



**COHESIVE HEALTHCARE MANAGEMENT & CONSULTING**

**Mangum Regional Medical Center**

TITLE		POLICY	
<b>Gait Training</b>		<b>708</b>	
MANUAL	EFFECTIVE DATE	REVIEW DATE	
<b>Rehabilitation</b>			
DEPARTMENT	REFERENCE		
<b>Rehabilitation Services</b>			

**SCOPE:** All professional rehabilitation staff that will be providing gait training for patient care at Mangum Regional Medical Center.

**PURPOSE:** To ensure that all gait training is administered safely and effectively within established guidelines.

**DEFENITION:** Gait Training is the process of training a patient to perform ambulation tasks where their walking abilities have been impaired by neurological, muscular, or skeletal abnormalities or trauma. Gait Training can include but is not limited to adaptive equipment, prosthetics, orthotics, treadmill, and pattern improvement.

**POLICY:** Physician order received specific for gait training or functional activity training, or order states therapist to evaluate and treat. Weight bearing status is determined by the physician and will be obtained by Therapist if not specified in treatment order for orthopedic or wound weight bearing extremities prior to initiation of services. If not specified in physician order, use of an assistive device(s) is determined by the physical therapist.

Gait training or functional activity training is the teaching of ambulation/functional mobility to patients whose walking abilities have been impaired/hindered by neurological, muscular, or skeletal abnormalities or trauma. Gait training requires direct patient contact (patient/therapist)

Indications:

- Any pathology or condition which effects the patient’s functional mobility/ambulation including limitations in strength, flexibility, range of motion, circulation, balance, coordination, and endurance.

Contraindications:

- Patient is non weight bearing on bilateral lower extremities
- Patient is non weight bearing and unable to follow weight bearing status/commands

Precautions:

- Circulatory issues
- Intermittent claudication
- Respiratory issues
- Severe osteoporosis
- Joint instability
- Severe contractures
- Osteogenesis imperfecta

**PROCEDURE:**

1. Patient is evaluated by therapist to determine appropriateness of order and current ambulatory status.
2. General guidelines:
  - a. Gait training is to only be performed by the therapist or therapist assistant; a therapy tech/aide may assist the therapist/therapist assistant if needed.
  - b. Have the patient sit in a wheelchair immediately if he becomes short of breath or complains of feeling dizzy or faint during ambulating.
3. Types of weight bearing:
  - a. NWB: non-weight bearing – the patient may not support any of his weight on affected leg/limb
  - b. PWB: partial weight bearing – the patient may support some portion of weight on the affected leg/limb
  - c. FWB: Full weight bearing- patient may support his total body weight on affected leg/limb.
  - d. WBAT: weight bearing as tolerated- the patient may bear as much weight as tolerated up to full body weight on affected leg/limb.
  - e. TDWB: touch down weight bearing- the patient may only touch affected foot on floor for balance, less than 5% total body weight.
4. Types of Gait Training:
  - a. Gait without assistive device,
  - b. Walker Training,
  - c. Crutch Training,
  - d. Cain Training,
  - e. Parallel Bars,
  - f. Treadmill Training,
  - g. Stair Training.
5. Precautions:
  - a. Observe Standard and Transmission Based Precautions.
  - b. A gait belt is recommended if patient requires physical assistance greater than 25% of task and position of belt does not compromise respiratory status, incisions, IV's, etc.

**REVISIONS/UPDATES**

<b>Date</b>	<b>Brief Description of Revision/Change</b>