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PURPOSE:

- 1. To improve patient's functional ability.
- To compensate for the patient's decrease in balance or strength, pain due to weight bearing, weight bearing restrictions, absence of lower extremities and assist in fracture healing at the lower extremity.
- 3. To improve patient's stability by increasing the Base of support.
- 4. To permit the patient's safe mobility.

SCOPE:

Applies to all Physical Medicine & Fitness Center Staff of Dr. Pablo O. Torre Memorial Hospital (DPOTMH)

RESPONSIBLE PERSON:

Physical Therapist

PROCEDURE:

On Call (Admitted)

- 1 Physiatrist orders on the patient's chart the patient management which includes modalities to be used, exercises and gait training per wheelchair or stretcher.
- 2 The Nurse in-charge will endorse the Physiatrist's order to the Physical Therapist at the Physical Medicine and Fitness Center.
- 3 PT will acknowledge the referral and inform the Nurse in-charge to transport at a specified time the patient to the center via stretcher or wheelchair.
- 4 Upon receiving the patient at the center, PT reviews the patient's medical record to obtain pertinent information of his/her condition to assist in planning for ambulation activities.
- 5 PT makes an assessment of the following:
 - 5.1 Patient's strength, balance and cognition.
 - 5.2 Patient's capabilities and limitations.
 - 5.3 Patient's ability to understand and participate.
 - 5.4 Best assistive device, weight-bearing status and gait pattern.



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- 6 PT makes the environment safe for gait activities by removing items in the area that may interfere with ambulation.
- 7 PT washes his/her hands to prevent spread of microorganisms.
- 8 PT checks assistive devices (A.D.) for fit and safety. Verifies initial measurement.
 - 8.1 *Assistive Device Measurement: Axillary Crutch Length of Crutch:
 - 8.1.1 Method I. Based on Patient's height. Multiply patient's height to 77% or subtract 16 inches and use the resulting value for the overall crutch length.
 - 8.1.2 *Method II.* Supine position. Use a tape measure to get the distance from the anterior axillary fold to a point approximately 6 to 8 inches lateral to the patient's heel for overall crutch length.
 - 8.1.3 Method III. Sitting position. Upper extremity is abducted at shoulder level, with one elbow extended and one elbow flexed to 90 degrees, measure from olecranon process of the flexed elbow to the tip of the long finger of the hand of the opposite extremity.
 - 8.1.4 *Hand Piece Height:* Supine position measure from greater trochanter, from the wrist crease, or from the ulnar styloid process with the arm by side and the elbow extended to the heel of the shoe.
 - 8.1.5 * From the anterior axillary fold to the patient's trochanter or ulnar styloid with the arm along the side.

* Gait Pattern instructions: Types

1. Four - point gait pattern

- -use 2 canes or 2 crutches
- Advance Right Crutch (cane) first, then followed by Left foot, next followed by Left Crutch (cane), last followed by Right foot.

2. Three - point gait pattern

- for unilateral Non Weight Bearing
- may use crutch or walker
- Advance forward the Assistive device then hop forward unto unaffected lower extremity



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3. Three - point 1 or Modified 3 point Modified gait pattern

- Partial weight bearing (PWB) on 1 lower extremity
- Advance the assistive device forward, then followed by PWB of the affected lower extremity, next followed by the unaffected lower extremity
- 4. Two point gait pattern. Advance Right crutch (cane) and Left Foot simultaneously followed by Left crutch (cane) and Right foot simultaneously.
- 5. Swing To. Both lower extremities swing forward simultaneously and land even with crutches.
- 6. **Swing Through.** Both lower extremities swing forward simultaneously and land slightly anterior to the crutches

Functional Activities Instructions

- 1 Sit to stand with Crutches:
 - 1.1 Instruct the patient with the following:
 - 1.1.1 to scoot forward on the chair
 - 1.1.2 both crutches held on affected side with hand in the hand grip
 - 1.1.3 hand of the unaffected side is on the arm rest of the chair
 - 1.1.4 position feet slightly behind knee; if weight bearing restriction, affected leg is placed anterior to the unaffected one
 - 1.1.5 lean forward and push to standing position
 - 1.1.6 gain balance then place one crutch under axilla on unaffected side
 - 1.1.7 other crutch then placed under axilla of the affected side
 - 1.1.8 assume tripod position
- 2 Stand to sit with Crutches
 - 2.1 Instruct the patient with the following:
 - 2.1.1 To back up until lower extremities touch the chair
 - 2.1.2 Place both crutches on the affected side; hold to crutches at the hand grip



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- 2.1.3 Position feet with affected lower extremity forward if with weight bearing restrictions
- 2.1.4 Reach for arm rest with hand on unaffected side
- 2.1.5 Lower down body to the chair

3 Crutches on Stairs

- 3.1 GOING UP
 - 3.1.1 Instruct the patient to step-up first the unaffected leg
 - 3.1.2 Then followed by the affected Lower extremity and crutches

3.2 GOING - DOWN

- 3.2.1 Instruct the patient to step-down first the crutches
- 3.2.2 Then followed by the affected Lower extremity
- 3.2.3 Last by the unaffected Lower extremity
- 9 PT applies a safety belt to the patient.
- 10 PT instructs the patient the proper use of the A.D. chosen for him/her and the gait pattern to be used.
- 11 PT and the patient perform the gait training activities together.
- 12 PT observes proper patient guarding.
- 13 PT must observe rest periods and vital signs monitoring.
- 14 After the treatment session, PT returns the patient back to the stretcher or wheelchair.
- 15 PT checks patient's vital signs.
- 16 PT elevates all side rails to provide patient safety.
- 17 PT calls the Information desk or pages directly the Auxiliary.
- 18 PT endorses the patient to the auxiliary at the same time turn-over to him the patient's chart.
- 19 PT washes hands.
- 20 PT charges in the computer the patient's treatment session.



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Out-patient (Walk-in):

- 1 Patient arranges for a medical check-up with the Physiatrist
- 2 Physiatrist examines the patient's condition and prescribes medications and Physical therapy sessions which include modalities and exercises.
- 3 The patient will arrange with the Supervisor his or her Physical therapy schedule.
- 4 Upon receiving the patient at the center, PT reviews the patient's medical record to obtain pertinent information of his/her condition to assist in planning for ambulation activities.
- 5 PT makes an assessment of the following:
 - 5.1 Patient's strength, balance and cognition.
 - 5.2 Patient's capabilities and limitations.
 - 5.3 Patient's ability to understand and participate.
 - 5.4 Best assistive device, weight-bearing status and gait pattern.
- 6 PT makes the environment safe for gait activities by removing items in the area that may interfere with ambulation.
- 7 PT washes his/her hands to prevent spread of microorganisms.
- 8 PT checks assistive devices (A.D.) for fit and safety. Verifies initial measurement.

*Assistive Device Measurement:

- 1 Axillary Crutch: Length of Crutch:
 - 1.1 Method I. Based on Patient's height. Multiply patient's height to 77% or subtract 16 inches and use the resulting value for the overall crutch length.
 - 1.2 Method II. Supine position. Use a tape measure to get the distance from the anterior axillary fold to a point approximately 6 to 8 inches lateral to the patient's heel for overall crutch length.
 - 1.3 Method III. Sitting position. Upper extremity is abducted at shoulder level, with one elbow extended and one elbow flexed to 90 degrees, measured from olecranon process of the flexed elbow to the tip of the long finger of the hand of the opposite extremity.



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Hand Piece Height:

- Supine position measure from greater trochanter, from the wrist crease, or from the ulnar styloid process with the arm by side and the elbow extended to the heel of the shoe. From the anterior axillary fold to the patient's trochanter or ulnar styloid with the arm along the side.
- 2. PT applies a safety belt to the patient.
- 3. PT instructs the patient the proper use of the A.D. chosen for him/her and the gait pattern to be used.

* Gait Pattern instructions:

Types:

- 1 Four point gait pattern. use 2 canes or 2 crutches. Advance Right Crutch (cane) first, then followed by Left foot, next followed by Left Crutch (cane), last followed by Right foot.
- 2 Three point gait pattern
 - 2.1 for unilateral Non Weight Bearing
 - 2.2 may use crutch or walker
 - 2.3 Advance forward the Assistive device then hop forward unto unaffected lower extremity
- 3 Three point 1 or Modified 3 point Modified gait pattern
 - 3.1 Partial weight bearing (PWB) on 1 lower extremity
 - 3.2 Advance assistive device forward, then followed by the PWB of the affected lower extremity, next followed by the unaffected lower extremity
- 4 Two point gait pattern. Advance Right crutch (cane) and Left Foot simultaneously followed by Left crutch (cane) and Right foot simultaneously.
- 5 *Swing To.* Both lower extremities swing forward simultaneously and land even with crutches
- 6 *Swing Through.* Both lower extremities swing forward simultaneously and land slightly anterior to the crutches



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Functional Activities Instructions:

- 1 Sit to stand with Crutches:
 - 1.1 Instruct the patient of the following:
 - 1.1.1 to scoot forward on the chair
 - 1.1.2 both crutches held on affected side with hand in the hand grip
 - 1.1.3 hand of the unaffected side is on the arm rest of the chair
 - 1.1.4 position feet slightly behind knee; if weight bearing restriction, affected leg is placed anterior to the unaffected one
 - 1.1.5 lean forward and push to standing position
 - 1.1.6 gain balance, then place one crutch under axilla on unaffected side
 - 1.1.7 other crutch is then placed under axilla of the affected side
 - 1.1.8 assume tripod position
- 2 Stand to sit with Crutches
 - 2.1 Instruct the patient of the following:
 - 2.1.1 To back up until lower extremities touch the chair
 - 2.1.2 Place both crutches on the affected side; hold to crutches at the hand grip
 - 2.1.3 Position feet with affected lower extremity forward if with weight bearing restrictions
 - 2.1.4 Reach for arm rest with hand on unaffected side
 - 2.1.5 Lower down body to the chair
- 3 Crutches on Stairs
 - 3.1 GOING UP
 - 3.1.1 Instruct the patient to step-up first the unaffected leg
 - 3.1.2 Then followed by the affected Lower extremity and crutches
 - 3.2 GOING DOWN
 - 3.2.1 Instruct the patient to step-down first the crutches
 - 3.2.2 Then followed by the affected Lower extremity
 - 3.2.3 Last by the unaffected Lower extremity



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- 4 PT and the patient perform the gait training activities together.
- 5 PT observes proper patient guarding.
- 6 PT must observe rest periods and vital signs monitoring.
- 7 After the treatment session, PT returns the patient back to the stretcher or wheelchair.
- 8 PT checks patient's vital signs.
- 9 PT elevates all side rails to provide patient safety.
- 10 PT calls the Information desk or pages directly the Auxiliary.
- 11 PT endorses the patient to the auxiliary at the same time turn-over to him the patient's chart.
- 12 PT washes hands.
- 13 PT charges in the computer the patient's treatment session.



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Recommending Approval:	ROSARIO D. ABARING, RN, MAN, PhD Ancillary Services Division Officer FREDERIC IVAN L. TING, MD OIC-Total Quality Division	Relainische 1.	07.11. 2022
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	KEY TASKS	PERSON RESPONSIBLE	
	On Call (Admitted)/Outpatient (Wa	alk-in)	
1.	Orders on the patient's chart the patient management which includes modalities to be used, exercises and gait training per wheelchair or stretcher.	Physiatrist	
2.	Endorses the Physiatrist's order to the Physical Therapist at the Physical Medicine and Fitness Center.	Nurse in-charge	
3.	Acknowledges the referral and inform the Nurse in- charge to transport at a specified time the patient to the center via stretcher or wheelchair.	Physical Therapist	
4.	Reviews the patient's medical record to obtain pertinent information of his/her condition to assist in planning for ambulation activities.		
5.	Checks assistive devices (A.D.) for fit and safety.		
6.	Verifies initial measurement.		
7.	Applies a safety belt to the patient.		
8.	Instructs the patient the proper use of the A.D. sen for him/her and the gait pattern to be used.	•	
9.	Performs the gait training activities together.	Physical Therapist and Patient	
10.	Observes rest periods and vital signs monitoring.		
	Returns the patient back to the stretcher or neelchair after the treatment session.	Physical Therapist	
12.	Checks patient's vital signs.		
	Charges in the computer the patient's treatment ssion.		



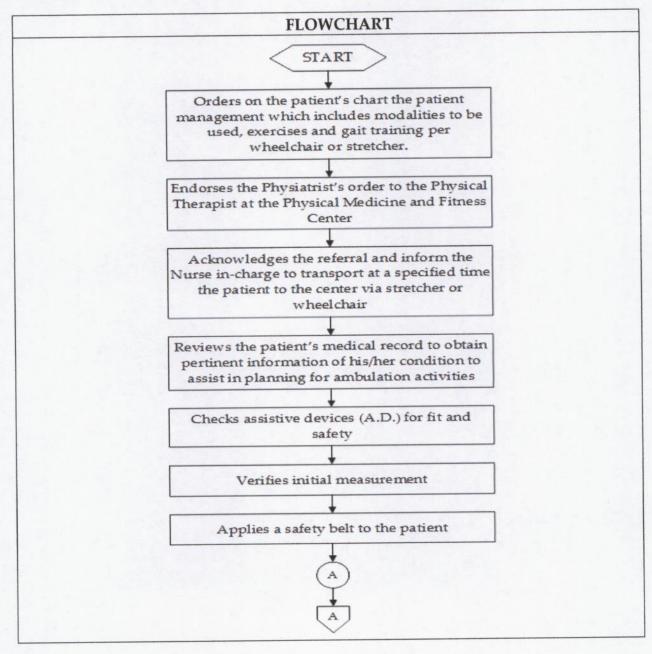
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Final approved	GENESIS GOLDI D. GOLINGAN President & CEO	-	9/10/20

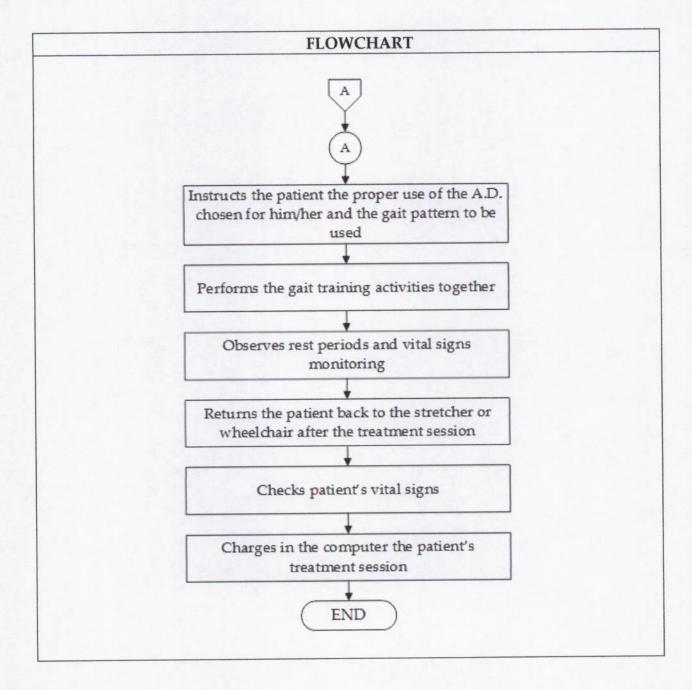


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