

# PATIENT CRUTCH TRAINING INSTRUCTIONS AND DRIVING GUIDELINES

**CRUTCH FITTING:** Proper fit should allow for two-finger spaces between armpit and axillary pad and a fifteen-degree bend at the elbow.

## **TYPES OF WEIGHT BEARING PRECAUTIONS:**

- ❖ Non-weight bearing: Do NOT apply any weight through involved leg.
- ❖ Touch down weight bearing: Allow only the ball of the foot to touch the floor for balance purposes.
- ❖ Partial weight bearing: Allow a maximum of 50% body weight to be applied to involved leg.
- ❖ Weight bearing as tolerated: Allow as much weight as tolerated through the involved leg.

## **USE OF CRUTCHES:**

### *ON LEVEL SURFACES*

- Crutch tips should be approximately 6" in front and 6" to the side of both legs.
- Advance both crutches, then the involved leg followed by the uninvolved leg.
- Continue this sequence applying proper weight bearing precautions.

## **USE OF CRUTCHES cont:**

### *ON STAIRS (WITH RAILING)*

### UPSTAIRS:

- Hold the rail with one hand while the opposite hand holds the crutches.
- Step upward with the uninvolved leg followed by the crutches and the involved leg.

### DOWNSTAIRS:

- Hold the rail while placing the crutch on the lower step.
- Place the involved leg on the step to meet the crutch followed by the uninvolved leg.

### *ON STAIRS (WITHOUT USE OF RAILING)*

### UPSTAIRS:

- Step upward with the uninvolved leg, follow with crutches and involved leg.

### DOWNSTAIRS:

- Place crutches on lower step followed by the involved leg, follow with uninvolved leg.

**BE SURE TO APPLY WEIGHT-BEARING PRECAUTIONS APPROPRIATELY ON THE STAIRS JUST AS ON FLAT SURFACES.**

### TIPS AND SAFETY:

- When using crutches, be sure to place weight through hands, NOT ARMPITS.
- Squeeze crutches between your arms and chest wall if a rest is needed during standing.
- If light-headed/dizziness occurs, avoid use of crutches or if in the process of walking- Call for help.
- Be aware of the walking surface (ie carpets, flooring, concrete, gravel)
- Remove scatter rugs and rearrange furniture prior to using the crutches on areas to be walked upon.
- Practice walking with the crutches prior to your surgery.

Driving after orthopedic/podiatry injury or surgery is a safety and legal issue:

According to Drs. Marecek & Schafer, "Typically, impairment in driving is measured by changes in the time needed to perform an emergency stop. Braking function returns to normal 4 weeks after knee arthroscopy, 9 weeks after surgical management of ankle fracture, and 6 weeks after the initiation of weight bearing following major lower extremity fracture. **Patients should not drive with a cast or brace on the right leg.**" (Journal of the American Academy of Orthopaedic Surgeons. "Driving After Orthopaedic Surgery." November 2013, Vol 21, No 11)

It is widely agreed that "under the terms of most insurance policies, the insurer is not obligated to cover accidents in which the driver was still recovering from an earlier injury or operation." (American Academy of Orthopaedic Surgeons. "Delay driving after foot or ankle surgery, experts urge." 20 December 2010.)

Driving is against the law while taking and under the influence of any narcotic medication.