



UNDERARM CRUTCHES

Underarm crutches, also known as Axillary Crutches, are by far the most commonly used type. The majority of temporary crutch users should use this style crutch. They require a minimum of training and substantially less upper extremity strength than other types of crutches and are generally less expensive. Crutches are most likely to be the appropriate walking aid when a person must not bear **any** weight on **one** leg, as would be the case with a broken leg, ankle or foot.

FITTING UNDERARM CRUTCHES

Proper fitting of underarm crutches requires two adjustments.

1. Overall height (from rubber tip to underarm pad).
2. The distance from the hand grip to the underarm support.

Adjust the Overall Height of the crutch first. With the user standing erect, looking straight ahead with shoulders squared, place the crutch tip six to eight inches forward of the toes and the same distance out to the side. Then adjust the crutch height to bring the underarm pad up to a position approximately one inch below the front of the underarm. The height adjustment should not have the crutch pressed too tightly under the arm in order to avoid unnecessary pressure and irritation. However, it should not be so short as to cause the user to have to stoop in order to obtain support.

With the overall height adjusted properly, then adjust the handgrip position to provide approximately a 20 to 30 degree bend in the elbow. This can usually be achieved by again having the user stand straight as described above with eyes straight ahead, shoulders squared and **arms hanging relaxed** at the sides. Then place the crutch vertically beside the user and adjust the handgrip to a position slightly above the wrist.

This adjustment technique will encourage the user to support most of the weight with the hands and arms, **not** the underarms. This is very important. Prolonged and excessive pressure on the underarm will cause severe soreness and possible numbness and paralysis of the arm.

INSTRUCTIONS FOR USE

If you have had the benefit of instruction by your physician or therapist, follow those instructions carefully. There are several methods of using crutches. These methods are called crutch gaits. The choice of gaits and the gait training is usually performed by your physician or therapist.

The most frequent need for crutches is to relieve all weight bearing on one leg. For this situation your doctor or therapist will probably want you to use the three-point gait. This method might be described as an "assisted hop". The three-point gait begins by standing with your weight distributed evenly between your strong leg and the two crutches. The knee of the injured leg is bent slightly to keep that foot off the floor completely.

Shift all weight to the strong leg momentarily while the two crutches are moved forward several inches. All weight is then supported by the crutches while the strong leg is swung forward to a point between the crutches.

As you gain confidence you may swing the the strong leg through to a point several inches in front of the crutches. This is called a swing-through three-point gait and provides faster ambulation.

If your doctor or therapist chooses any other gait for you, such as the two point gait or the four-point gait, they will probably be very specific in this regard and arrange for some special training in those methods.

It is possible for some crutch users to negotiate steps. **DO NOT** attempt this unless it has been recommended by your physician or therapist.

Assuming that you are using the three-point gait, going up stairs involves shifting the crutch that would be next to the banister to the other hand. Holding both crutches in one hand, shift the weight to the crutches and the banister and hop onto the step with the strong leg. Bring the crutches up onto the step beside the foot. Repeat this procedure.

If no banister or handrail is available, leave the crutches in their normal position in each hand and face the stairs squarely. Putting all weight on the crutches, hop onto the first step and swing the crutches up alongside the foot. In either case, remember — going up stairs, the strong foot always goes first, followed by the crutches.

Going down stairs requires the same basic procedure with one major exception. First, place the crutches on the next step down, then carefully and slowly follow with the strong leg and foot.

To sit down in a chair, you should approach the chair so that the strong leg is close to the seat. Grasp both crutches in the opposite hand and place the strong side's hand on the armrest of the chair. Place the crutches at the back of the chair. Then pivot on the strong foot until the back of the strong legs touches the seat. Place the other hand on the other armrest and lower yourself into the chair. To rise out of the chair simply reverse the above sequence.

If your physician's or therapist's instructions differ in any way from those given here, follow those instructions explicitly.

The rubber tips on your crutches should be inspected regularly. Worn or damaged tips should be replaced immediately, as should your underarm pads and hand grips. The security of all adjustment mechanisms should also be checked frequently.