

**VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP)
CLINICAL PRACTICE RECOMMENDATIONS ON THE ISSUANCE OF
WALKERS**

I. BACKGROUND:

a. VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group was directed by the Under Secretary for Health to establish a Prosthetic Clinical Management Program (PCMP). The objectives are to coordinate the development of guidelines for prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

b. Walkers are ambulation assistive devices commonly prescribed across VHA to enhance the ability to walk safely over varying terrain. Walkers may be categorized into two broad groups: Standard walkers (pick up walkers or front-wheeled) and those that are four-wheeled and include a seat (rollators).

c. There is little in the current medical literature to reach definitive conclusions regarding efficacy of, or indications for, one type of walker over another. Therefore, issuance of a particular walker is most often based on the clinical judgment of individual practitioners as they evaluate their specific patients.

II. POLICY: The purpose of the clinical practice recommendations is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective prescribing.

III. ACTION:

a. Clinical Practice Recommendations/Medical Criteria: Walkers may be considered for issuance to any patient who exhibits a deficit in the ability to ambulate safely in the environment they occupy. However, walkers should be considered at the far end of a continuum of assistive devices and should be utilized only when a less assistive device such as a cane, quad-cane, or crutches has proven ineffective or is unusable for some reason. Walkers may be useful to any patient who has the need for limited weight bearing on one or both lower extremities, a balance deficit, or decreased lower extremity strength or endurance. For the majority of patients with any of the above indications, a standard front-wheeled walker (FWW) or a pick-up walker with no wheels should meet their needs safely. Issuance of four-wheeled walkers (rollators) should be limited to those patients who require frequent seating to rest during functional

activities or those who need to use the walker over rough terrain. Examples of patients who may require this sort of device include those with advanced cardio-pulmonary disease, lower extremity claudicating pain or severe spinal stenosis.

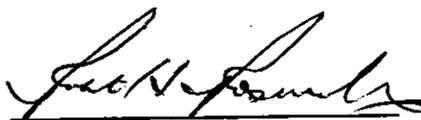
b. Medical Contraindications: A walker may be contraindicated for patients with limited upper extremity function, motor control, cognitive function, or balance deficit but this determination should be made by the issuing practitioner who can weigh the risks and benefits for the individual patient.

c. Prescriptions for walkers can be written by any provider with privileges to do so. The prescription should include a referral to a qualified professional for necessary patient training in proper use and care of the device. Before a walker can be dispensed, the veteran must demonstrate that he or she can safely use the device in an environment similar to those they experience in their activities of daily living.

IV. REFERENCES:

1. Eblen C, Koeneman J: A multidimensional evaluation of a four-wheeled walker. *Assistive Tech* 3:32-37, 1992
2. Eblen C, Koeneman JB: A longitudinal evaluation of a four-wheeled walker: Effects of experience. *Top Geriatr Rehabil* 8:65-72, 1993
3. Hall J, Clarke AK, Harrison R: Guidelines for prescription of walking frames, *Physiotherapy* 76:118-120, 1990.
4. Karpman RR: Problems and pitfalls with assistive devices, *Top Geriatr Rehabil* 8:1-5, 1992.
5. Nabizadeh SA: Technical considerations in the selection and performance of walkers, *J Burn Care Rehabil* 12:182 1992.

APPROVED/DISAPPROVED:



Robert H. Roswell, M.D.
Under Secretary for Health

3.19.04

Date