

# RETURNING HOME

## Steps Toward The Future

From the earliest days of my hospitalization my Caregivers and I were making plans, and readying our home, for my recovery.

We surveyed our home, noting the advantages and disadvantages of:

steps entering our house  
our bathroom facilities  
sleeping arrangements  
obstacles in my path  
vehicle and transport

In all our preparations we took to heart the

### Fall Risk Wristband

I wore home from the hospital.



*Originally my band was bright yellow.  
And it literally fell apart after 6 months !*

This fall risk warning constantly reminded me and my Caregivers that a fall would be one of the two greatest threats to my safety.  
( A second follow-on stroke is the other great threat ).

An injury from a fall, would only make my stroke recovery more difficult and protracted !

What follows are solutions and experiences we found helpful in

keeping me safe from falls  
ability to move about  
maintain my good health

It should be noted that we found Internet prices and availability better than those for brick and mortar medical supply houses.



# RETURNING HOME



I could write a book about “coming home” to begin my local rehab and recovery. There are several pieces of equipment that facilitated my recovery, and reduced my risk of falling. I share these here as items that greatly increased my mobility and safety.

## MOBILITY

After discharge, I was just able ( with help ) to shuffle up my driveway using a **“Grannie” Walker**. This simple device, proved to be just the support I needed to get around my home with minimal assistance in the early stages of my recovery. It is very stable, lightweight, folds flat, and will only move when you want it to move. She is a classic. About \$35 on-line.



**“ Grannie ”**

Basic 2 Wheel Walker  
About \$50 On-Line

Early on I needed mobility to get me beyond the confines of our home. Top of my list was a Transport Chair. I used, and recommend, the **Drive Transport Chair**. It is incredibly lightweight, yet durable. It comes fully assembled. Has foot rests that are very easy to attach / detach. And, it has rear brakes that can be reached and operated by the passenger. This is very useful when going to PT, shopping in the company of my “ride”, or sitting at a sporting or social event.

I wish I had my transfer chair on arriving home. When it did arrive resplendent in its plaid livery, I immediately named him “ Angus”. About \$150 on-line.



**“ Angus ”**

My Transport Chair  
About \$110 On-Line

# RETURNING HOME



## EQUIPPING RECOVERY ( Continued )

I give extra attention here to “ Wally ” the walker. Wally is a rollator style walker. Because of the steep incline of my driveway, I was advised by my Acute PT to hold off on a 4 wheel walker for awhile. I put up with the Grannie walker only until I was absolutely sure I could handle a rolo on my drive, walks in the neighborhood and get it into the car. Since then Wally and I have become very close. He added another level of confidence negotiating the driveway. I began my “longer” walks depending on Wally for a seat where I could rest, locked in place and giving support to my back until I got my wind. I made Wally’s License Plate in Photoshop.

**“ Wally ”**  
Rollator Style Walker  
Made by DRIVER  
About \$75 On-Line



My friends have enjoyed my naming my recovery accessories. Wally has been my faithful sidekick ! Wally is a Driver product, and one that I highly recommend. He’s lightweight, folds flat and tucks easily into the trunk or back seat. Even after six months, Wally rests at the foot of my bed as I still have difficulties with my balance in darkened rooms. *Note: if you are 5’11” or taller this model will have you slightly stooped. Not a problem around the house, but adds to your fatigue on longer walks.*



**Accmor Walker Cup /Phone Holder**

Can’t tell you how many spills this has prevented. And, turning on my phones flashlight gives me a Headlight.

About \$15 On-line



**Rail Hook**

Came in handy anytime I had to hang an extra bag on old Wally.

Set of 2 About \$10 On-line



**Clown Horn**

Lots of fun out on walks and some extra comfort if I got into trouble.

About \$15 On-Line

# Fall Risks- Assessing and Removing



Right after the risk for a follow on Stroke, I came home with a healthy respect for the possibility that I might have a fall that would likely create a:

**DISRUPTION TO MY RECOVERY**

**FAILURE IN CONFIDENCE**

**NEED FOR EMERGENCY OR TRAUMA TREATMENT**

Any of these would have been crushing for me and my Caregivers. We had begun to discuss this potential while still in acute rehab. My PTs made our realization that I might have a fall at home and a real threat that need to be **RESPECTED AND PLANNED FOR**. First, there was the issue of mobility in the house. Second was, to and from appointments. This was followed by a sincere examination for the fall hazards we could identify in what were to become my regular routines. In the beginning we identified these **FALL HAZARDS**:



## TRANSFER TO

To / From Bed

The Shower Bath

The Car

An Appointment

## STANDING UP TO

Use The Urinal

Take a Shower

Get Dressed / Undressed

Get Groomed

Transfer



## WALKING TO

The Bathroom

The Kitchen

The Car

An Appointment

In the Park

## SEATING TO

Bathe and Dress

Cook and Eat

Travel By Car

# Fall Risks- Assessing and Avoiding



## You Can't Fall Unless You Can Stand

You will recall that when I entered acute rehab I still did not have the ability to stand up by myself without someone's help. Standing was a combination of muscular control and balance. Both had been severely disrupted by my Stroke. And, unless I rolled out of bed, I couldn't fall unless I was standing, or at least trying to stand, and later walking.



The three keys to avoiding a fall in the beginning of my home care was knowing my:

## Limits In Abilities

We had a pretty good idea of most limits in my post-hospital abilities. In fact, the day I was discharged from Acute Rehab my wife, son and I had time to practice my bed to standing and sitting in my chair, plus a demonstration of how well I had progressed with my “grannie” walker. While I had enjoyed a seated shower baths in Acute Rehab this was yet to be worked out in my stand up shower at home.

## Supervision

As late as my discharge, I was ( by hospital rules ) discouraged from trying to sit on the edge of my bed, let alone try to make the transfer to my wheelchair. And absolutely NOT without assistance by a member of the hospital staff. Transfers in my Physical and Occupational therapies were also assisted by my Therapists.

## Equipment

By the second week of Acute Rehab, we had begun discussing what measure we should plan to take to reduce or eliminate my Fall Risk. Of course, by now we had good working knowledge of the part a “grannie” walker would play in preventing a fall. This was particularly true in the beginning where “walking” meant a trip to the toilet or just down the hall. It soon became apparent that we would need some additional devices to help prevent my falling.



# Fall Risks- Assessing and Avoiding



## Trip Hazards - Inviting A Fall

It wasn't until we got me home that we really started paying attention to the trip hazards lurking about the house, and later the garage, outside patios and yards.

The three keys to avoiding a fall in the beginning of my home care was knowing the routes I would take to the bed, bath, kitchen and family room. Along these routes we noted these trip hazards:

### **Clothes**

Items left on the floor that could get tangled and cause tripping.

### **Rugs & Carpets**

Loose or upturned rugs were removed.

### **Furnishings**

Furnishing that would obstruct or compromise my passage.

### **Power Cords**

Removed or rerouted power / extension cords.

### **Pets & Toys**

Extra care to know where Lulu might be on my route. Pick up her toys if out of her toy basket.

### **Congestion**

In home areas were assessed for too many furnishings or other extraneous items that if neglected could cause a trip or fall hazard. Outside, we were on the lookout for crowded passageways.

### **Bad Practices**

We were extra careful to not leave bottom drawers left open.

## **Trip Hazards - Inviting A Fall ( Continued )**

### **Curbs and Sidewalks**

Measures taken to note curbs and sidewalk conditions along my routes outside the house.

### **Wet / Slippery Surfaces**

Extra attention paid to any area that could be wet ( bath ) or slippery ( damp pavement or walks )

### **Steps and Stairs**

Especially steps into and out of the house and stairs encountered anywhere we might travel. Grab bars were installed at the front and rear entrances to the house.

### **Poor Lighting**

All my routes in the house were well lighted, with extra “nightlights” to guide any natural trips.

### **Obstacles**

They can happen without notice. A garden hose, or the vacuum left out are things we must keep an eye out for everyday.

### **Stools and Ladders**

Stools and ladders, even “footstools” or “stepladder are a NO NO for the Stroke Survivor in recovery !

### **Exercise Equipment**

That stray dumbbell or stretch band left on the floor could be just the ticket to an unwanted trip and fall.

# FALL PREVENTION

## Making Home Safe For Stroke Recovery



### Bathroom

- Install Grab Bars
- Use nonslip mats
- Add toilet handles

### Rooms/Stairs

- Improve Lighting
- Fix steps & floors
- Install no slip strips
- Remove excess furnishings
- Remove unnecessary clutter, cords, rugs

### Bedroom

- Make Lighting Easily Accessible
- Add Nightlights
- Keep phone bedside

### Kitchen

- Keep items accessible
- Don't stand on stools
- Add Nightlights



**To Ensure The Safest Environment  
Combine These Preventions With**



**Sight / Hearing  
Evaluations**



**Medication  
Reviews**



**Be As Fit  
As Possible**