

Sim-card based only, operates independently as a basic mobile phone and alarm and can be used anywhere there is network reception. These usually offer location sharing/ GPS tracking.

The wearing style is important to discuss with the client as you want to prescribe the style they are most likely to wear in order to raise user compliance. The alarm is only useful if it is worn and used. Some clients may prefer a watch as this is what they are used to wearing. Others may prefer a pendant as they already have a watch that they have been wearing for many years.

### **Features:**

#### **Location sharing**

Most sim-card based devices allow for the wearer to be located via GPS and for this information to be sent to a support person as a call or SMS. This can be indicated for a client.

The sim-based options do rely on the mobile network reception which is not fully reliable in some remote areas.

Also consider other options such as medical information jewellery.

#### **Environmental sensors**

Many of the alarm systems also feature plug-in sensors that alert to incidences such as flooding or gas leaks and can be added to a package.

## Personal alarms (Personal Alarm Call Systems) (Amber – under advice) *cont.*

### **Falls sensors**

Some systems have sensors that will register if the person has fallen over. These are appropriate options for the CHSP client group as many clients live alone and may not be able to respond by pressing a button at the time. It is distressing to have a fall or be in a situation where you are alone and unable to summons help. This may cause the person to not press the call button. Most of these 'intelligent' pendants can be programmed to be less or more sensitive to a 'gravity drop'. The client should still have the capacity to respond to a contact. Ensure that the person's action plan includes the scenario where there is no response from them and what a support person should do in this case.

### **Waterproof**

Most pendants are either splash or waterproof. As many incidences do occur in the bathroom, opt for a pendant that is waterproof and allows the person to wear it in the shower, if they live alone. Confirm this with the supplier prior to prescription.

### **Phone and pendant combinations**

There are landline phone options that have a personal alarm pendant as part of the unit. There are monitored and non-monitored phone systems available. These require a landline and operate within a range in and around the house. Be aware that this would require the person learning a new phone system opposed to using their existing phone. This may be a good option where the person needs to replace their existing phone. These come with access features such as loud ringing, hearing aid compatibility and large buttons.

### **When to use**

If a person lives alone or goes out on their own and may be vulnerable and unable to summons help otherwise, when needed and the considerations can be met.

Person with hearing impairment and/or communication difficulties, who find it challenging to communicate in public.

As part of falls and emergency prevention strategies within the person's emergency action plan.

### **Instructions for person**

Set-up, training and practise to be guided by the prescriber.

Product and client specific.

## Personal alarms (Personal Alarm Call Systems) (Amber – under advice) *cont.*

### Considerations

Daily routine and where the alarm may be used. Poor network coverage or signal range restrictions such as brick walls from the base unit, may interfere with the alarm's operation. Some home systems offer a long range pendant in case of a large block. Check mobile network strength with the supplier in the area where the pendant will be used.

Style of pendant and personal preference of the client to increase wearers compliance.

Person's capacity to learn and willingness to wear and use the device. Completing a cognitive screen may give an indication to the person's ability to learn to use the device. If needed, consider a device that passively monitors the client and has a falls sensor. There should then be a system in place to monitor charging and wearing of the device.

Charging of the device – a charging cradle or wireless charging may assist clients with limited dexterity.

Help required with set up if person has limited dexterity or is unfamiliar with the technology.

Need for training and practise to use in graded settings. How and where the device fits in with the client's emergency action plan. Actions to follow once the alarm has been activated to be agreed and practiced with the support person/s.

Contacts availability and ability to respond in time.

Access to the home by contacts and emergency services. A keysafe can be set up to allow access to the support person or services.

A person's capacity to pay for any ongoing monitoring fees for the device.

Additional costs such as ongoing monitoring and phone call charges.

### When not to use

Person with cognitive, especially working memory impairment, with insufficient learning capacity and if no other strategies can be put in place to ensure the device is worn.

### Alternative options

Informal and/or formal carer support and monitoring.

Increased structured settings such as sheltered living.

There are environment sensors options that can further assist with passive monitoring. These options should be used with caution and in combination with structured carer support and monitoring.

### Fitting instructions

Product specific. Please consult manufacturer's instruction.

Suppliers offer a set-up service that may incur a fee.

**Keysafe** A keysafe is suggested whenever a pendant alarm is prescribed to allow access to contacts and services. A keysafe can be purchased from most hardware stores and fitting should be arranged by the client/carers.

## Environmental controls

### Remote controls

#### Universal remote control (Red – prescribed)



#### Description

The following list contains some AT solutions for home. Various designs of simplified universal remote controls that can be used for operating multiple electronic devices such as the TV, VCR, DVD, set-top box or stereo. Contains basic functions only - on/off, volume up/down, channel up/down and some with AV (audio-visual).

#### Features

Contrasting or back-lit buttons.  
Tactile buttons.  
Locked settings.

#### When to use

It is designed for people with:  
Dexterity challenges (limited strength, tremors).  
Visual impairment.  
Cognitive limitations.  
Not being 'tech savvy'.  
Mobility restrictions.

#### Considerations

Person's capacity to learn to use the device.  
Dexterity and ability to manipulate buttons and hold remote.  
Amount of devices to be added – adding too many may be confusing.  
Design of remote – personal preference around specific size or design to raise user compliance.  
Need for programming/set-up and training.

#### When not to use

Person with cognitive impairment and insufficient learning capacity.

#### Alternative options

Add tactile stickers to existing remote control to highlight essential buttons.

#### Fitting instructions

Please consult the supplier and manufacturer's instruction per product.  
Battery replacement.

## Environmental control units (ECU) (Red – prescribed)



### Description

Environmental control units (ECU's) are devices that allow people with mobility impairments to operate electronic devices, including televisions, computers, lights, appliances, doors and phones.

Control units like TV and air-conditioner remotes function as ECU's, as they activate, shutdown & moderate various home appliances & electronic systems. More sophisticated units, including some mobile phones, can interact with comprehensive computer-controlled systems to control many functions within the modern home.

### When to use

Setting up a simple environmental control system is very useful if there are some regular activities that the person cannot control themselves.

### Considerations

Does the person need to control more than one appliance or fixture?

Is support available to maintain and troubleshoot an ECU setup, for example replacing batteries or when smartphone operating systems upgrade?

### When not to use

ECU's should be always be set up with a backup system in mind, for example if a remote control is used to open the front door, ensure the person has another way of opening the door if electronic systems fail.

### Alternative options

Think about why it is difficult for the person to control their environment and see if any of these troubleshooting steps will assist:

Can't reach fixtures like blinds, light switches or doorknobs? Reposition access points by extending the length of cords or increasing the size of switches.

Difficulty reaching and managing small buttons on electrical appliances and/or managing multiple remote controls? Consider an off-the-shelf universal remote control to program multiple devices into one and use high contrast stickers or applications like Himark to provide visual cues for the person to use.

Difficult alerting other people? Consider handsfree virtual assistant systems available on smartphones, and program one-touch dialling, or set up a pager or remote operated doorbell as a call system.

### Fitting instructions

Fitting needs to consider the person's abilities and all items in the environment that need to be controlled, and to include training and troubleshooting.

Consider the person's capacity to learn to use a new phone and its features. Do not overwhelm the person with all the features. Only learn those new features they need.

## Lighting (Green - low risk)



### Description

Motion lights turn on automatically when they detect movement.

These can be programmed to switch on desk lighting when light fades to support healthy desk tasks.

This is also useful when a person has been on a lit-electronic screen, they often may not realise daylight has faded and may find themselves in a dark room which could cause falls.

It can also be set as a timer to restrict/limit time used on a screen.

### When to use

Use to illuminate areas for wayfinding, inside or outside the home, at night.

### Considerations

Using an automatic light in darker areas of the home, or at night, increased visibility and therefore safety.

May help with orientation by directing the person towards key areas such as toilet.

May help with wayfinding by illuminating corners or other hazards.

### When not to use

Consider vision, noting if person has poor vision, brighter lux or more constant lighting may be required such as permanent night lights.

### Alternative options

Controlling Philips Hue LED lightbulbs within fixtures in the home is an alternative, and these can be programmed via smart phone.

### Fitting instructions

Consider timers to ensure motion lights are only activated at night and consider length of time the light remains on.

### Care requirements

Regular maintenance if battery operated.



# Car adaptations

## Transfer and access

### Transport aids (Amber – under advice)



#### Description

The list following the considerations below, contains items that assist with safe car transfers and access.

These apply to drivers and non-drivers who may find it challenging to get in and out of the car. The items will also assist with helping a carer assist a person.

#### When to use

Clients with upper and lower limb impairment and mobility restrictions such as limited strength, tremors, limited standing and mobility tolerance.

Visual impairment and cognitive limitations – simplifying the task. Most of these items are intuitive in use.

Clients with limited confidence when accessing a car and coordinating a car transfer.

To support a carer when assisting a person as there is limited and space to assist.

Can be transferred to any vehicle such as taxis or family cars.

A person with a larger body frame which makes it more challenging to access a car due to restrictive space.

#### Considerations

Person's capacity to learn to use the aids and sequence tasks.

Dexterity, joint range to be able use the aids.

Vehicle height and seat type – some seats may be contoured and might not be suitable for some items. Adding a seat wedge may level out a seat in order to use especially the swivel seat pad.

Opportunity to trial.

#### When not to use

Person with cognitive impairment and insufficient learning capacity.

If the person becomes too distressed with the concept of transferring to a car.

If a person does not have the ability to coordinate the use of the aids.

#### Alternative options

Accessible taxis that could be lowered to assist car transfers.

Scooter use from home which would bypass the need to transfer in and out of a vehicle.

Scooters require in-depth accredited assessment and prescription, support and training by an Occupational Therapist.

#### Fitting instructions and care considerations

Please consult the supplier and manufacturer's instruction per product.

Always check for general wear and tear prior to every use.

## Transport aids (Amber – under advice) *cont.*

### Instructions for car transfer

A basic method to follow when getting into/out of the car could result in needing minimal aids and support:

#### Exiting the car

Firstly, slide the seat back before you exit the car to give yourself space to move and also for when next getting back into the car.

Raise the seat as much as possible that still allows enough leg room under the steering wheel (drivers). This will make it easier to stand and sit down from.

Use the main body of the car for support, not the door. The door moves and can be far to reach to. Turn your body round so that both the legs and feet are firmly on the outside floor. (A swivel pad may be helpful with this step to reduce resistance from the seat material. A leg lifter may also help with lifting the legs out.)

Slot a handybar into the u-shaped bracket inside the doorframe.

Move bottom forward to the edge of the seat, reach with nose over the toes, whilst supporting on the handybar until weight is fully on the feet and in a stable standing position.

#### Car entry:

The seat will still be raised and set back from previously exiting the car.

With the car door open, slot the handybar into position.

Turn the feet round until the seat can be felt at the back of your legs or with the seat right behind you.

Support on the handybar as you lower your bottom onto the edge of the seat.

Once seated securely move bottom deeper onto the seat.

Lift legs into the car and turn your bottom round to face the steering wheel or windscreen. The handybar or access strap can be used for support when lifting legs in and turning round.

Slide the seat back into its usual position.

Use a seat belt reacher to reach and secure the seatbelt.



#### Seat belt reacher / hook

It reduces the reach required to pull a seat belt across the torso and clips onto most seat belts.

Useful for restricted arm and shoulder range.

Simple set-up, portable and clips onto most lap sash belts.

A metal seat belt hook can also be used similarly. The hook can also be used by a carer from the seat next to the person.



#### Vehicle Handy Bar.

A metal bar which inserts into the U-shaped striker plate on your vehicle door frame to help support getting out of the car.

It also features a seatbelt cutter and window breaker point.

It is quite heavy for its size. Ensure the client has the reach, strength and safety awareness to slot it into the u-bracket securely prior to supporting on it.

Ideal to use in combination with other car transfer aids in this list.

## Transport aids (Amber – under advice) *cont.*

Adjust to length

Passenger's grab handle



Comfortable to hold

### Car access strap

Plastic loop strap that attaches to the internal grip handle situated above the inside of the car door.

It hangs down from the grip handle.

Useful to a person with limited reach, who cannot hold the car handle. Can be used in combination with the handybar.

Discourages the person to reach for the moving car door and therefore reduces the risk with car transfers. Be aware that it is a soft strap and moves which requires a fair amount of coordination and upper body strength.



### Swivel cushion/Turn pad

A swivel disc with slippery inner surfaces and slip resistant top and bottom.

It is designed to allow a user to pivot around 180 degrees with or without assistance by reducing resistance against the seat material and client's clothing.

Can also be used on a bed, in car, chair or from one surface to another.

Various shapes and sizes, soft and rigid options.

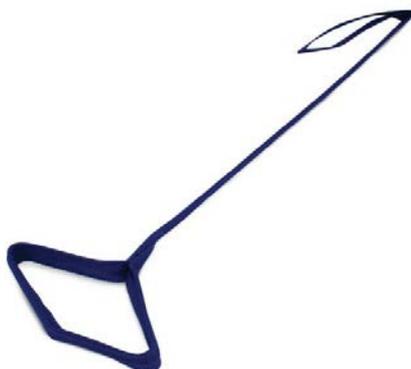
Consider that the person will have to remain seated on it through the journey.

Some body shapes make these more challenging to use.

The person needs to be able to position their bottom well onto the centre of the disc in order to use optimally.

Trial is definitely indicated.

Can be used in combination with other car transfer aids in this list.



### Leglifter

Fabricated from a stiff mesh webbing with a rigid loop on the end that holds the foot and a soft loop at the opposite is the handle. It assists a user to lift their legs onto or into or out of a vehicle. It can also be used for bed transfers.

Consider that a person's legs may be heavy, lower and upper limb range may be restricted, which may make coordinating lifting the legs into a small space like a car, difficult. Trial and practice is strongly recommended.

Also consider where it will be stored for easy reach.

## Domestic Equipment

### Cleaning aids

#### Cleaning Aids (Green – low risk)



#### Description

The following items may be helpful for completing cleaning tasks around the home.

Lightweight cleaning equipment.

Long handled Cleaning tools.

#### When to use

To assist with various cleaning tasks to reduce the effort or force required which can reduce joint stress.

#### Considerations

First consider what the person is already using or doing in relation to cleaning tasks. Adding too many small aids may complicate the task.

Item specific considerations are highlighted under each section if necessary.

Ability to learn and sequence task.

Availability of a carer to provide support if required.

Dexterity and ability to fit items onto aid, to push and pull aid.

Hip or joint precautions following surgery.

#### When not to use

If a person is unable to learn and apply a new skill safely. Requires an element of learning.

#### Alternative options

Adapted method to suit functional abilities.

Consider a Physiotherapy referral for increased strength, range of motion and flexibility exercises.

Carer's assistance or set up.

## Spinning Mop System (Green – low risk)



### Description

A lightweight, free standing microfiber mop and plastic bucket with an inbuilt spinning basket designed to remove excess water and dirt by using either a foot or hand press operation.

Can be used for both wet mopping and dry dusting of floors. Features additional add-ons such as microfiber dust heads.

### When to use

Useful for clients with pain, dexterity issues, for energy and joint preservation.

### Considerations

Requires unilateral, dynamic standing balance to use the foot press to wring out the mop. Requires reasonable strength to fill and empty bucket with water and move around when cleaning the floor.

### Alternative options

Steam Mop

## Long handled cleaning brushes and dusters (Green – low risk)



### Description

A lightweight duster with an extendable pole and a bendable head.

Detachable and washable microfibre heads. and lift heavy containers and can be used one-handed.

### When to use

To assist with various cleaning tasks to reduce the effort or force required which can reduce joint stress.

Items can also help to lift or carry things and/or to compensate for tasks that would require bending and reaching to high and low places.

May be helpful if a person needs to remain in an upright position whilst cleaning or to assist with reaching heights safely.

Consider the person's ability to coordinate the movement at a length, dynamic balance safety whilst looking up. Also, the weight of the attachment.

Advise clients to purchase cleaning liquid containers with push-pump dispensers as this prevents the need to decant

## Long handled cleaning brushes and dusters (Green – low risk) *cont.*

### Considerations

The person's ability and opportunity to learn and practise a new skill.

The grip strength and coordination to reach, place and use the attachment with arms extended.

### Alternative options

Long handled reachers.

Consider a Physiotherapy assessment to look at flexibility and range of motion exercises.

Observes the person's own method or teach them a new technique without aids.

Using a private cleaner for a deep clean every few months.

## 'Robot' / intelligent auto vacuums (Green – low risk)



### Description

Automatic vacuum cleaners which are cordless, bagless and battery operated. An ultrasound navigation system allows it to negotiate furniture independently. Usually comprises the mobile cleaning unit and a charging station that is mains powered. Emptying the cartridge is a lightweight task but requires reaching to floor level.

Some models now offer an additional mop function.

### Considerations

Flooring: some options cannot negotiate thick carpets.

Steps, stairs and hurdles such as items lying on the floor. Some options feature infrared beams that can be set up to prevent the robot to move in certain areas.

Person's 'tech-savviness' and safety awareness for it becoming a trip hazard, especially for hearing impaired clients who cannot hear it approaching.

Cleaning and emptying - May need assistance with programming and set up.

### Alternative options

Lightweight stick vacuum. There are also mop options, but these can be expensive.

## Laundry aids

### Height adjustable clothes lines (Green – low risk)



#### Description

Clothes lines that are height adjustable to suit the person's height and safe reach.

Solutions can be wall-mounted, retractable from a wall unit to a separate post or a stand-alone portable option.

Most of these can be removable or folded down.

#### Considerations

A suitable wall space outside that is safely accessible and feasible for fixtures.

Weather – covered areas can be more suitable.

Fitting and setup if retracted.

The most efficient height for the person.

Dynamic balance when reaching to pin or remove clothes.

If used in combination with a laundry trolley, check trolley access to the line.

Stability of the portable, stand-alone options. Ensure these do not pose a trip hazard.

### Laundry trolley (Green – low risk)



#### Description

Four-wheeled metal trolley that holds a laundry basket. It is useful for transporting items indoors and outdoors. It can be folded for storage.

#### Considerations

Ensure the person can walk safely with an aid on four wheels. Consult with a Physiotherapist if needed.

Go through the whole laundry task with the person.

Reaching to the machine.

Transferring wet clothing from a low level to the basket.

Pushing the trolley - heavier with a full loaded or only with a light load.

Access to outside - doorframes, thresholds.

Reduce the effort of the task if needed. The person can do lighter laundry themselves and leave heavier laundry such as bedding for a once-weekly wash by a carer.

## Ironing (Green – low risk)



### Description

**Lightweight steam iron** – these offer an easy to grip handle and are lightweight. The steam ensures reduced 'pushing down'. Ensure the person has sufficient safety awareness and vision to prevent scalding with steam.

**Auto-shut off - irons** with an automatic shut-off feature that will activate if the iron has been left unused for a period of time. The person still requires the safety awareness to always return the iron to its cradle.

**Table top ironing boards** are lightweight and easy to set up. Standard ironing boards can create a high risk for falls due to weight and unfolding mechanism. Make sure there is sufficient tabletop space that is at a safe working level.

## Household Furniture

### Cantilever table/Over Bed table (Green - low risk)



### Description

Designed to assist a person to eat or work safely while seated or laying in a bed, wheelchair, or high back chair. Options of either a wheeled or static cantilever table.

### When to use

When a client needs to eat or drink while sitting up in bed or in an armchair.

When the client needs an angled tabletop.

When the client's seating does not enable them to sit at a regular table.

### Instructions for person

Not to be used as a transfer aid.

Table should be moved away before standing up.

## Cantilever table/Over Bed table (Green - low risk) *cont.*

### Considerations

Floor surface the table will be used on – whether or not castors or a sliding model are required.  
Trip hazard of table legs if the person is mobile.  
Non-slip mat for the table-top if using it on an angle.

### When not to use

If the client will use the table for weight bearing or mobilising.  
If the person's positioning at the table will make eating more difficult.  
To store heavy items.  
If it is likely to restrict the client to transfer out of bed independently and safely.  
If it is likely to cause the client to remain in bed for extended periods of time and impede on their participation in healthy occupations.

### Alternative options

Using an existing table (with alternative seating).  
Bean bag tray/'stable-table'.  
Kitchen trolley.

### Fitting instructions

Will the table be used when seated in a bed, chair, wheelchair, and which base will be most appropriate.  
Is there sufficient clearance under or around the bed/chair to allow the table to sit close to the person.  
Height of the table is appropriate to the height of the person's chair.  
Pressure issues of resting arms on the edge of the table.

### Care requirements

Check frame regularly for cracks or damage to screws, fastenings or castors.  
Clean with a damp cloth and non-abrasive cleaner.  
Avoid over-tightening screws.

## Kitchen trolley / tray walker (Amber – under advice)



### Description

Adjustable height trolley made of robust, all welded plastic coated steel, with angled sides to provide safe hand grips and instil user confidence. The strong shelves are plastic injection moulded and each has a continuous lip, designed for spill containment.

The bottom shelf is set forward for ease of walking and dining.

There is a variety of styles, most with wipeable non-slip trays. Some offer legs that are splayed for stability. They offer a cut-out section in the top tray to allow seated access to items. This is to reduce the need to transfer items to a table for eating.

## Kitchen trolley/tray walker (Amber – under advice) *cont.*

### Weight restrictions

Check safe weight limits for usage as these can change depending on supplier.

### When to use

#### Person/Physical

When client has limited ability to carry items between rooms/areas.

Can be useful for people with severe upper and/or lower limb tremor.

Can be useful for people with upper limb weakness who poses a risk to themselves when attempting to in transport hot or liquid items around the kitchen or home.

#### Environmental

The person is unable to eat in their kitchen due to lack of table and chair or space for table and chair in the kitchen and is unsafe when carrying food to an appropriate eating area.

The person requires assistance to transfer hot dishes from a cooking appliance to a safe surface in the kitchen.

### Instructions for person

Height adjustment – most appropriate height will vary depending on the frame style. Should be at a comfortable walking height for pushing.

Place weight evenly on both armrests when pushing.

### Considerations

This is not a walking aid so it often not suitable for people with a heavy reliance on walking aids. Some models do not have brakes.

Does the person have unpredictable mobility e.g. shuffling or accelerating gait?

It is essential to check that there is space for the trolley to move freely within rooms, pass between rooms safely, and move smoothly on floor coverings. Hard floors offer no resistance so the person must be able to control the speed safely.

If necessary, remove loose rugs or lower door thresholds.

A piece of non-slip matting or Dycem mat may be issued on the tray to prevent items slipping.

Most designs require two hands to push. See alternative trolley for one handed usage.

### When not to use

If person is observed to be unsteady in walking with the trolley (physiotherapy input is advised in this case).

Insufficient space in home environment or unsuitable flooring.

If the person pushes up heavily on one side or to the back. Can cause trolley to tip.

### Alternative options

Small kitchen table to reduce distance required to transfer items.

Perching stool to have meals and drinks seated at kitchen counter.

Adapted plates/mugs for carrying

Hot drinks: use a flask which could be carried or placed in four wheeled walker with no spillage.

Clients with walking frames – a caddy that fits on the frame.

The person may benefit from a mobility assessment from a physiotherapist.

## Kitchen trolley/tray walker (Amber – under advice) *cont.*

### Fitting instructions and care considerations

Sufficient floor space and level changes. Check that the floor coverings and thresholds do not cause a risk.

Check that the person will not put too much weight through the trolley, as it may run away with them.

Check load capacity.

Adjust the height to a comfortable pushing height. This will vary depending on which trolley is used as the frame designs vary.

If the client is to use it for eating, check sufficient leg space and tray height when the client is seated.

If the client has difficulty securing brakes bilaterally, consider a trolley with a one-handed unilever brake.

### Care requirements

Check the seat and frame regularly for cracks.

Ensure there is no rust on the frame or at weld points.

Clean with a damp cloth, mild soap or non-abrasive cleaner.

## Gardening Aids

### Adapted gardening and recreational tools (Green – low risk)



#### Description

The list following the considerations below, contains items that assist with gardening and other recreational tasks such as pet care.

These are available in most hardware outlets and pet stores.

#### When to use

When client has limited ability to carry items between rooms/ areas.

It is designed for people with:

Dexterity impairment and upper limb restrictions (limited strength, tremors, joint limitations.) .

Visual impairment.

Cognitive limitations to simplify tasks.

Mobility restrictions.

## Adapted gardening and recreational tools (Green – low risk) *cont.*

### Considerations

Person's capacity to learn to use the aid.

Dexterity and ability to manipulate tools.

Amount of tools to be added – use caution not to create clutter and falls hazards as long handled items require coordination to use and need to be stored out of access ways. Be sure to add storage method and planning a requirement to the task trial and practise.

Design of handle – ergonomic and moulded handles will simplify the task.

Factor in the need for the person to take frequent breaks with gardening and more strenuous recreational tasks. 'sprints instead of a marathon.' to preserve energy and joints and healthy posture.

Means to alert someone in case of a fall outside in the garden such as a personal alarm or mobile phone. Recommend the client inform someone of their whereabouts and ask a friend for a check-up call.

Opportunity to trial.

Consider protection from the elements during recreational tasks.

### When not to use

Person with cognitive impairment and insufficient learning capacity.

If the use may place the person at high risk of injury.

### Alternative options

If safety is a concern, recommend informal or formal care support to carry out recreational tasks with supervision.

Daycentres or community recreational groups where the person can carry out recreational tasks in groups and more structured settings.

Ask a carer to assist with set-up of tasks such as pet feeding to reduce the risk of the tasks but still to allow the satisfaction of the activity.

### Fitting instructions and care considerations

Consult the supplier and manufacturer's instruction per product.

## Adapted gardening and recreational tools (Green – low risk) *cont.*



### **Elevated / raised garden beds/ planters.**

Provides an elevated mini-garden to a person who finds reach to ground level challenging.

Various styles, heights and sizes available from most hardware stores.

Consider the area it will be positioned allows for natural sunlight, easy and safe space and access to the person.

Will require assistance with set up and heavy tasks such as filling with soil.



### **Garden kneelers.**

Assists with rising from the kneeling position by providing handgrips to push up on.

Also protects the knees and back during kneeling via a padded seat.

Some can fold flat for carrying and storage.

Various styles available from most hardware stores.



### **Long handled tools/ add-on handles.**

Allows the user easy reach to items or tasks at ground level by reducing the need for bending.

Various styles, heights and sizes available from most hardware stores. Consider storage and not to cause a trip hazard when stored.

Various hand grip styles to assist with grip.



### **Automatic pet feeders/water fountains.**

Automatically dispenses pet food as pre-programmed at pre-set times. Various designs available from most hardware and pet stores.

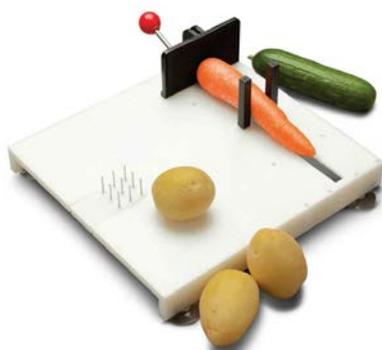
Main's power is required near the feeder to power the timer and ensure food is released on time.

Assistance with set-up and filling is needed as well as monitoring that the pet has access to the feeder.

Be aware that pet food bowls can be a trip hazard. Position the bowl away from walk areas. Cat bowls can be placed on a work top counter.

## Kitchen and meal preparation aids

### Kitchen and Meal Preparation Aids (Green – low risk)



#### Description

The following items may be helpful for:  
Cooking safety.  
Preparing drinks..  
Meal Preparation, cutting, opening.

#### When to use

If reasonable changes cannot be made to the task with existing utensils and aids.

Energy and joint preservation.

These aids are usually helpful for clients with upper limb weakness, reduced dexterity and fine coordination, visual or visual perception impairment, or for general task simplification.

#### Considerations

First consider what the person is already using or doing.

Adding too many small aids may complicate the task.

Item specific considerations are highlighted under each section if necessary.

Others and their roles in the household.

Availability of a carer to provide support if required.

Dexterity and ability to fit items onto aid, to push and pull aid.

Hip or joint precautions following surgery.

Dexterity and pain levels especially for people with arthritis and their related conditions.

Standing and activity tolerance. Tasks can be broken down with break periods.

Person's cognitive ability and motivation to learn using new aid and/or task sequence.

The size and layout of the home and spaces that require cleaning.

Others and their roles in the household.

Dexterity and pain levels especially clients with arthritis related conditions.

Standing and activity tolerance. Tasks can be broken down with break periods.

Work surfaces. Consider using aids in combination with non-slip mats for stability.

Person's cognitive ability and motivation to learn using new aid.

Consider dishwasher and microwave safety.

Where it will be used – home, restaurants, holiday.

Person's dignity and personal preferences.

'Main-stream' solutions such as advising clients to purchase containers with push-pump dispensers or concentrated detergents that come in smaller containers.

## Kitchen and Meal Preparation Aids (Green – low risk) *cont.*

### **When not to use**

If a person is unable to learn and apply a new skill safely. Aids require an element of learning.

### **Alternative options**

Using ready-made meals or pre-cut vegetables.

Reorganising of kitchen environment to encourage energy preservation and simplifying tasks.

### **Principles of Energy Conservation**

Energy conservation is reducing effort and conserving energy in order to reduce fatigue.

This can be achieved by considering some of the following:.

### **Planning Ahead**

Read a recipe from start to finish, thus minimising the amount of bowls and utensils used.

Sit down if required, rather than standing.

Use the correct equipment to make the job easier, e.g. use a processor to grate cheese if doing a large amount.

Store equipment in easily accessible places.

If required, break down the job into smaller steps (task breakdown).

Prepare large batches of food and freeze for later.

### **Balance activity with rest periods**

Try to limit the time an activity takes – i.e. usually no more than 30mins.

Have a rest after the activity, e.g. leave the kitchen to rest and then return later to clean up.

Avoid stress and rushing. Frustration and irritation increases fatigue. Go slowly and

steadily as rushing may lead to mistakes and accidents which require extra energy to

clean up or resolve, not to mention potential for injury.

Another important aspect of reducing the effects of fatigue is ensuring correct positioning.

### **Principles of Work Simplification**

These tips will help to make daily activities safer and easier:.

Cut down on unnecessary movements e.g. planning what ingredients need to be collected from the fridge to make a sandwich and collecting them in the one go.

Slide objects along the bench instead of lifting.

Work at a good pace and rhythm without rushing.

Avoid over-reaching and stretching.

Ensure bench heights are suitable i.e. bench should be approx. height of bent elbow to avoid stooping or reaching up to a bench top.

Store most frequently used items between knee and shoulder level.

## Kitchen and meal preparation aids (Green – low risk) *cont.*

### Fitting instructions

A trial of equipment is always advised.

It is important to ensure that a person is always safe in the kitchen while engaged in cooking, eating and drinking tasks. Safety is always dependant on the person's abilities, the task and the environment in which it is being performed. Some tasks, for example slicing and cutting, are hazardous in nature and certain tasks could be deemed too hazardous for a person to safely perform and therefore modifying the activity may be appropriate e.g. using a kettle tipper to pour hot liquid.

Here are some useful tips to keep in mind when carrying out tasks in the kitchen:

Keep oven mitts and/or hot pads close at hand.

Pull out the oven rack; do not reach into the oven. Always pull out the rack before getting food to place in the oven, or to rotate, or remove food.

Double handled pots allow better control when moving food.

Long handled ladles are good for serving to keep hands away from hot foods.

Disposable pans/trays are lighter compared to baking trays and reduce the amount of cleaning up required.

Do not hesitate to ask for help when you need it.

Keep knives sharp. If required, use a guard to stabilise the food instead of fingers.

Wait for hot water in saucepans to cool down before emptying.

Use the protective aids listed in this guide, e.g. oven rack guards, silicon oven mitts, oven push/pull.

## Oven guard/gloves (Green – low risk)



### Description

Silicon heat resistant strips that fold over the front rail of an oven rack to protect fingers and hands while reaching into the oven. It also contrasts the boundary of the oven rack.

Combine with heat resistant oven mits or gloves.

The incredible oven glove protects from heat but still encourages efficient dexterity.

Consider where hot items from the oven will be transferred to. Clear a space for this in the kitchen adjacent to the oven or use in combination with a kitchen trolley.

Consider all aspects of oven safety such as controls, time awareness strategies, following instructions.

## Touch/tactile stickers (Green – low risk)



### Description

Adhesive dots that can be placed on significant control buttons on the oven or microwave oven or other appliances to simplify or sequence the use of these.

Can be useful for clients who are learning to use a microwave or only needs to use one or two controls on the appliance.

Also useful for clients with visual or visual perceptual impairment.

Consider all aspects of appliance safety such as controls, time awareness strategies, following instructions.

## Steamer baskets (Green – low risk)



### Description

A basket holder for boiling, steaming and straining food stuff such as vegetables and pasta in a saucepan without the need to decant hot water out of the saucepan.

Various designs, stainless steel and silicone options.

Baskets collapse down to fit most sized saucepans, keeping the pot lid on tightly to reduce steaming and boiling time.

Feature handles for lifting the basket out of the saucepan.

The saucepan does not need to be transferred whilst hot.

A carer can decant water, or the person can wait for the water to cool before having to move the saucepan, reducing the risk of scalding.

## Non slip (Silicone) mats (Green – low risk)



### Description

Slip resistant mats made from flexible silicone or PVC which can be used for stabilising saucepans, plates or bowls, or assist in opening jars.

Heat resistant and can be used for gripping hot items such as saucepan handles.

Various shapes and sizes. Most hardware and chain stores sell these in rolls that can be cut to size.

Can be useful for other applications such as providing grip on furniture and adding to shelves and trays to provide stability to prevent items from falling or spilling.

### Considerations

Regularly wipe non-slip mats to ensure they retain their surface integrity.

## Pan holder (Green – low risk)



### Description

A wire frame which stabilises a pot or pan handle on the oven.

Suction cups to secure it to a stove top or bench surface.

### When to use

Allows one handed or simplified stirring.

### Considerations

Consider if the stove surface will accommodate sufficient surfacing for suction cups to grip.

## Kettle tipper (Green – low risk)



### Description

A kettle or kettle tipper frame which uses a non-weight-bearing 'tilt and pour' action to deliver hot water safely and steadily without removing the kettle from its cradle. Various kettle tipper frames are available to suit round, jug or cordless kettle styles.

### When to use

When a kettle is becoming heavy to lift or tip and person is at risk of scalding.

Can make pouring process safer, easier and reduces strain.

Beneficial for people who have difficulties with strength or dexterity.



### Instructions for person

Fill the kettle by bringing a jug of water to the kettle.

Use a lightweight plastic jug to refill or delegate a carer to fill in the morning.

Only fill the kettle with as much water as you require. Always check that any clamps and straps are secure before use.

Pour the kettle slowly to begin with to ensure that the cup is positioned in the right place.

## Decanting aids (Green – low risk)



### Description

Battery powered straw with a one touch trigger, which dispenses liquid such as milk without spillage. No need to remove the container from a higher fridge door shelf or decant.

All liquids except carbonated or alcohol beverages.

Requires set up and regular cleaning.

Other solutions for heavy liquid container decanting:.

Purchase smaller (500ml) milk/liquid bottles.

Reorganise fridge to have bottles at eye level.

Carer to decant needed amount of milk/liquid into a smaller easy-push flask for use during the day.

Method: If decanting from a larger container, rest the bottom edge of the container on the side of the sink placed on a slip resistant mat, have the bowl/cup at a lower level in the sink and pivot the bottle on its bottom edge to pour the liquid. This way, the work surface is supporting the weight of the bottle and if there is spillage it falls directly into the sink, leaving no spills on the floor.

## Opening containers (Green – low risk)



### Ring pull can opener

A plastic lever used to facilitate the opening of cans with a ring pull attachment.

The wrist is in a neutral position which supports the use of larger joints and muscles for increased joint preservation and ergonomics.



### Automatic can opener

A battery-operated automatic can opener that does not need to be held while operating. It requires positioning only onto the can.

The opener stops automatically when the can is completely cut, leaving no sharp edges. Variety of cans and ring pull cans except rimless or odd shaped cans. Right or left hand operation.

Encourages joint and energy preservation, unilateral hand function only required.

Also called: One touch can opener, Touch and go opener.

## Opening containers (Green – low risk) *cont.*



### Jar openers

A variety of options. The aim is to reduce the effort of opening jar lids by increasing grip with a non-slip material and/or to increase leverage.

Most openers feature serrated non-slip applications that grip onto the jar lid.

For clients with reduced executive functioning, opt for an opener that can fit around most size lids without requiring any adjusting as this simplifies the task and makes it more intuitive to use.

Clients with dexterity challenges could benefit from an opener which locks into place and is then turned. Avoid openers that require complicated adjusting.

Openers can be used in combination with a non-slip mat or food preparation board clamp (see below) to provide a solid base.

Many jar openers can also be used to turn taps and oven knobs.

## Cutting, slicing, and grating products (Green - low risk)



### Food preparation/ cutting boards

Various designs food preparation boards to stabilise food, bowls, cans or jars to assist with meal preparation and cutting. They can be basic to comprehensive.

Features: movable clamps, support pegs, raised borders, slip-resistant feet, graters, slicers.

Consider cleaning of small attachments and where food collects if a system with grates or slicers is considered.

Suitable if:

Person is still an active cook.

Sufficient kitchen surface space.

One handed user.

Cognitively able to utilise.

Challenges with dexterity and strength.

Cutting guides can also help with cutting safety.

## Cutting, slicing, and grating products (Green - low risk) *cont.*



### Reflex/Angled utensils

Knife with lightweight moulded plastic handle set at an angle to the stainless-steel cutting blade which enables cutting with a straight wrist. This facilitates the efficient use of the hand and a strong grip. Less strain is placed on smaller hand joints and the driving force comes from the larger joints and muscles of the upper limb.

Various styles and sizes of knives such as carvers, bread knives, and other aids such as graters.

Dishwasher safe.

Suitable for:

Arthritis related conditions.

Compromised hand strength.

Challenges with dexterity.

Energy and joint preservation



### Assisted / self-opening scissors

Scissors with spring loaded self-opening handle which can be operated by a light squeezing action.

Some options feature a wider spatula-like base to slide under food.

Cutting with scissors often require less strain as the cutting power is doubled. The scissors can be stabilised on the working surface which reduces effort and increases control.

Various sizes available, left/right options.

Requires moderate hand flexion as per task.



### Cutting guards

To assist with safety when cutting food items.

Can increase safety by protecting supporting fingers or by placing items in a cutting guide to increase control and stability.

Dishwasher safe, right/left hand.

If there is doubt on the person's ability to be safe with cutting, consider ready-cut food stuff.



### Adapted handles/ blades

Knives/utensils with special features:

Enlarged handles.

Slip-resistant handles.

Closed moulded handles.

Weighted for tremor reduction.

Rocker style blades for one handed cutting.

Cutlery and cutlery sets with similar features are also available.

## Eating and Drinking Products

### Features that enable eating and drinking (Green – low risk)



#### Description

Specially designed eating and/or drinking equipment may help a person to maintain independence by giving simpler access to food and drink such as items that hold or support the process of getting items to the mouth when eating and drinking.

These may include:

Cutlery with larger or angled handles.

Lipped/angled plates.

Alternative drinking cups/beakers or straws.

#### When to use

To assist with various tasks and steps related to eating and drinking that may reduce effort with fine coordination tasks, overcoming range of motion restrictions in upper limbs or reduce accidents and spills due to changes in upper limb control.

#### Considerations

Item specific considerations are highlighted under each section if necessary.

A contoured surface can sometimes be added to the handle of a piece of existing cutlery to facilitate grip and enhance comfort.

Cutlery with short handles may facilitate control. However, long handles may extend the range of movement.

Partially sighted users may find it helpful to have cutlery/cups/plates in a colour that contrasts with the background. Colour contrast, either in the form of a coloured vessel or a coloured line through a transparent glass or beaker, may be easier for a user who is partially sighted.

A wide based drinking cup is more stable.

A cup lid may help to prevent spillage.

Large handles allow users to put their hands right around the handle, which may facilitate a more secure grip - 'D', 'T' and 'J' shaped handles provide a variety of grips for users with reduced range of movement or strength.

An unbreakable, ribbed cup/glass may be easier to grip and be less likely to cause injury if dropped by the user.

A large cup/glass can be half filled to reduce the risk of spillage, but still provide a good-sized drink.

Standard crockery can often be adapted to make it easier to use, e.g. by adding a plate guard.

People who are partially sighted may prefer a plate or bowl that provides a colour contrast between the background and the food itself.

Modern picnic ware can be lightweight, unbreakable and contemporary in design and may be a more acceptable alternative in some cases.

Attachments that are removable and 'clear' coloured items might help with ease of use and dignity when the person is out and about.

## Features that enable eating and drinking (Green – low risk) *cont.*

### When not to use

If a person with a new or recent change in voice and/or swallow control, then they should be seen by a Speech Pathologist.

If the person's sense of dignity is compromised in relation to its use when out in the community.

## Adapted Cutlery

### Angled and bendable cutlery (Green - low risk)



#### Description

Ergonomically designed, soft non-slip handles with curved, pre-bent or bendable necks to create a suitable angle for the user. Various designs with various styles of handle options such as enlarged, extra grip, lightweight or weighted. Left or right handed options.

### When to use

Assists where there is limited wrist movement or impaired motor control.

Adapted cutlery may assist people who have poor grip, decreased muscle control, tremors, upper limb weakness, limited upper limb joint range or those who only have the use of one hand.

### Considerations

May reduce joint pain, upper limb fatigue or to reduce effort.

A trial is strongly advised as personal preferences can be varied.

### Special grips (Green – low risk)



#### Description

Various options such as enlarged grips, thinner grips, molded finger grips, lightweight options. It can be either in the form of the utensil or can be handles that can be added to standard cutlery. Straps can also be added when palmar grip is reduced.

## Special grips (Green – low risk) *cont.*

### When to use

Assists where there is reduced dexterity. Longer handles can assist when there is reduced elbow or shoulder range that limits reach.

### Considerations

A less expensive solution is to add hollow foam tubing to cutlery, and other utensils such as pens. These come in different sizes and available from hardware stores. This can be kept in the person's handbag for eating out.

Variety of long handled sponges and pads that are mounted on plastic or plastic coated wire. The wire is flexible and can be contoured or bent to different shapes.

A trial is strongly advised as personal preference can be varied.

## Weighted or cutlery for tremor control (Green – low risk)



### Description

Weighted handles or utensil options to reduce tremor.

The counter balance systems below can reduce or compensate for hand tremor movements.

ELIspoon (various sizes).

Gyenno anti-tremmor spoon (spoon, fork attachments)

Needs charging.

Lifeware Steady cutlery (spoon, fork and knife attachments).

Needs charging.



### When to use

Adapted cutlery where there is hand tremors or reduced coordination.

Often used with people with reduced tolerance or range of movement in the upper limb joints.

### Considerations

A trial is strongly advised as personal preferences can be varied.

Evidence against using the less expensive weighted cutlery options.

## Adapted Crockery

### Adapted plates/bowls (Green – low risk)



#### Description

Crockery with a lip or raised edge or a removable raised edge guard to assist with loading food onto a fork or a spoon.

Options include plates, small plates, bowls.

#### Features available:

Contrasting coloured plate or edge to assist with visual and visual perceptual impairment.

Weighted, non-slip suctioned base for stability.

Removable plate guards are useful for eating out or taking on holiday.

Consider dishwasher, microwave safety.

Ergonomically designed, soft non-slip handles with curved, pre-bent or bendable necks to create a suitable angle for the user. Various designs with various styles of handle options such as enlarged, extra grip, lightweight or weighted. Left or right handed options.

#### When to use

Assists where there is limited wrist movement or impaired motor control.

Adapted cutlery may assist people who have poor grip, decreased muscle control, tremors, upper limb weakness, limited upper limb joint range or those who only have the use of one hand.

Assists when a visual impairment impacts the ability to gauge the amount of food picked up with the cutlery, and uneaten food is left scattered around the plate.

#### Considerations

May reduce joint pain, upper limb fatigue or to reduce effort.

A trial is strongly advised as personal preferences can be varied.

## Modified drinkware (Green – low risk)



### Description

Crockery with a lip or raised edge or a removable raised edge. Preventing spillage helps reduce the risk of falls in the home either by preventing slips or preventing the person reaching to floor level in an attempt to clean spillages.

It is also a strategy for night time safety. If the person has an accessible drink available on the bed side table which is covered it limits the need for getting out of bed at night.

Solutions include:

Covers with straw openings for existing crockery.

Two handles / removable handle.

Weighted cups for tremor stability.

Contrasting or glow in the dark colours.

Consider dishwasher, microwave safety.



### When to use

Assists where there is reduced hand or upper limb dexterity.



### Considerations

Various options of modifying cups or cup additions that can help overcome dexterity challenges such as limited reach to the mouth for drinking or can assist with spillage prevention.

A trial is strongly advised as personal preference can be varied.

# Appendix One – Recommended resources and sites

## 1. Making Choices, Finding Solutions Guide

The Making Choices Finding Solutions guide is designed to inform and provide advice to older people and guide assistive technology (AT) decisions. Regardless of the complexity of the AT solution, older people as 'experts' with lived experience of daily life can be empowered to think through the process of making choices and finding solutions.

MCFS guides individuals through a process of identifying needs and learning about potential solutions and how to access them. They are guided through a range of solutions, including assistive technology, energy conservation, work simplification, and the role of the allied health practitioner.

An Every Day Activities Checklist is provided to help individuals identify their common frustrations which is linked to a solutions sections for some simple advice and buying guides.

[www.ilaustralia.org.au](http://www.ilaustralia.org.au)

## 2. KeepAble

KeepAble is an online resource which offers support, resources and information around Wellness and Reablement service delivery in the home care sector. Compiled by a team of dedicated professionals, this online collaborative hub has been developed to assist home support providers to work with and empower older people to improve their independence and live life well for longer.

Along with information and resources relating to wellness and reablement, KeepAble contains fact sheets about low risk AT that can be downloaded and used by organisations and support staff. The site also covers information on reablement strategies that can be used before assistive technology is considered or in conjunction with assistive technology.

[keepable.com.au](http://keepable.com.au)

## 3. National Equipment Database (NED)

NED is the largest online database of information about assistive technology products and suppliers in Australia and is designed to provide impartial and up to date information on more than 15,000 assistive technology and equipment options across Australia. NED also contains supplier information, current pricing and item availability.

There are products available that can assist people to better manage daily tasks, learn, work, socialize, communicate, be mobile and participate in recreational activities.

[www.askned.com.au](http://www.askned.com.au)

## 4. Indigo – Assistive Technology information sheets

Indigo (*formerly Independent Living Centre of WA*) has a number of information sheets that are based on common enquiries about assistive technology for the home. Indigo is based in Western Australia.

## 5. LifeTecAustralia Assistive Technology fact sheets

LifeTec Australia have a number of fact sheets developed to provide tips and to support people to increase their knowledge on assistive technology equipment. LifeTec is based in Queensland.

Fact Sheets | Expert Assistive Technology Services | LifeTec

## 6. CHSP Goods Equipment and Assistive Technology (GEAT)

CHSP funded Goods, Equipment and Assistive Technology (GEAT) Services provide access to goods, equipment and assistive technology which enables older people to perform tasks they would otherwise be unable to do or promote an older person's safety and independence including time limited services to support wellness and reablement goals.

GEAT is accessed like other CHSP services, through My Aged Care and further to an assessment by RAS or ACAT. More detailed information on what a GEAT service is funded for, can be found on page 30 of the CHSP manual.

[www.health.gov.au](http://www.health.gov.au)

## 7. GEAT2Go

GEAT2Go is a recent Australian Government initiative under CHSP. It allows older people across Australia to access helpful devices and equipment to continue living independently and make daily tasks easier. This new service was launched in August 2021 and is available in all Aged Care Planning regions on an “as needs” basis and should be used when no other GEAT provider is available. Indigo Australasia provide the National GEAT2Go service and operate alongside current CHSP GEAT providers and under the same requirements for CHSP services. The National phone line for GEAT2Go is 1800 518 218. For more information click the link below.

[geat2go](#)

## 8. ARATA

The Australian Rehabilitation and Assistive Technology Association (ARATA) is the peak body for AT, and welcomes AT users, providers, assessors, innovators and other AT stakeholders as members. [www.arata.org.au](http://www.arata.org.au).

Should funding options outside of CHSP be required then the funding map developed by ARATA may be helpful as it lists over 50 sources of assistive technology funding in Australia.

Funders may cover certain states and territories, may be designed for specific disability types, and may be limited to certain age groups (for example over 65s or children), certain participations

(such as education or vocational access) or certain eligibility criteria (such as compensation or veterans funding).

Visit the ARATA AT Funding Map to see an updated list.

[www.arata.org.au/access-&-funding/funding-your-at/](http://www.arata.org.au/access-&-funding/funding-your-at/)

## Disclaimer

The content in this guide is provided on an “as is” and “as available” basis and designed as an information source only.

Whilst due care has been exercised in ensuring the accuracy of the information contained in the guide, Independent Living Assessment (ILA), does not guarantee the accuracy or completeness of the information. If errors are brought to our attention, we will aim to correct them.

The guide should not be used to replace any training and/or any professional judgment of a health professional and ILA does not accept any liability for any injury, loss or damage incurred by use of or reliance on the information provided in the guide. References are provided for informational purposes.

Independent Living Assessment may add, change, improve or update the information. Information contained within the AT Essentials guide is subject to copyright.

## Acknowledgements

Funding for this guide has been provided by the Australian Government, Department of Health and through Indigo Australasia Incorporated. It is part of a series of initiatives developed by the ILA Sector Support and Development team.

Although funding for this guide has been provided by the Australian Government, the material contained therein does not necessarily represent the views or policies of the Australian Government.

© Copyright 2021. Independent Living Assessment. All rights reserved. No part of the material protected by this copyright notice may be reproduced or used in any form or by any means, electronic or mechanical, including photocopying, recording or by any information storage and retrieval systems, without the prior written permission of the copyright owner.