

LLT Guidelines for Safe & Effective Safe use of chairs as suitable support options (hand held)

- Choosing the right chair is not a science. There are no set/established guidelines for chair use, however, informed by experience and practice in research, this guidance has been written to support instructors and health professionals to undertake and document appropriate risk assessment for use of chairs in strength and balance programmes.
- When undertaking venue and session risk assessment the options for hand held support should be considered as a priority. The needs of each individual should be considered. Functional assessment and history obtained will both inform decisions for appropriate support.

Experiences from research;

- Chairs were used in the original FaME programme. This was an intervention delivered in community and group settings.
- The OTAGO programme was originally delivered as a home based programme so people had more options for hand held support. For home settings the participants are likely to be less steady on their feet and require a fixed object (ie. kitchen work surface as a more suitable option to offer stability to a weak posture position). The OTAGO programme has since been trialled in group/community setting using chairs as support options.
- PSI's and OEP Leaders (and supervisors of OEP Leaders) have a responsibility to ensure potential risks are identified, and measures taken to reduce them. These should be documented.

LLT Guidance for safe support options:

- Chair Checks (part of equipment on risk assess document);
- The chair is solid, not folding
- The chair has non-slip feet, in relation to the floor surface
- The chair is appropriate height for the person when in standing (no lower than hip)
- The chair is solid and sturdy and without defect (protruding parts, lose screws or broken parts/cracks)
- Once the chair itself is deemed safe, the full risk assessment cannot be undertaken unless it's use is in relation to the person using it - i.e 'a' chair may be deemed suitable support for an independently active older adult performing a single leg stand, however the same chair may be deemed inappropriate for a frailer older person to perform the same exercise. This decision, for example, could be made based on known skills and balance reactions of each individual; for an independently active older adult balance reactions from lower limb and posture would 'right' the balance. For the frailer OA these reactions would be compromised and they would be more likely to resort to hand held/grabbing the chair for support.
- Requirement for walking aid devices, TUG, 180 degree turn, TUSS, SLS, ability to step backwards, can all inform assessment of baseline balance reactions and therefore help assess for suitability for chair as hand held support.
- *A word on balance progression in relation to hand held support: a balance exercise should not be progressed until the person is able to respond with righting reactions using lower limbs and without reliance on hand held/grabbing for the chair reaction.*