



ARGnote

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What Older People want from a Walking Stick Guide

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Overview

Many older people choose to use a walking stick when they start to experience difficulty in walking. However for those who decide to use one there is very little information available to learn what type of walking stick would be best to meet their needs. People who use walking sticks typically do not receive any advice on what type of stick they should use and how it should fit them. This project interviewed older people to find out what they knew and needed to know when choosing a walking stick. The overall aim of the project was to create a user guide on walking sticks.

Key Findings

- Older people are likely to choose a walking stick based on its aesthetics rather than its capabilities.
- A guide aimed at older people needs to be short, with illustrations and minimal written content.
- The height estimated by older people as being optimal was much higher than clinical recommendations.

Aims & Objectives

This ARGnote explores what older people know and want to know about walking sticks and how they go about choosing a walking stick. The creation of the subsequent walking stick guide is detailed in a separate ARGnote.

Background

As discussed in the previous ARGnote walking sticks improve the balance and the confidence to

walk. However, a badly fitted walking sticks can give people injuries and make it more difficult for them to walk¹. A walking stick should reach wrist height of the person using it². However, most people do not know this and as a result use a walking stick that is too high³.

Methods

One of the key steps in the creating a walking stick guide was to talk to older people to find out what they knew, what they didn't know, and what they wanted to know about walking sticks.

Older people who used walking sticks were interviewed about how they obtained their stick, why their specific style of stick was chosen, where they used it, and whether their stick ever needed maintenance? Six people were interviewed.

A focus group was held. The focus group was carried out with four older adults who had never used a walking stick before. Participants were asked to imagine they needed a walking stick and were asked about the process in which they would choose one. What would they want to know about a stick before they bought one? Did they know where to purchase one? Did they know what type of stick should be used for what type of mobility impairment? What height should a walking stick be? Participants were then asked about what information in a guide should be a priority and what the format should be in order to make the guide easily digestible.

Results

All the interviewees said they had a stick because they wanted to have more stability when walking. Two of the interviewees were bought sticks by their children, one person inherited their stick from their parent, and the remaining three people bought their stick themselves. The interviewees all recognised that the folding stick was useful if you did not use your stick all the time. They were not sure what the benefit of the tetrapod stick or the swan neck stick was.



Participants of the focus group stated preferences based on the look of the stick and guessed how to use them. It was clear that walking sticks were being chosen by look and feel rather than by functionality. The traditional wooden, curved handle stick was the most popular:

“The least disabled looking stick”.

Participants assumed they came in different sizes rather than needing to be cut to the right size. They did not like silver coloured sticks which they felt that looked institutional:

“some sticks look national health”

This was regardless of the sticks other features. Walking sticks with an ergonomic handle proved the most confusing for the participants, they could not figure out how to hold it. As a result they would hold it backwards and/or in the wrong hand which they found uncomfortable. These sticks were seen as not good for arthritis which was what the sticks were designed to help.

“If you had arthritis in your hand or wrist these are going to be no good”.

The swan neck stick was liked by the group but this was due to its padded handle and black colour rather than its shape.

Participants were asked how high they thought a walking stick should be. Each member of the group tried a stick and showed where on their body they thought the stick should reach. The consensus was that the stick should be the height of a persons hip, much higher than the recommended height of the wrist.

Focus group participants were shown a number of different guides that were not related to walking sticks. Participants said they preferred guides that were short and that used pictures rather than words:

“If you are in a shop and you’re given a piece of paper you are not going to spend a lot of time scrutinizing it...pictures go a long way... you can pick it up yourself relatively easily.”

Criteria

All participants were asked for the most important format and information criteria that should be included in a guide;

Top Format Criteria

1. Short - Minimal Words
2. Recognised Body Endorsing the Guide
3. Diagrams to clarify written explanation
4. Lines not too close together
5. No technical explanations

Top Information to Include

1. Walking Stick Height
2. Which stick suits which condition
3. Which handle for ease/comfort of grip

Related ARGnotes

Thoreau, R. Creating a walking stick guide. ARGnote 2015; 2(4).

Guide

The created guide is available to download (for free) at:

www.cege.ucl.ac.uk/tarsan/Pages/publications.aspx

Endnote

¹ Bateni H, Maki B. Assistive Devices for balance and mobility: Benefits, demands, and adverse consequences. Archives of Physical Medicine and Rehabilitation. 2005; 86(1): 134-145.

² American Academy of Orthopaedic Surgeons. How to use crutches, canes, and walkers <http://orthoinfo.org/topic.cfm?topic=a00181>

³ Dean E, Ross J. Relationships among cane fitting, function, and falls. Physical Therapy. 1993; 73(8).