

## 6.4 Mobility

There are many considerations that are crucial to promoting safety and optimizing recovery when working with people who have had a stroke. The TACLS Quick Reference Guides were developed from the TACLS resource and can be used as quick reference to help *support healthcare providers* and informal caregivers who may not typically work with and care for people who have had a stroke.

We recommend reviewing the full **TACLS resource** for more complete information:  
[strokebestpractices.ca/resources/professional-resources/tacsls](http://strokebestpractices.ca/resources/professional-resources/tacsls)

### Quick reference guide highlights

- **Always follow the current care plan for the person you are working with.**
- The stroke care physician and physiotherapist (PT) will assess the person to determine when they can begin mobilization.
- The PT and stroke care team will provide recommendations and guidance on how to support mobilization. Work with the stroke care team to ensure you have all necessary skills and training to support the person with their mobility.
- A stroke can affect a person's ability to maintain their balance, use their affected leg, and/or walk. As a result, the person may need assistance and/or walking aids.
- Make sure to review the current care plan prior to mobilization as it will identify the technique and assistance needed for safety (such as equipment and number of people needed to assist).
- If the person has motor planning/coordination difficulties and/or unsteady/staggering gait, the PT will assess and make recommendations specific to the person.
- A person who is experiencing cognitive or visual perceptual impairments may require additional assistance and specific strategies to support their mobilization.
  - For example, if the person has visual or visual perceptual problems, remind them to turn their head to look towards the neglected side, so that they do not bump into walls or other obstacles.



### How you can help – Mobility

- Use mobility devices or aids that have been recommended in the care plan such as a transfer belt, arm sling, ankle-foot orthosis (AFO), other ankle support and/or cane or walker.
  - If you are unsure how to use any of the assistive devices, consult with the PT and/or occupational therapist (OT).
  - The PT will choose the right type of mobility aid and make sure it is set to the correct height. The OT will advise on use of an arm sling and/or splint and provide instructions for use.
- Always consult a member of the team if you have questions on how to use a person's assistive devices. Check regularly for signs of redness or skin irritation,

swelling, or discomfort as a result of using any assistive device and report these changes to the PT and/or OT.

- To avoid falls and injury after a stroke, stress the importance of safety; remind the person to slow down, be aware of their functional abilities and limitations, and pay attention to foot placement.
- Make sure the person is wearing appropriate footwear (e.g., not slippers) with good support and grip prior to walking. Inappropriate footwear could lead to a fall or injury.
- When assisting a person to walk, stand on the person's affected side to provide support. Provide support by bracing the elbow and hand if needed. **DO NOT pull on the affected arm.**
- Posture is important. Have the person stand upright and tall, with eyes looking forward, resisting the temptation to look at their feet. Provide verbal cues and/or physical cues (e.g., placing your hand on the person's back and asking them to stand up tall towards your hand) when needed.
- Make sure the person is balanced before they begin to move. Have the person keep the affected leg straight and feel steady weight before taking a step.
- If the person begins to lose balance while walking, have them stop and regain it before continuing.
- Make sure the person is shifting their weight to the standing leg before swinging the other leg forward. As they take a step forward, remind them to feel contact with the ground before transferring their weight to that side.
- Try to discourage: sliding feet on the ground, landing with feet too close together, swinging the leg out to the side, looking at feet, and leaning forward while walking.
- Muscle weakness on the affected leg will make it challenging to take all of the body's weight. Encourage the person to focus strength in that leg ("Stand strong on that leg!"), take it slow, and avoid leaning too much on the walking aid. Relying too much on the stronger side will result in compensation and limit recovery of normal walking movements.
- Communication is important when assisting mobility. Always explain what you are doing to make sure the person understands before you begin. Make sure the instructions are simple and concise and demonstrate if necessary. Encourage participation as much as possible.



### How you can help – Stairs

- **NEVER** take someone on stairs until they have been properly assessed and always follow the instructions in the current care plan. Do not continue if you feel it is unsafe to you or the person you are helping. Use a transfer belt if one has been recommended.

- When helping with stairs remind the person to proceed slowly and thoughtfully, put their full foot on the stair, use the handrail where possible, and to stop, stand, and rest when needed.
- When **ascending** stairs, assist from behind and ask the person to lead with the unaffected (strong) leg to step up onto the stair then follow with the affected (weaker) leg onto the same stair-step.
- When **descending**, assist from the front and ask the person to lead with the affected leg to the stair-step below and follow with the unaffected leg onto the same stair-step.

## Wheelchair use

- Some people who have had a stroke will require a wheelchair for all or part of the day. You may need to reinforce or remind the person how to use their wheelchair.
- Some challenges using a wheelchair may include: sliding forward in the seat, inability to reach the ground with feet, leaning excessively to one side, discomfort, letting the affected arm hang over the side, bumping into obstacles, not using the brakes, and/or difficulty positioning when transferring.



### How you can help

- Always make sure to discuss these challenges with the team and get the proper training to assist with use of a wheelchair. The OT will decide what type of wheelchair is needed and whether a specialized back support, pressure redistribution cushion or additional accessories are needed.

**Note:** This information represents some of the priorities of care related to safe and effective mobility; consult with the team PT and OT for any questions or concerns regarding mobility.

### References:

1. Canadian Stroke Best Practice Recommendations: [www.strokebestpractices.ca](http://www.strokebestpractices.ca); **Mood, Cognition and Fatigue following Stroke**, 6<sup>th</sup> Edition, Section 3; **Rehabilitation and Recovery following Stroke**, 6<sup>th</sup> Edition, Sections 3, 6.1 and 6.3
2. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) – **Mobility**

Taking Action for Optimal Community and Long-Term Stroke Care is for informational and educational purposes only and is not intended to be considered or relied upon as medical advice or a substitute for medical advice, a medical diagnosis or treatment from a physician or qualified healthcare professional. Healthcare providers and other users of this TACLS content are responsible for adhering to their professional college standards of practice, their organizational standards and policies, and for obtaining appropriate medical advice from a physician or other qualified healthcare professional prior to acting upon any information available through this publication.