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**#4) What is the role of the OT practitioner in functional ambulation?**

* The role of the OT practitioner in functional ambulation incorporates ADL’s, work and productive activities, and play or leisure activities. The OT practitioner has to show a purpose for walking and the patient is learning how to maneuver through an area with or without an assistive device. Kitchen, bathroom, or home management ambulation are all examples of how an OT can have an effective role in functional ambulation. The OT practitioner can help a patient ambulate to the toilet, ambulate while transporting food items in the kitchen, or ambulating to make a complete bed.

**#9) List at least three diagnoses for which functional ambulation may be appropriate as part of OT services**

* A patient with hemiplegia or suffering from a stroke
* A patient who had a hip replacement (hip precautions)
* A patient with multiple sclerosis

**#10) What purpose does a task analysis serve in preparation for functional ambulation?**

* A task analysis plays a large role in preparation for functional ambulation because it’s important for the OT practitioner to understand all aspects of a task even when it involves ambulating. Functional ambulation is incorporated into purposeful activities. If the OT practitioner understands all aspects of the task itself, then they also incorporate if the patient has to walk somewhere or move around. This will make it easier for them to assist and educate the patient performing the task.

**#19) Name and discuss the rationale for at least three general wheelchair safety principles**

* Safety is important! 3 general wheelchair safety principles include…
  + Brakes should be locked during all transfers. This ensures safety for the patient, so they do not fall because the chair rolls out from under them or away from them.
  + The patient should never stand on the footplates because that could make the wheelchair tip forward causing them to fall forward and down.
  + The caregiver pushing a wheelchair should be sure that the patient’s elbows are not out to the side of the armrests and that the patient’s hands are not on the hand rims. This will avoid any unnecessary harm to the elbows, arms, and hands if they get bumped, scratched, or even smashed. If the patient does have their elbows out or hands on the rims the caregivers should inform the patient of the situation and check patients positioning before pushing them.