

Mobility Canes



Support Cane

A red and white Support Cane is sometimes recommended for individuals who are legally blind and have some usable vision. The support cane does not alert the individual about changes in the surface or obstacles ahead, but it does allow them to investigate physical aspects of familiar environments. The support cane can help with depth perception issues such as checking the height of a curb or step.

A Certified Orientation and Mobility Specialist (COMS) will recommend a red and white support cane for identification purposes only. The red and white coloration indicates that the user has a visual impairment and has a reflective material for safer travel at night. A Physical Therapist must be consulted for support issues related to the individual's gait, strength, and balance.

Long Cane



The long cane, or red and white cane, is the most frequently used mobility device by individuals who have legal blindness in order to travel safely with little or no physical assistance. A long cane allows the user to anticipate the walking surface a step or two ahead. It can be used to detect dropoffs (curbs, stairs, potholes, etc.) and indicate a change in surface (from brick to concrete, from tile to rug, etc.), as well as encounter an obstacle in the path of travel before the user. A person traveling with a cane may also use a combination of remaining vision, sound, and proprioceptive cues.

Long canes vary in their length, material from which they are made, whether they fold, and kind of tip, but they will always be red and white. A Certified Orientation and Mobility Specialist will provide a specific style based on the individual's needs and abilities.

Mobility Canes (continued)

Long Cane (continued)

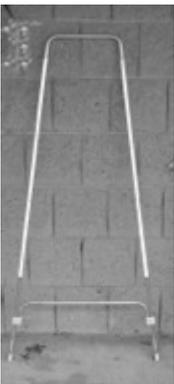
An individual must receive instruction from a COMS before using the long cane independently. Specific techniques will be reviewed over a series of lessons and modified as appropriate to determine the best methods for the individual based on the routes he must travel. Family members and staff who live and work with the individual on a regular basis will be included in the training so they understand how and when the cane should be used to encourage independent travel. Consult with the COMS if there are questions or problems with the individual's cane technique.

No matter what techniques and modifications are determined by the COMS the following apply.

- The cane tip should never be lifted more than a few inches from the floor
- The cane should never be swung into the air above knee level
- The cane should never be dragged behind the individual.
- If the individual needs to back up he should turn 180° and proceed with the cane out in front, rather than stepping backwards without the ability to anticipate what is behind him.

Typically the individual will move throughout the environment with a sweeping motion of the cane and the tip touching the ground (constant contact), or the tip will tap to each side and raise 1-3 inches from the ground as it passes the area in front the body (two point touch). Proper application of a variety of cane techniques will allow an individual to investigate the area that is slightly wider than the width of the individual's body. Sometimes the individual will hold the cane diagonally across his/her body about a half an arm's length away from the body, with the tip on the floor or 1-3 inches above. Individuals may hold the cane vertically or folded when walking with a sighted guide or when walking up and down stairs using the railing for guidance and support.

Adapted Mobility Device (AMD)



For some individuals with physical or cognitive disabilities, safe and effective use of a traditional support or long cane is not possible. An Adapted Mobility Device (AMD) may allow the individual to become more independent and safe while traveling in familiar environments and during routine travel. The recommendation of an AMD comes from a Certified Orientation and Mobility Specialist. The COMS will work with the individual, support staff, and often the physical therapist, to ensure that the device is used properly and assists the individual to be more independent/safe.

Mobility Canes (continued)

Adapted Mobility Device (AMD) (continued)

The style of the AMD varies. Most often the individual keeps both hands on the device and pushes or rolls it directly in front of him. The primary purpose of an AMD is to act as a bumper. The cane will encounter obstacles in the person's path of travel before the person does. The Orientation and Mobility Specialist will develop specific guidelines for use based on the individual's needs and abilities, but the following general guidelines should be considered.

- The device should be maintained in front of the body and pushed along the floor straight ahead (The pushcane does not move from side to side across the path of travel.)
- The individual should stop when an obstacle is encountered and move around it, or wait for assistance
- The device should NEVER be used on stairs!
- Depending on the device and its user, it may or may not help the individual detect dropoffs, such as parallel curbs, so maintain close contact with the individual to ensure safety.

Storage

If the cane is of the folding variety, the individual should fold the cane and store it under his chair, on the table, or some other designated spot that is out of the way of others. If the cane is rigid (not folding), or if the individual is not capable of folding/unfolding the cane safely, the cane should be stored leaning against the wall or other vertical area where it does not become a hazard to others. If the individual lays the cane on the floor or other parallel position it must be out of the way of others so it does not become a tripping hazard. Placing it on the floor up against and parallel to the wall may be an option.

The cane, whether folded or not, should always be stored in a specific spot in close proximity to the individual so he can locate the cane independently without having to move too far without it.

Sighted Guide

Sometimes a cane user will choose to or need to request the assistance of a sighted guide. When the individual takes the arm of the guide, the cane should be held in the opposite hand, parallel to the body with the tip facing the floor so that the cane does not become a hazard to the guide. If the cane is a folding cane, the individual may choose to fold the cane and hold it, folded, in his opposite hand.

Mobility Canes (continued)

Proper Usage and Safety

A Certified Orientation and Mobility Specialist provides instruction to the individual related to how the device should be used safely and efficiently. This instruction may take place over a series of lessons. Staff and family members are included in the instruction as appropriate so that they are able to reinforce the skills and ensure consistency.

Contact the COMS if any of the following situations arise:

- There is question about the safety or usage of the cane by the individual.
- There are new or permanent changes to an individual's living or working environment, routine, or routes frequently traveled.
- The individual refuses to use the device, or is beginning to use it inappropriately and compromises the safety of himself or others.
- New staff working regularly with the individual should be trained about proper usage, technique, and how to monitor for safety.

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Please also see MCB/DDS Partnership handouts:

- Orientation and Mobility

For additional resources and on line links, please visit:

www.mass.gov/dds/visionloss