

Teaching elderly patients to get on and off the floor Pathway

Points to consider when assessing the elderly patients ability to get up from the floor

Owner:	Benjamin Thomas Physiotherapy and Orthotics Manager
Approved by	Therapies Clinical Governance Group
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Review Date	13 <sup>th</sup> June 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25 <sup>th</sup> January 2023	Document extended to 30 <sup>th</sup> June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23 <sup>rd</sup> June 2023	Document extended for another 3 months whilst under review.	Benjamin Thomas
13 <sup>th</sup> June 2023	Document reviewed and approved for 3 years	Therapies Governance Group

- Has the patient consented to treatment?
- Is the patient medically stable?
- Is the patient able to follow simple commands?
- Will the patient remember how to get up? If not, is there a carer present who would be able to talk them through it?
- Do the knees bend to at least 90° on one side and over 90° on the other?
- Does one hip bend to well over 90°?
- Is there a loss of range of movement (ROM) at the ankle? (knee needs to bend over 90° if plantar flexion is lost)
- Has the patient got good functional ROM in the upper limbs? Do they have any pain and if so, is it manageable?
- Is there any pain present in the knees? Are they too painful to kneel on? Is the pain manageable?

**NB** – having good strength in upper limbs can compensate for the loss of strength and ROM in the lower limbs.

If a person has difficulty with some of the above points, this procedure may not be suitable.

Consider preliminary plinth work e.g. rolling, moving into prone kneeling before progressing to on / off floor.