

PHYSICAL THERAPY RECOMMENDATIONS FOR CAREGIVERS AND INDIVIDUALS WITH CJD

FIND ADDITIONAL SUPPORT BY REACHING OUT TO A LOCAL THERAPIST FOR ADDITIONAL HANDS-ON TRAINING

FALL PREVENTION

Fall prevention is critical to avoid rapid physical decline. Falls may lead to fractures and hospital stays which can induce further anxiety and cause weakness resulting in needing a higher level of care. Home modifications, maintaining mobility, assistive devices and practicing safe transfer techniques are useful steps in preventing falls.

HOME MODIFICATIONS FOR SAFETY

- **ENTRANCE STEPS:** Install handrails on at least one side of the stairway, but if possible both sides. Make sure they are securely fastened. May consider ramp if steps become too difficult.
- **ENVIRONMENT:** Have floors free of clutter or obstacles; ensure clear paths for walkers. Remove throw rugs.
- **LIGHTING:** Utilize nightlights in all hallways and bathrooms. Consider purchasing movement activated lights.
- **INSIDE STEPS:** If able plan for first floor set-up to avoid steps. If not, make sure stairs are well lit and plan on assisting them up/down the steps, one step at a time. Caregivers may also consider chair lifts for stairs as another option.
- **BATHROOM:** Install grab bars. Apply nonskid mat on shower floor. Utilize raised toilet seat and shower chairs.
- **FOOTWEAR:** Individuals should avoid wearing loose-fitting slippers or socks. Wear shoes with firm non-skid soles.

STAYING ACTIVE AND MAINTAINING MOBILITY

- Simple exercise routines can be helpful
- If safely able to, take short frequent walks throughout the day
- Also being mindful of taking seated rest breaks as needed to conserve energy (may focus on sitting tasks/activities if they continue to seem restless)
- If weather permits, have them go outside (level surfaces if they are using a walker)
- Gentle therapeutic exercises designed to help with posture and core strengthening can be useful to help decrease level of assist with transfers
- Home health PTs can help design home exercise program and to encourage caregivers to continue on with these exercises even after PT is no longer involved
- It is important to focus on self-care for the caregiver as well

ASSISIVE DEVICES

Invest in assistive devices early if your loved one has symptoms such as tremors, weakness or problems walking. As the disease progresses, they may require more assist.

DECLINE IN PHYSICAL MOBILITY AS DISEASE PROGRESSES
↑ EARLY STAGES
↓ ADVANCED STAGES

CANES- offer the most freedom but can be difficult to sequence and may be challenging

ROLLATORS- are the four wheeled walkers that have brakes and a seat and can also be a helpful option if used correctly. However, caregivers will have to ensure the brakes are locked as the individuals may have difficulty with this task, especially as the disease progresses. Also, the rotating front wheels can sometimes make these walkers harder to control.

WHEELED WALKER- offers more stability and control. These devices can be most helpful in preventing falls as long as they are able to keep their base of support inside the walker and hold on to the hand grips (this task may be too complex for some people). Make sure they are fitted for the individual.

STANDARD WALKER- If they are no longer able to ambulate, a standard walker (one without wheels) will offer the most amount of support for performing stand-pivot transfers to a chair or wheelchair if they are still able to hold onto devices.

WHEELCHAIR- if they are still able to walk short distances but need additional support, you can have an additional person follow with the wheelchair in case they need to quickly sit down. If they can no longer safely walk, they may use wheelchairs to move around in.

HOYER LIFT- if transfers become too difficult or unsafe for the caregiver or individual, these machines can help guide them out of bed into a wheelchair/chair.

DIFFERENT LEVELS OF ASSIST

STAND BY ASSIST- When strength and physical impairments are not an issue but confusion and tendency to wander are present, having someone walk with them to guide them and ensure their safety is helpful.

CONTACT GUARD ASSIST- If individuals become a bit more impulsive and slightly off balance, using hands-on approach to guide them can be useful, especially in case there is a loss of balance. At this point you may try cane or walker to offer more support.

MIN-MAX ASSIST- If they become weaker and or tremors persist; caregivers may need to use more physical assistance when getting them up from a chair. Caregivers may benefit from a gait belt and a walker at this time. Caregivers should bend your knees and avoid twisting the spine when lifting. Keep them close to base of support of core. See transfer tips with walker for cues that can help assist.

MAX ASSIST X 2- If not able to lift with one person you may need to get an additional person to assist for safety. Generally walking is limited at this stage. Gait belts are encouraged for these transfers (see transfer tips section for more details).

DEPENDENT- If two people are not able to safely lift an individual, a Hoyer lift may be considered. This is a device that allows them to move from the bed to a chair or wheelchair. Walking is not a safe option at this point.

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TO FIT A WALKER:

Stand inside the walker and relax your arms at your sides. The top of the walker grip should line up with the crease on the inside of your wrist. Keeping shoulders relaxed, place your hands on the grip. Your elbows should bend 15 degrees.



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When individuals are walking with the walker, caregivers may need to provide gentle reminders to make sure individuals are staying upright when walking and not pushing the walker too far in front of them. When turning, remind them to take small steps and to move slowly with walker on the ground.



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TRANSFER SAFETY: There are different levels of assist and different methods to help move individuals from bed to a chair or wheelchair. Using safe technique is crucial for injury prevention and can be done successfully despite size differences.

TRANSFER TIPS:

STANDING UP

- First have them scoot to edge of chair/bed
- Make sure feet are back as far as comfortable and secure of the floor (need shoes or socks with grip)
- Have individual push from surface they are sitting on (preferable arm rests) and then reach up for walker. Do not have them pull from walker as it could tip back
- May need to encourage them to lean forward
- Once standing, have them stand straight and get their balance before walking

SITTING DOWN

- Have them back up until both legs feel the back of the chair
- Have them reach back for the chair (preferable with armrests)
- Slowly guide them to sit if they need assist

GAIT BELTS: are a safety device used to help with transfers. The belt helps provide support and decreases risk for the caregiver while helping assist the individual. These are especially useful for those that need a lot of assistance.

HOW TO USE GAIT BELT:

- Put the belt around the person's waist over his clothing with the buckle in front.
- Lock/fasten buckle.
- Be sure the belt is snug with just enough room to get your fingers under it.
- If possible, the person should be encouraged to push down on the chair or bed, while you lean forward and grasp the belt on both sides. The person should be held at the waist instead of the arms or shoulders.
- Lift or move the person with your arm and leg muscles. Do not use your back muscles.
- Avoid twisting your body when you move or lift the person.
- When you are done moving or walking with the person, remove the gait belt.

