Hands On Skill Development Ambulation

This lesson plan is designed as a continuation of critical thinking-ambulation and will develop clinical reasoning and hands on skills in early ambulation training.

Learning Objectives

By the end of this activity, the successful student will:

1. Formulate short and long term goals related to early ambulation training.
2. Formulate specific, goal directed treatment interventions for the task.
3. Integrate the concepts of task specific training and impairment directed interventions.
4. Discuss where on the motor control continuum their intervention falls.
5. Provide a solid rationale for the chosen treatment intervention.
6. Determine appropriate progression and regression of chosen interventions.

This activity supports the requirements for:

- *The Accreditation Council for Occupational Therapy (ACOTE) standards (2018):*
  - *OT: B.3.6., B.4.2., B.4.3., B.4.13.*
  - *OTA: B.3.6., B.4.2., B.4.3., B.4.13.*
- *The Commission on Education for Physical Therapy Education (CAPTE) standards:*
  - *PT: 7D7, 7D20, 7D21, 7D23, 7D24, 7D27, 7D30, 7D32*
  - *PTA: 7D9, 7D16, 7D17, 7D19, 7D32, 7D24, 7D25*

Watch

Assign the following video for students to watch:

- Early Gait Training: Patient Observations Inside the Parallel Bars

Hands On Skill Development: Ambulation

Review

Prior to this activity, review generating an impairment list with your students.

Experiential Learning in Lab

1. Review what gait deviations are observed as Henry begins early ambulation training.
2. Hypothesize what impairments may be causing the gait deviations. It is helpful to break this into stance and swing phases to assist students in being systematic with their analysis.
3. Facilitate discussion and hands on practice related to testing the hypotheses. This should include working through impairment testing in the areas of sensation, strength/ motor control, passive range of motion, visual perception, pain, coordination, etc.
4. Create a list of specific impairments related to the functional limitation: ambulation. It is helpful to be specific so students will learn to target a number of impairments with their interventions.
5. Ask your students, in groups, to determine a short term and a long term goal related to ambulation for this patient. Giving students a predetermined length of stay will assist at this stage of learning.
6. Breaking into small groups, challenge students to come up with several different treatment interventions to address early ambulation.
    a. Challenge the students to work at the patient's highest functional level and attempt to address more than one impairment at a time.
    b. Students may benefit from being cued to verbalize their rationale for the task chosen.
    c. It is helpful to provide those acting as the patient with a list of impairments and a functional level for them to role play.
7. Have the students practice their treatment ideas, give feedback to one another, and utilize feedback from lab instructors to improve their performance.
8. Lab instructor demonstration combined with student demonstration may be helpful to reinforce facilitation of muscle activity, hand placement, and guarding.
9. Challenge students to come up with treatment progression and regression based on feedback from lab instructors and peers.
10. A more detailed treatment plan can be submitted after lab to reinforce the need for comprehensive treatment planning in this population

Watch More

Suggested additional video:

- Mobility: Ambulation in acute care (Ben)