







## 1. Information about the person

First Name:		Family Name:		Weight:	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Age:	0-5 <input type="checkbox"/> 6-18 <input type="checkbox"/> 19-39 <input type="checkbox"/> 40-54 <input type="checkbox"/> 55+ <input type="checkbox"/>
Telephone:			Address:		

## 2. Assessment interview

<b>Known health problems</b>	
Diabetes <input type="checkbox"/>	Fracture <input type="checkbox"/> Stroke <input type="checkbox"/> Frail <input type="checkbox"/> Foot/leg amputation <input type="checkbox"/> Arthritis <input type="checkbox"/>
Polio <input type="checkbox"/>	Unknown <input type="checkbox"/> Other <input type="checkbox"/>
<b>Activity and ability</b>	
Do you have pain, weakness or discomfort when standing or walking? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Weight bearing</b> Do you walk on one or two legs?	Two legs <input type="checkbox"/> → Stronger leg: Left <input type="checkbox"/> Right <input type="checkbox"/> One leg only: <input type="checkbox"/> → Left <input type="checkbox"/> Right <input type="checkbox"/>
<b>Upper body</b> Can you use both hands?	Yes, both <input type="checkbox"/> → Can you grip and hold onto things easily? Yes <input type="checkbox"/> No <input type="checkbox"/> Can you carry things easily? Yes <input type="checkbox"/> No <input type="checkbox"/> One hand only → Left <input type="checkbox"/> Right <input type="checkbox"/>
<b>Balance and falls risk</b>	Do you worry about falling over, or do you fall often?  Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Environment</b>	Would you like to use your walking aid on: Sandy / uneven ground <input type="checkbox"/> Stairs <input type="checkbox"/>
 <b>Notes:</b>	
<b>For people who already have a walking aid</b>	
<b>Walking aid type</b>	Walking stick <input type="checkbox"/> Elbow crutches <input type="checkbox"/> Axilla crutches <input type="checkbox"/> Walking frame <input type="checkbox"/> Rollator <input type="checkbox"/> Other <input type="checkbox"/>
Does the walking aid suit you and your needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the walking aid correctly fitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the walking aid in good working order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Additional information needed for using a walking aid - do you have:</b>	
 Current foot wound <input type="checkbox"/>	Healed foot wound <input type="checkbox"/>  Feeling (sensation) problems: Hands <input type="checkbox"/> Feet <input type="checkbox"/>
 Difficulty seeing or hearing <input type="checkbox"/>	A prosthesis <input type="checkbox"/> Difficulty remembering instructions <input type="checkbox"/> Other <input type="checkbox"/>
Is one side of the body stronger than the other? → Left <input type="checkbox"/> Right <input type="checkbox"/>	

## 3. Plan

<b>Use current walking aid</b>	Yes, no action needed <input type="checkbox"/> Yes, with adjustment <input type="checkbox"/> Yes, with repair <input type="checkbox"/>
<b>Provide new walking aid</b>	Walking stick: Pair <input type="checkbox"/> Single <input type="checkbox"/> Elbow crutches: Pair <input type="checkbox"/> Single <input type="checkbox"/> Axilla crutches: Pair <input type="checkbox"/> Walking frame <input type="checkbox"/> Rollator <input type="checkbox"/> Other <input type="checkbox"/>
<b>Mobility training</b>	Standing / sitting <input type="checkbox"/> Walking <input type="checkbox"/> Stairs <input type="checkbox"/> Other <input type="checkbox"/>
<b>Refer to another service for:</b>	Wheelchair <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Prosthesis/orthosis <input type="checkbox"/> Follow-up date  Medical care <input type="checkbox"/> Diabetes care <input type="checkbox"/> Other <input type="checkbox"/>

 Referral recommended  Write notes here

# Selection table: Walking aids

Step 1: Select Always select a walking aid with the person, taking into account their health, ability, environment and preference.		Less support <span style="float:right">→ More support</span>					
		Walking stick	Two walking sticks	Elbow crutches	Axilla crutches	Rollator	Walking frame
Weight bearing	Can only walk with one leg	✗	✗	✓	✓	✗	✓ With caution
	Can walk with two legs	✓	✓	✓ suitable for long term use	✓ only if no other aids available	✓	✓
Hand function	Can only use one hand	✓	✗	✗	✗	✗	✗
	Can grip and carry things easily with both hands	✓	✓	✓	✓	✓	✓
	Can use both hands but cannot grip and hold things easily	If a person has difficulties gripping and holding things, you may need to try the different walking aid options available to see which one the person finds easiest to manage.					
Balance and falls risk	Feels worried about falling over or falls often	✗	✓ With caution	✗	✗	✓	✓
Environment	Will use the walking aid on stairs	✓	✓	✓	✓	✗	✗
	Will use the walking aid on sandy or uneven ground	✓	✓	✓	✓	✗	✗
Step 2: Fit • Stand upright • Elbows slightly bent • Hand grips level with wrist							
<b>Walking sticks</b> Single point sticks are easier to use on uneven ground than tripod and quadripod sticks. Tripod and quadripod sticks are more stable on flat ground.		<b>Crutches</b> More balance is needed to use elbow crutches than axilla crutches. Elbow crutches are better than axilla crutches for long term use and also if the person is able to walk on both legs.			<b>Walking frame - weight bearing on one leg</b> If the person has a diabetes or risk of foot wounds, hopping with a walking frame should be avoided. Hopping on a foot at risk can cause damage.		