ASSESSMENT OF NEGOTIATING STAIRS

AIM

- To assess service user function and identify problems and potential solutions re negotiating stairs.
- To highlight need for referral on to rehabilitation services or plan & implement rehabilitation programme (subject to service)

Procedure

1. Check referral/case notes and confirm with service user prior to visit in order to understand service user current condition especially in relation to any recent change (e.g. mobility/falls/social situation). **ACTION if significant change or case complex- liaise with registered practitioner.**

2. If appropriate visit service user (home/hospital/care or rehab facility) to assess ability to negotiate stairs.

   Service User Considerations

3. Ask service user how they currently manage and where they are having problems and document this on the reasoning record. Check whether they already have equipment (including walking aids) and how they use this.

4. Assess service user’s basic functioning: observe service user getting up from chair and walking. **If service user very unsteady or unwell STOP and seek advice from registered practitioner.** If appropriate arrange an alternative appointment. Also note provision of walking frame is a significant hazard. **STOP and seek advice from registered practitioner.**

5. Assess service user’s basic upper limb function at this stage i.e. ability to hold banisters and/or grab rails.

6. Consider service user’s cognition and risk awareness. If service user not participating as expected **STOP and seek advice from registered practitioner.**
Environmental considerations

7. Observe existing stairs taking particular note of corners, height & depth, carpet (type & condition), clutter, lighting, banisters and grab rails.

Carer considerations

8. Take into consideration the type of carer support (if any) that the service user has. Where possible involve the carer.

9. Ask service user to demonstrate using their preferred method, as per reasoning record, with their usual equipment (if any). Stand behind service user when ascending and in front of the service user, 2 steps below, facing them, when descending. Note extra care as assessor is required as you will be descending backwards and must remain orientated to your position on the stair and hold the rail (if present).

10. Keep in close proximity to service user to observe and be prepared to stop (before reaching top of stairs) and safely descend stairs.

11. Follow the manual handling protocol if service user collapses/falls on stairs, to get them down safely if possible. You may need to call for assistance or call an ambulance. Once the service user is safe, feedback immediately to registered practitioner.

12. Consider possible (adaptive and rehabilitative) solutions and discuss these with service user/carer. Consider other persons who use these stairs (e.g. could they manage the proposed adaptive solution). If appropriate discuss funding arrangements.

13. If rehabilitative solution is identified ensure a plan is developed for this (may involve referring on).

14. If solution identified is unacceptable to the service user/carer feedback to registered practitioner.

15. If service user/carer is in agreement with preferred solution inform them of the next steps.

16. Determine fixture points for any rails at this stage. Order equipment/adaptation and explain next steps.

17. Telephone service user to check whether equipment/adaptation has met need.

18. If necessary arrange check off visit.

19. Document in service user’s notes.
Assessment of Negotiating Stairs: Reasoning Record

Date of Assessment ………… Tenure of Property …………………

Who Present service user/ Informal Carer/Care Assistant/Assessor/Other

1. Environmental Considerations

Current equipment: none/grab rail(s)/banister R or L (ascending)/stick/frame/other (state……………)

Location of stairs indoors (in relation to rooms to be accessed)……

…………………………………………………………………………………………

Reason for stair climbing………………………………………………….

Ability to carry………………………………………………………………

Steps : Number …… Height………..Depth ……….floor covering…………

condition……………………. rail & position……………………

Straight/turns/landings………………………………………………

(sketch below if necessary):

Shared/Communal: yes/no

Space: Constraints /Obstructions (e.g. door at bottom)

Lighting: …………………………………………………………………
2. **Service User Considerations**

**Medical Conditions:**

NB. If stairclimbing impeded due to 1) cardiac disease  
2) Pulmonary/Respiratory disease  
**STOP and seek advice from Senior /Team Leader**

If client is NWB **STOP and seek advice from Senior/Team Leader**  
Bifocals Y/N care if YES as may misjudge step edge

**Current stair negotiation method /problems (reported):**

**Functional Considerations**

Sit-stand: independent/uses chair arms/physical assistance*  
(*Warning STOP and feedback to Senior/Team Leader)

Mobility: Independent/stick/frame*/physical assistance*  
If safe check client turning and stepping backwards  
(*Warning: client likely to have leg weakness and poor balance)  
**STOP and feedback to Senior/ Team Leader**

Upper Limb Function: check grip and reach  
(Warning: if unable to reach forward to shoulder height will struggle to use banisters/rails)

Cognition: if client unable to follow/retain instruction **STOP and feed back to Senior/Team Leader.**
**Airclimbing Assessment**: describe the following:

NB consider how to descend BEFORE commencing ascend also ensure additional walking aid(s) available at top if needed

**ASCENDING**
Mobilise to stairs

Opening door (if applicable)

Negotiating steps: Reciprocal/dot & carry (both feet onto one step)/sideways/hands on step in front; if observed to be unsafe after 2 steps STOP, descend and feed back to Senior/Team Leader

What does service user hold onto ...............................................................

Note any equipment in situ ........................................................................

**DESCENDING**
Mobilise to top of stairs ........................................................................

Negotiate stairs: forward/backward/sideways/bottom/reciprocal/dot & carry/hands on step in front

What does service user hold onto ............................................................... 

3. **Carer Considerations**

Informal carer Able to safely assist yes/no

Home care

None
4. **Clinical Reasoning Considerations**

1. Where service user is mobilising independently or with stick and is struggling to negotiate stairs consider advice on correct technique i.e. general advice is when ascending client leads with stronger leg and when descending leads with weaker (subject to contraindications) i.e. dot & carry.

2. If still struggling with correct technique consider banisters &/or rails. Service user may be able to ascend/descend reciprocally with banister.

3. If using 1 stick this moves with the weaker leg. If using 2 sticks or crutches ensure additional walking aids at top/bottom.

4. If 2 banisters are indicated but it is only feasible to fit one, consider sideways ascending & descending. Rails may also be needed at top & bottom & landings, as would access to walking aid .upstairs/downstairs.

5. If service user ascends/descends with hands on step in front consider banisters and/or rails.

6. Descent backwards can sometimes be preferred option for people with bilateral leg weakness but requires 2 banisters.

7. If service user reports ascending/descending on bottom **STOP and feedback to Senior/Team Leader**.

8. If in doubt about safety/ability having assessed them, you may need to consider alternative short term solutions (e.g. commode)

9. Consider need for rehabilitation programme (for strengthening and functional practise) and either refer on or set up programme (depending on your competence)

Which alternative solutions have been considered and excluded:

- Advice on technique
- Simple grab rails
- 1 Banister
- 2 Banisters
- Banister(s) with rail(s)
- grab rail and banister(s)
- exercise programme/functional practice
Recommendations:

Reason for choice of Stair Climbing Solution & Plan

Name .................................. Signature ..................................

Date ..................................