

Hands On Skill Development: Ambulation

Watch

This handout is intended to accompany the Lesson Plan: **Hands On Skill Development using Ambulation**.

1. After group discussion and feedback from instructors, complete the chart below. Be specific as you list the impairments.

Functional limitation: decreased ability to ambulate independently

Phase of gait	Gait deviations noted	Possible impairments (be specific)
Swing		
Stance		
Throughout gait cycle		

2. Practice hands on skills related to testing your impairment hypotheses. As one student simulates being the patient, the other student tests impairments related to the neurologic diagnosis.

If impairment testing has been previously covered in another class, it may be helpful to have a pre-lab assignment for students to review their testing skills in order to avoid having to review in this lab.

3. Discuss with a peer how the impairments are related to the functional limitation. For example if you found the patient's hip extensors to be weak, can you see where in the gait cycle that would be most problematic?
4. Document one short-term goal for this patient (2 weeks).

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Goals must be specific, measurable, attainable, realistic and time specific. Goals must also be patient centered and relate to the treatment setting and the patient's prior level of function.

5. Document one long-term goal for this patient (4 weeks).

6. Plan your treatment. It should reflect the patients impairment findings and the goals you have set. One approach to organizing your treatment ideas is shown in the grid below.

Functional Limitation	Impairments	Treatment Ideas Be specific: patient position, equipment, assistive devices, your cues and facilitation	Rationale
Decreased ability to advance LLE in swing phase			
Decreased LLE stability in stance phase			

7. Practice verbalizing to a peer why you chose this treatment intervention. Provide a detailed rationale for why you worked in the position chosen, the activities you used and the environmental set up.

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8. Some critical thinking questions to consider before you start your treatment:
 - At what level of the motor control continuum is your activity?
(mobility>stability?controlled/dynamic stability>skill) Did you consider this as you were planning it and how does it align with where the patient is currently performing?
 - Is your treatment directed at one of your stated goals?
 - Does your treatment focus solely on impairments without considering function?
Provide a rationale for this approach. Discuss how this impacts the patient's functional recovery.
 - Does your treatment focus solely on function without considering impairments?
Provide a rationale for this approach. Discuss how this impacts the patient's ability to overcome their impairments.
 - Does the chosen treatment mean something to the patient? This salience is important for patient buy-in with therapy. How could you improve salience in this intervention?
 - Discuss how you would approach setting up this treatment with the patient. What equipment is needed and what safety considerations exist? Talk through your plan with a peer before you begin.

9. Hands on practice:
 - Perform your treatment interventions. Use patient friendly language at all times.
 - Perform progression and regression of the initial activity. Problem solve reasoning for progression and regression and how a therapist knows when to advance an activity with a given patient. Discuss signs that a patient is not tolerating a given treatment activity and need a regression of that activity.

10. Seek out feedback from peers and lab instructors regarding:
 - Your body mechanics
 - Your safety awareness and ability to keep the patient safe
 - Your ability to build a rapport with your patient
 - Your ability to initiate and terminate the treatment
 - Your handling skills and ability to facilitate movement