Choosing the Correct Walker
Cameron R. Hernandez, MD, Mount Sinai School of Medicine

Assistive devices, such as walkers, are being used more often as the population ages. Walkers provide more stability than canes, which are discussed in another edition of Elder Care.

In general, walkers are given to patients to keep them stable when walking. If the correct type of walker is prescribed, and if patients are taught how to use the walker correctly, walkers can decrease the risk of falls. But, if used inappropriately they can make falls more likely.

Thus, knowing when to prescribe a walker and which type to prescribe is important to patient safety. This edition of Elder Care will discuss the three most commonly used walkers: the standard walker, the two-wheeled walker, and the four-wheeled walker.

Standard Walker

The standard walker does not have wheels and, therefore, it is the most stable type of walker (Figure 1). It is used for patients who need to bear a significant amount of weight on the device. Standard walkers are used in older patients who are very unstable with a cane, who have bilateral lower-extremity disease, or who do not have the ability to control a rolling walker. For maximum stability when using this walker, the patient should place all four legs of the walker on the ground before taking a step forward.

Besides stability, another advantage of the standard walker is that it that folds quickly and is easy to transport. The disadvantages of the standard walker are that 1) it truncates the patient’s walk, 2) it needs to be lifted with every step, 3) it makes the patient slow, and 4) patients can fall when lifting the walker. Patients who stop using this type of walker tend to state that they stopped because they got tired of picking it up with every step.

Two-Wheeled (Rolling) Walker

Rolling walkers have two front wheels and two back sliders (Figure 2). They are used for patients who have gait instability but who do not need to bear a substantial amount of weight on the device.

A key advantage of rolling walkers over standard walkers is that they provide a more normal walking pattern, as they do not need to be lifted off the ground with each step. Furthermore, the wheel-and-slider combination makes

TIPS FOR CHOOSING THE CORRECT WALKER

- Recommend a standard walker for patients who have an unstable gait and need to bear a significant amount of weight on the walker.
- Recommend a two-wheeled (rolling) walker for patients who have an unstable gait but do not need to bear a substantial amount of weight on the walker.
- Recommend a four-wheeled (Rollator) walker for patients who need a walker only for balance but not for weight bearing.
- Be sure patients receive and understand instructions for how to use their walker, as improper use can lead to injury.
it easy to maneuver on many different surfaces. And, just like a standard walker, they can be easily collapsed.

The disadvantages of a rolling walker relative to a standard walker are that 1) it is less stable, 2) it requires more cognition, and 3) the front wheels are fixed (i.e., do not rotate), which makes for a large turning arc. Because of the large turning arc, many patients will pick up the walker during the turning process, and this creates the possibility of a fall. The correct way to turn with a rolling walker is multiple small turns until the patient and the device are facing in the new direction.

**Four-Wheeled Walker (Rollator)**

The Rollator has four fully-rotating wheels, brakes, a seat, and often a basket (Figure 3). It is used for patients who need a walker only for balance but not for weight-bearing. It is easier to propel and less restrictive on normal gait pattern than a two-wheeled walker. It is also easier to maneuver around turns and typically does not need to be lifted when turning. The seat is helpful for people with diseases that require resting (e.g., heart failure or COPD). The basket allows carrying items hands-free.

**Figure 3. Four-Wheeled Walker (Rollator)**

Most of these advantages can be disadvantages, too. Easy to propel means that the Rollator can roll away from a patient. Easy to maneuver means that the patient needs to have good abdominal strength to keep from falling.

Furthermore, the brakes do not necessarily stop a Rollator. Rather, when the brakes are pressed the Rollator essentially turns into a two-wheeled (rolling) walker; it may slow the patient but will not stop a runaway patient and Rollator. If the patient is dependent on the brakes to stop when using this walker, it is not the appropriate walker choice.

Finally, patients may fall when attempting to use the seat. The proper way to sit on a Rollator is to abut the walker against a sturdy surface like a wall, apply the permanent brakes, and then sit down. Patients should never be transported on the seat of this walker as this is a setup for a serious fall and possible head injury.

The Rollator does not collapse very compactly. It is thus more difficult than other walkers to transport.

**Final Comment**

Walkers can decrease falls when prescribed and used appropriately. Walkers are even more stable than canes, especially for patients with bilateral lower extremity disease. When assessing the need for a walker, it is important to take into account the various features available, as specified in the table below.

Also note that assistive device maintenance is as important as prescribing the correct device. Checking the tips, sliders, and screws on walkers should be part of every visit with the patient.

### References and Resources


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The University of Arizona, PO Box 245069, Tucson, AZ 85724-5069 | (520) 626-5800 | [http://aging.arizona.edu](http://aging.arizona.edu)

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