

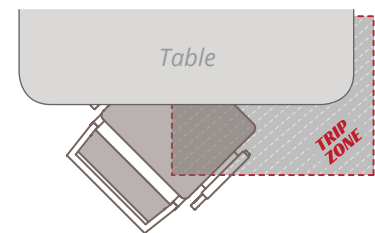
Consider the Following: The Need for Controlled Mobility

Care staff experience first-hand, a senior's changing ability to move about independently, as they are charged with providing **'whatever physical effort is required'** when assisting a seated person to the table.

The "trip zone", is the area around the table in which there could be as many as 13 contact points* any of which can be bumped into or tripped over while care staff is assisting a person at mealtimes.

The likelihood of a fall/trip occurring within the "trip zone" increases the closer the person being assisted gets to the table. One missed step by either person will result in a disastrous conclusion to the "table dance" routine.

The "trip zone" exists because care staff position the chair as close to the table as possible. They do this knowing once the person is seated they are expected to provide the muscle in order for the seated person to be positioned suitably at the table.

**Minimizing the effects of the trip zone**

When chairs roll...the person remains standing away from the table supported by their walker/rollator. Once the chair is rolled up behind them and the care staff invites them to sit down. The person being seated is at minimal risk of falling.



When chairs swivel...the seat of the chair is turned to face away from the table. The person remains standing supported by their walker/rollator. The care staff provides verbal cues (acting as a coach) guiding the person to take a few steps towards the chair. Once aligned with the seat of the chair the person releases hold of the walker and reaches for the arms of the chair for support and sits down. Once seated, the seat of the chair is turned to face the table.

- X** Currently, the only option available to care communities are wheelchairs or dining chairs with active front casters. Seniors resent wheelchairs often referring to them as 'one appliance before the gurney'.
- X** Dining chairs with front casters contribute significantly to damaged floors and structural weakness of chairs as care staff routinely twist the chair by pulling on one arm in order for the seated person to exit the table.



*13 Contact Points: 4 legs of the chair, 4 wheels of the walker, 2 feet of person being assisted, 2 or more feet of caregivers, 1 Table top and potentially a table leg).