

# A CLIENT CARE MODULE: USING ASSISTIVE DEVICES



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*A Client Care Module:*  
**USING ASSISTIVE DEVICES**

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

## Instructions for the Learner

*If you are studying the inservice on your own, please do the following:*

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at [feedback@knowingmore.com](mailto:feedback@knowingmore.com) with your comments and/or suggestions for improving this inservice.

**THANK YOU!**

**After finishing this inservice, you will be able to:**

*Define assistive devices.*



*Discuss why some clients find it difficult to adapt to assistive devices.*



*Name at least twelve assistive devices that are—or could be—used by your clients.*



*Watch for clues (as you perform client care) that your client may need an assistive device.*



*Make suggestions to the health care team regarding assistive devices that may be useful to your clients.*



A Client Care Module:  
**Using Assistive Devices**

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## WHAT DOES ELIZABETH NEED?

Elizabeth is a 71 year old woman who recently lost her husband and decided to move in with her daughter. She suffers from osteoarthritis, but with the help of her daughter and grandchildren, she has been able to stay active in the church and even maintain a garden in the backyard.

Unfortunately, Elizabeth has begun to notice that her hearing and vision seem to be failing. She cannot hear music or the television the way she used to. And, she can't see well enough to read for more than a few minutes without getting a headache.

Elizabeth's grandchildren are beginning to complain that she turns the TV up so loud that it interferes with their homework.

Elizabeth may be able to benefit from Assistive Devices.

**Assistive Devices is any service or tool that helps people do activities they have always done but must now do differently.**

These tools are also called "assistive technology" or AT, for short.

Assistive devices range from the "low tech" spoon with a large easy-grip handle . . . to the "high tech" e-book reader like Amazon's Kindle, which offers text-to-speech and adjustable font size features.

Since there are more than twenty thousand assistive devices on the market today, there is likely a device to meet every need!

When it comes to assistive devices, you're in a great position to help your clients.

For example, you might:

- Notice a problem with one of your clients that could be solved if the client had an assistive device.
- Observe—and report—that a client is using a device improperly or needs training.
- Encourage a client to use an assistive device that he has been reluctant to use.

**Keep reading to learn about all kinds of assistive devices. As you read, try to locate devices that may be right for Elizabeth!**



# A CLOSER LOOK AT ASSISTIVE DEVICES

## WHO USES ASSISTIVE DEVICES?

Assistive devices are used by people who:

- Have temporary or permanent physical limitations.
- Are elderly.
- Have cognitive problems, such as memory loss.
- Have problems with their hearing or vision.
- Have a physical condition that causes them to tire out easily.
- Are recovering from surgery.

Surveys have shown that when elderly people are given appropriate AT devices, 80 percent of them will be less dependent on others and up to half of them will be able to live in their own homes longer.

## ASSISTIVE DEVICES EXAMPLES

- People with physical disabilities may use wheelchairs, scooters, and walkers.
- Hand-held GPS devices help people with vision problems get around busy city streets and use public transportation.
- Automatic doors, ramps, elevators, and wider doorways mean fewer barriers to stores, libraries, and churches.
- Specially designed movie theaters provide closed captioning and audio descriptions for moviegoers with hearing and visual difficulties.
- Special medication dispensers have alarms that can be set to remind a person to take daily medication.
- A one-handed cutting board or a cabinet mounted can opener can make cooking safe for people who can only use one hand.

## THE HISTORY OF ASSISTIVE DEVICES

- Early cave dwellers used assistive devices! For example, they made crutches out of tree limbs.
- In the early 1900's, it was considered an honor to use a cane. In England, people had to have a **license** to carry a cane!
- World War I had a significant impact on the development of assistive devices as soldiers returned from the war missing a limb or unable to hear or see. The U.S. government passed a law in 1918 that mandated rehabilitation for these disabled veterans. As a result, many assistive devices were developed.
- The civil rights movement in the 1960's also had an impact. People with disabilities began to lobby for change so that they could have equal access to buildings and facilities. Across the United States, thousands of wheelchair ramps were built. Bathrooms were altered to allow for wheelchair access. Public buildings posted signs in Braille.
- Since the mid-1970's, more and more devices have been developed to assist people with physical limitations. Today, there are thousands of different assistive devices.
- In 1998, the Assistive Devices Act was passed to promote awareness of, and access to, assistive devices and services. The AT Act brings assistive devices to people with disabilities so they can participate in daily activities on a level playing field with other members of their communities.



# WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



## DEVICES FOR HEARING AND VISION LOSS

**Vision and hearing are common losses in the elderly. However, the needs can vary greatly from one person to the next.** For example, someone who is hard of hearing has very different needs from someone who is deaf. And someone with poor or failing vision has very different needs from someone who is completely blind.

It's important that people with hearing or vision problems are properly assessed and work together with a doctor or therapist to choose the right AT device for their own unique needs.

### **Some tools that may help with hearing include:**

- **Hearing aids.** Someone who is hard of hearing often benefits from wearing a hearing aid, but a deaf person may not get any benefit at all from one.
- **Amplified telephones with different frequency responses.** Sometimes, just making things louder can make hearing more difficult. Some people have problems hearing at different frequency levels. An audiologist can help figure out exactly what device is best.
- **Text telephones** allow phone conversations to be typed and read rather than spoken and heard.
- **Closed-captioned TV** creates a text display of what is said or heard on the television.
- **A strobe or bright flashing light** can be installed to alert someone if there is a visitor at the door, if the phone is ringing or even if a fire alarm is sounding.

### **Some tools that may help with vision include:**

- **Magnifiers** that can be handheld or as large as a computer screen can make images and words larger and easier to see.
- **Special light bulbs** are available that are brighter than regular bulbs and mimic daylight, which can enhance indoor vision.
- **Large Print Books,** calendars or planners can help people with poor or failing vision read and stay organized independently.
- **E-readers** like the Nook or Kindle have text-to-speech features that can actually *read* books to those who can no longer read independently.



Assistive devices don't have to be expensive, budget busting items. Here are some creative ways you can help your client without buying an expensive assistive device:

- Add suction cups to the bottom of bowls or dishes to keep them from sliding around during meals.
- For clients who do their own cooking, recommend they cook pasta in a wire basket placed inside a pot. Lifting the basket is much easier than lifting a heavy pot of hot water.
- Make a toothbrush or pencil easier to grasp by twisting a large rubber band around the item. Or, use the foam from a foam hair roller.
- Try tying a ribbon to your client's zipper for a "homemade" zipper pull!

***What assistive devices have you created? Does your client need something now that you can create?***

***Share your ideas with your co-workers and supervisor and find out how they solve common problems with creative assistive devices!***

## DEVICES FOR IMPROVING MOBILITY

**Some clients may start with one type of mobility device, such as a cane, and progress to needing a walker or wheelchair as their condition worsens. Others may start with a cane and later be able to walk without any assistive device.**

- **Canes** are the simplest assistive device for ambulation. They can support about 25% of a person's weight. People with minor balance problems, pain or leg weakness may benefit from using a cane.
- Standard canes are shaped like a "candy cane" and may be made of wood or metal. These single-point canes are usually not as steady as a quad cane (which has four legs).
- There are many different kinds of hand grip styles for canes, too. The doctor, nurse or therapist will select the best cane for each client.
- Canes and crutches help redistribute a person's weight. This improves balance and reduces falls.
- Usually, a therapist will evaluate a client's strength, coordination, range of motion, balance, stability and general condition before selecting the best assistive device for that client.
- **Crutches** are often used by people with weakness in one or both legs, leg injuries or who need extra support of their trunk.
- When most people think of crutches, they picture the kind that fit under the armpit. These are called *axillary* crutches and may be made of wood or aluminum.
  - Axillary crutches require good upper body strength and balance.
  - Generally, they are not recommended for older people or for long term use.
- Most people who need crutches for long periods of time use *forearm* (or Lofstrand) crutches. They are shorter than axillary crutches, have grips for the hands and metal cuffs that fit around the arms.
  - Forearm crutches also require upper body strength but they take the stress off the armpit area.
  - People who use forearm crutches must have good coordination.



# TALK about it!

### *Open the Discussion*

Are you 100 percent sure you know how to help your clients properly use a their assistive devices? If not, you should just ask!

Depending on the device and who recommended or ordered it, you may need to talk to a physical therapist, occupational therapist, nurse or even a recreational therapist. Here are some questions you may ask:

- My client has a \_\_\_\_\_. Can you please explain to me how it works and how I can best help my client use it?
- Would you please give me a demonstration on how my client is supposed to use \_\_\_\_\_? I want to make sure she is doing it properly.

**"Well, I'm using a cane now...so what? So what if they take a picture of me sitting in a wheelchair? That's life!"**

~Dick Clark

## DEVICES FOR IMPROVING MOBILITY—CONTINUED

**A walker provides sturdy support for a client. It can support up to 50% of a person's weight. Your clients may need a walker if they have:**

- Weakness in one or both legs.
- Problems bearing weight on one leg.
- Poor coordination.
- An injury to one of their legs.
- An inability to use crutches.
- Difficulty balancing without support.
- There are several different types of **walkers**:
  - Some walkers have straight legs with rubber tips on the end. These walkers require some upper body strength since the walker must be lifted and moved forward as the client walks.
  - There are walkers with wheels. These are good for people who only need the walker for balance...but not support. Walkers with wheels can be difficult to use on thick carpets.
  - Some walkers also have seats. These walkers can support up to 300 pounds and have brakes in both the front and the rear.
  - A few walkers can be folded flat when not in use.

**Each person needs a wheelchair that fits his/her size, comfort level and functional needs. This requires proper measurement by experts. Remember...if your client has the wrong wheelchair for his/her needs, it may make his life harder, not easier.**

- There are many different types and designs of **wheelchairs**:
  - Some wheelchairs are manual and very basic.
  - Others are electric, with elaborate controls. These controls often resemble a video game joystick.
- Some wheelchairs come with protective seat cushions that help prevent pressure sores.
- The back support may be high enough to support the head or may stop below the shoulders.
- All wheelchairs have brakes which should be used whenever a client is not moving.



### *Thinking outside the box!*

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for a 79 year old woman who lives with her healthier, but aging 68 year old sister. They both have children and grandchildren who live scattered all over the US.
- Your client tells you that she would like to talk to her family more but she has trouble remembering phone numbers and often can't make out what people are saying on the phone.
- **WHAT YOU KNOW:** Your client has a hearing aid, but it doesn't seem to help her hear over the phone. She has Medicaid, but is on a fixed income and can't afford any expensive equipment.
- **GET CREATIVE:** Think of **3 creative solutions** you might suggest to your client to keep track of her family phone numbers and locate affordable assistive devices that will help her enjoy her telephone conversations more.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

# DEVICES FOR MEALTIMES

**Did you know that one of the main reasons elderly people stop eating is that they have trouble getting the food into their mouths?** Remember that feeding yourself involves grasping the food or utensil and then bringing it up to your mouth. This requires fine hand movements, coordination and strength.

Some of your clients, whether or not they are elderly, may find it difficult to control eating utensils and/or to use them safely. There are many tools to help people who have difficulty eating. These include:

- **Silverware** with:
  - Thick handles or long, flexible handles.
  - Weighted handles. The extra weight in the handle helps people keep a tighter grasp on the silverware. This is especially helpful for people who have trembling in their hands or arms.
  - Lightweight handles. These are good for people who tire out when feeding themselves. Plastic silverware (like you'd buy for a picnic) is probably *not* the best since it may break if a client bites down on it.
  - Curved handles. These help keep food from falling off the utensil, especially for people who have limited movement in their wrists.
- **Rocker knives** which cut meat by rocking the knife back and forth.
- **Lightweight drinking cups** with special handles and/or lids. These cups are easier to hold and use.
- **Cup holders** for wheelchairs to keep beverages handy.
- **Dishes with high, scooped edges, divided dishes and plate guards** all help people scoop their food without it falling off the dish.
- **Dishes with suction cups on the bottom** help keep the dish in one place.
- **Universal cuffs.** This device has straps that hold it across the palm and back of the hand. A spoon or fork can be secured in the sleeve. This helps people who are unable to grasp silverware. These cuffs can be made of elastic or leather.



## THE NEXT Step!

*Apply what you've learned!*

Think about a client you care for right now!

Make a list of all the assistive devices he or she uses. *(Remember, assistive devices can range from a high tech computer to a low tech, handheld magnifying glass.)*

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Is there anything you think this client would be able to do independently, if only the right tool were available? What tool do you think this client needs?

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***Share your thoughts with your supervisor. Find out if your client can actually get the assistive device you think he needs!***



# DEVICES FOR ACTIVITIES OF DAILY LIVING

## IN THE BATHROOM

*Between toileting, showering, brushing their hair and teeth and washing their hands, spending time in the bathroom can be exhausting for many clients.*

Bathing and grooming activities require strength, coordination and the ability to sit, stand and transfer. Safety is a major concern. Assistive devices can help keep your clients safe in the bathroom.

- **Grab bars** help people get safely in and out of a tub or shower.
- **Handheld showerheads** make it easy for people to wash while standing still or sitting down.
- **Shower chairs** and **benches** provide seating for people who might become weak or dizzy while showering.
- **Rubber bath mats** provide a non-skid surface in the bottom of a tub or shower.
- **Long-handled bath brushes** allow people to wash their bodies even if they have limited range of motion.
- **Bedside commodes** are chairs with attached toilet seats. Most bedside commodes can be adjusted to different heights. Some have wheels. Clients who are unable to walk long distances may benefit from using a bedside commode.
- **Urinals** and **bedpans** are also assistive devices, allowing people to void while sitting or lying down.
- **Elevated toilet seats** are plastic seats that attach to the top of an existing toilet. They add from three to six inches to the height of the toilet and are good for people who have trouble bending their hips.
- **Toothbrushes, hairbrushes** and **combs** with built-up or long handles help people who have limited movement in their joints.
- **Tooth floss holders** make flossing a one-handed activity.
- **“Pump” style soap, shampoo** and **toothpaste containers** make grooming tasks easier for people with limited coordination.

## GETTING DRESSED

*Getting dressed may seem simple to us, but it is actually a complex task that requires mental alertness, a certain amount of mobility, range of motion, strength and coordination.*

Many of your clients may need help getting dressed, but it’s best to let them do as much for themselves as possible. Here are some assistive devices that may help:

- **Elastic shoelaces** allow shoes to be slipped on and off without having to untie the laces.
- **Stocking aids** help people pull on their socks. They are great for people who can’t bend over or who have trouble moving their legs.
- **Long-handled shoehorns** help people put their shoes on without bending over.
- **Velcro fasteners** on shirts and shoes make it easier to get dressed.
- **Button hooks** or **threaders** help pull buttons through button holes.
- **Zipper pulls** attach to the small hole on a zipper, making it easier to grasp and pull a zipper up or down.
- **Special clothing** including items that:
  - Fasten with Velcro or hooks instead of buttons or zippers.
  - Have elasticized waists.
  - Have large armholes for easier dressing.
- **Reachers** have a pair of jaws on one end, controlled by a trigger on the other end. (These devices are also known as **“graspers”** or **“grabbers”**.) They are often made of lightweight aluminum and plastic and are available in a variety of sizes and lengths. Some have magnets on the end to help catch and hold metal objects. Some reachers fold for easy storage.

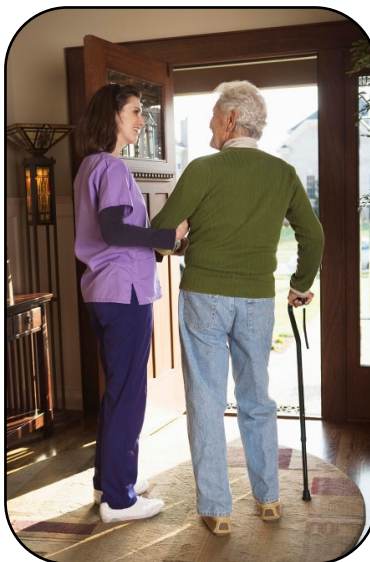
## ADAPTING TO ASSISTIVE DEVICES

**Have you ever worked with a client who quit using an assistive device?** That's a common situation. In fact, about *one third* of all assistive devices are abandoned—usually within the first three months. People are more likely to give up on an assistive device if:

- Using the device makes them feel self-conscious about their physical limitations.
- They don't see the benefit of using the device.
- The device was “forced” on them by a therapist or doctor.
- The device no longer suits their needs (because their physical condition has changed).
- They were never properly trained how to use the device.
- The device doesn't work the way it should.
- The device breaks and they don't know how to get it fixed.
- The device is so complicated that they become confused and discouraged.
- Using the device makes them more tired than performing activities without it.

**You can impact how well your clients adapt to their need for assistive devices by:**

- Being a good listener. Let your clients express their feelings about an assistive device.
- Remembering that your clients may be grieving over the loss of their independence and may need some time to get over the sadness.
- Focusing on what your clients are still able to do—not on what they *can't* do.
- Emphasizing the *positive* aspects of an assistive device.
- Introducing your clients to other people who are using the same device successfully.



### WHAT'S THE DIFFERENCE?

Often, people who are *born* with disabilities have an easier time adapting to the use of assistive devices. For them, the devices offer the chance to be independent—maybe for the first time in their lives!

For people who *develop* a disability, the situation may be different. They remember how independent they used to be and may feel resentful and angry about having to use some kind of device.

- Please be careful not to judge your clients—regardless of their attitude toward assistive devices.
- Don't assume that their lives would be better *if only* they would start using some assistive devices. You may be right...but since you don't walk in your clients' shoes, you'll never know for sure.

***If you have cared for a client who quit or refused to use an assistive device, what did you do to help? What will you do differently in the future?***

***Share your thoughts with your co-workers and supervisor and find out how they handle situations like this.***

## WHO PAYS FOR ASSISTIVE DEVICES?

**Regardless of the fact that over 725,000 people can bathe independently using assistive devices, and close to 1.4 million can use the bathroom without human help, none of the major sources of health care funding for the elderly offer complete coverage for assistive devices. Here is what you can expect:**

- **Medicare Part B** pays up to 80 percent of the cost of assistive devices as long as the devices are considered "durable medical equipment" (or DME). Durable medical equipment includes any items that are "*primarily and customarily used to serve a medical purpose, and generally are not useful to a person in the absence of illness or injury*". For example, garage door openers and kindle e-readers were designed for the fully mobile, independent adult. Medicare will not pay for these.
- **Medicaid** may pay for assistive devices if a person meets the eligibility requirements for the program. However, Medicaid only covers about 13 percent of the elderly population, so this is probably not an option for your elderly clients.
- **Out of pocket payments** for less costly devices, such as modified eating utensils and simple object grabbers, is reasonable. However, more complex equipment, such as electric wheelchairs, are often unaffordable to the average disabled elderly individual.
- **Private insurance companies** frequently won't pay for "over the counter" products, even when the products are effective and less embarrassing to use. One study reports, "if an in-home device looks desirable or useful to an *able-bodied* person, or if it looks like a luxury or convenience to a completely functional person, funding will be denied."
- **The Department of Veterans' Affairs** purchases more assistive devices for individuals with disabilities than any other agency. Of course, a person must be a veteran of the armed services to receive DVA benefits.

**For more information on funding for assistive devices, you can recommend clients check their state's AT Project site. Each U.S. state has a federally funded assistive devices project with up-to-date information on assistive devices resources in that state. You can find links to each state by visiting The RESNA Catalyst Project at [www.resnaprojects.org](http://www.resnaprojects.org).**



## 5 KEY POINTS

### Key Points to Remember

1. An assistive device is any service or tool that helps people do activities they have always done but must now do differently.
2. Since there are more than twenty thousand assistive devices on the market today, there is likely a device to meet every need!
3. Surveys have shown that when elderly people are given appropriate AT devices, 80 percent of them will be less dependent on others and up to half of them will be able to live in their own homes longer.
4. Unfortunately, none of the major sources of health care funding for the elderly offer complete coverage for assistive devices but assistance is available if you know where to look!
5. When it comes to assistive devices, you're in a great position to help your clients by noticing those problems that can be solved with an assistive device, observing—and reporting—if a client is using a device improperly or needs training, and encouraging clients to use their assistive devices!

# FINAL TIPS ON USING ASSISTIVE DEVICES

- Towel racks and toilet paper holders are NOT grab bars. If your clients seems to need a grab bar, report the situation to your supervisor.
- Keep in mind that some of your clients may find it safer and easier to dress while *lying down*—especially when it comes to pulling up pants. If a client is weak on one side, encourage him or her to dress the *weaker* side first.
- If your clients like to carry personal items with them, but have trouble holding them, suggest that they wear an apron with large pockets.
- Remember that a cane should always be held on the client’s *strong* side—unless otherwise directed by a physical therapist. The handle of the cane should be at the person’s hip joint.
- Discourage your clients from picking up their walkers and carrying them. (If you see a client doing this, let your supervisor know. Maybe the client no longer needs a walker!)
- Keep an eye on each client’s range of motion. If a client has limited movement in certain joints, there are many assistive devices that can help make life easier.
- Remember that some people need time to adjust to a new physical limitation. If you try to rush your clients to use an assistive device before they have dealt with the emotional impact of their disability, they may reject the device.
- Your clients may need reminders of how to use a particular assistive device—even if they’ve been instructed in its use before. Be patient and show them again. If you don’t know how either, ask for help and/or report the problem.
- Thorough documentation can be *very* important for reimbursement of assistive devices. For example, an insurance company may not pay for Mrs. Parker’s walker if her aide documents that she walks okay by herself—but the therapist documents that the client needs assistance. Be sure to document the facts about your clients clearly and completely!



## WHAT I KNOW NOW!

*Now that you’ve read this inservice on assistive devices, take a moment to jot down a couple of things you learned that you didn’t know before.*

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*Remember Elizabeth from the beginning of this inservice? What advice would you give her? What assistive devices would you recommend? Discuss your ideas with your co-workers and supervisor and find out what they would do!*



A Client Care Module:  
Using Assistive Devices

EMPLOYEE NAME  
(Please print):

DATE: \_\_\_\_\_

- **I understand the information presented in this inservice.**
- **I have completed this inservice and answered at least eight of the test questions correctly.**

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

**File completed test in employee's personnel file.**

**Are you "In the Know" about assistive devices?**

**Circle the best choice. Then check your answers with your supervisor!**

- Assistive devices are use by people who are:**
  - A. Permanently disabled.
  - B. Elderly.
  - C. Hard of hearing.
  - D. All of the Above.
- A client with poor hearing and failing vision may still benefit from:**
  - A. A text telephone.
  - B. Closed captioned TV.
  - C. A hearing aid.
  - D. None of the above.
- Your client can bear weight on one leg but has trouble with balance and coordination. You tell your supervisor that you think this client needs a:**
  - A. Cane.
  - B. Walker.
  - C. Wheelchair.
  - D. A motorized wheelchair.
- Medicare Part B pays up to 80 percent of the cost of assistive devices as long as the devices are considered:**
  - A. Dependable medical equipment.
  - B. Durable medical equipment.
  - C. Dynamic medical equipment.
  - D. Disposable medical equipment.
- True or False**  
People who need crutches for long periods of time generally use forearm (or Lofstrand) crutches.
- True or False**  
The main purpose of an assistive device is to promote independence.
- True or False**  
A cane should be held on the weak side.
- True or False**  
Curved handle utensils are best for people with limited mobility in the wrist.
- True or False**  
If your client refuses to use an assistive device you should recommend they donate the item to someone who really wants and needs it.
- True or False**  
A Kindle "e-reader" may be very helpful to clients with poor vision but will not likely be covered by insurance.