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*Cultivating a Culture  
of Caring for Older Adults*

# Understanding and Prescribing DME

Megan Whalen, NP  
University of California, Irvine

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I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

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## DME 101

- Assessing for need of DME
- Assessment tools
- Common DME
- Common Gait patterns
- Mix and match

## Things to Consider

- Chronic Illnesses (vertigo, neuropathy, vision, hearing, Parkinsons Dz, pain)
- Cognitive impairment (MMSE 18-23 associated with increased risk of falls)
- Acute Illnesses (CVA, injury, fractures, joint replacement lower extremity weakness, recent hospitalization)

## Things to Consider

- Assessing ability to complete ADL/IADLs, fatigue, SOB, instability
- Home environment assessment, stairs, elevator, width of hallways, doorways, clutter, support systems
- Tendency to avoid full weight bearing unilaterally due to pain
- Current Medications

## Fall Risk Medications

- Antipsychotics
- Sedatives/Anxiolytics
- Hypoglycemics
- Antidepressants
- Anticonvulsants
- Analgesics
- Antiarrhythmics
- Anticholinergics
- Antihistamines
- Antihypertensives
- Diuretics
- Antiparkinsons



## Mobility Assessment

- “Get up and Go or “TUG”
- Most often used and most researched test
- Time > 13.5 sec to complete the test is considered “at risk to fall”
- Time > 30 sec corresponds with a functional dependence

## Common Gait Abnormalities

- Bent over device flexed at hips and knees with excessive dorsiflexion
- Limited hip flexion and extension causing decreased stride/step length
- Bilateral external rotation at hips with bilateral feet pointing outwards
- Parkinson's Dz, gait rigidity, flex posture, short step
- Freezing; feeling of being stuck

## Parkinson's Gait Disorders - Freezing

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# Assistive Devices

- Single Point Cane:
  - Aids balance and stability
  - Not for significant weight bearing
  - “If you have pain you don’t get a cane”
  - Sizing-with cane tip on floor holding on side opposite injury measure from wrist to floor with 20 degree flex in elbow or approximately  $\frac{1}{2}$  the height of pt. is correct length
- Quad Cane:
  - Provides a broader base of support, flat side goes against the body, place all 4 legs on floor when moving forward

<https://www.youtube.com/watch?v=pTJVaoYTnXw>

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# Assistive Devices

- Crutches:
  - Used when need to offload weight to a lower extremity
  - Requires arm strength
  - For rehabilitation – shorter term
  - Sizing – Bend at wrist, 3 finger width in axillae where pad goes

# Assistive Devices

- Front Wheel Walker (FWW): safer choice
  - If less cognitively aware
  - Gait disturbance
  - Impulsive behavior
  - Sizing- 30 degree flexion of elbow, top of walker at greater trochanter

<https://www.youtube.com/watch?v=0pVFhz-Bff8>

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## Assistive Devices

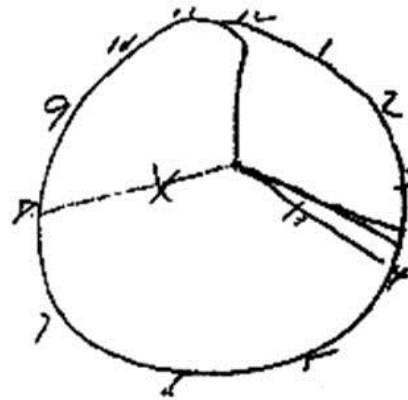
- Rollators:
  - Appropriate for more cognitively aware
  - Able to ambulate short distances, may need rest periods
  - 3 Wheel: lighter, have tighter turning radius
  - 4 Wheel: have seat, more stable, higher weight capacity
  - Sizing for both-30degree flexion of elbow, top of handles at greater trochanter

# Assistive Devices

- Wheelchair
  - Non-ambulatory; self propelling, hand propelled, fully assisted
  - standard, bariatric or transport
- 3:1 Bedside Commode (BSC)
  - Elevator and arms for toilet
  - Bedside commode
  - Shower chair



## Clock Drawing



# Assistive Devices

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