**Physical Therapy/Sports Medicine: Acute Care Competency**

**CRUTCH FITTING/TRAINING**

**Crutch Fitting:**
1. Select a pair of crutches according to the patient’s height.
2. Start by adjusting the crutches to that height.
3. Have the patient stand up nice and tall and place the crutches under their arms, so the legs of the crutch are approximately 6 inches off the angle of their toe.
4. The top of the crutches should have 2-3 finger widths distance between the patient’s axilla (armpit) and the top of the crutch.
5. Make any adjustment to the height of the crutches before assessing the hand rest.
6. Once the height is correct, have the patient relax their arm along the side of the crutch (still standing up tall). The crease of their wrist should be even with the hand rest.

The patient may use a non-weight bearing or partial weight bearing pattern as indicated by their tolerance and/or referring physician/nurse practitioner. When standing still, the crutches should be placed forward and slightly to the side, forming a tri-pod with the healthy leg.

**Non weight bearing:**
The injured leg should be held off of the ground, with the foot behind. To walk, the crutches are placed ahead. The patient will put use their arms to lean on the crutches allowing them to hop the healthy leg forward so that it is even with the crutches (a hop-to gait pattern). Once this is mastered they may work on a hop-through gait pattern, but should be cautioned to go slowly so as not to risk a fall.

**Partial weight bearing:**
The crutches will again be placed forward. This time the patient will lead with the injured leg, putting partial pressure (as tolerated without pain and/or as directed by the referring clinician) through the injured foot, with the rest of their body weight transferring through the crutches. They can use a step-to or step-through pattern as they feel comfortable. The benefit of a partial weight-bearing pattern is that it allows the patient to maintain a more normalized gait pattern, with easy progression of weight bearing as indicated.

**Stairs:**
Generally the elevator is recommended when available. When stairs are necessary, we recommend that both crutches are held on the same side (petite patients should hand one off to a friend, etc) and the rail is utilized on the other side. This allows for increased stability and a reduced chance of falling. When ambulating down the stairs, both crutches are placed on the lower step. The injured leg is held in front of the body (so it doesn’t hit the stair on the way down). The patient then loads the rail and the crutches to step or hop down to the next step (depending on their weight bearing status). When ambulating up stairs, the patient will lead with their healthy leg. They will load the crutches and rail and step or hop onto the next step (according to their weight bearing status).