

SECOND STEP, INC.  
Interview with Amy Humphrey, PT  
**Bay Tree Rehabilitation and Nursing Center**  
PALM HARBOR, FL  
*For CBS Today Show feature*  
*July 2003*

If we are looking to approach facilities with a system that is therapy driven, several of the following questions need answers up front. Approaching a therapy system with an organized framework means the therapists can follow a predictable pattern which effectively establishes utilization of the Second Step, Inc. Gait Harness System (GHS) for their clients.

Some of the primary areas that need to be addressed initially are:

Would you suggest beginning the therapist with higher level patients and residents versus lower level patients?

Amy: Getting familiar with the Gait Harness System with higher level clients first allows the therapist some initial positive experiences. Identifying problems, then utilizing the GHS to help solve those problems, makes the use of the GHS a valuable tool.

How important is establishing the range of higher level and lower level residents with whom the System is being used at your clinic?

Amy: I utilize the GHS with higher and lower level clients. My therapy tech and I use GHS with anyone who requires improvement in gait, standing and balance. My tech frequently identifies clients that she sees as benefiting from the GHS. She is able to place patients in the system and have them ambulate for 15 minutes or longer. This enhances the physiologic benefit of exercise and prevents falls through better client conditioning.

What are some details of specific protocols and other applications with which the GHS can be used, based on your case mix?

Amy: I focus on fundamentals. If the client is lacking a specific ability such as standing tolerance or balance then the treatment program is specifically formulated to address the client's needs. I adjust the patient's program based on their response to treatment. The clinical pathway varies with the current needs of the patient. Clients have a variety of neurologic and orthopedic problems. Dementia is a problem for all therapy goals with a large percentage of the client population at Bay Tree. TBI is another excellent patient population benefiting from the GHS at Bay Tree.

Can you identify all those areas that you are aware of where an objection to using the GHS could occur?

SECOND STEP, INC.  
Interview with Amy Humphrey, PT  
**Bay Tree Rehabilitation and Nursing Center**  
PALM HARBOR, FL  
*For CBS Today Show feature*  
*July 2003*

Amy: I have found that with frequent use, the GHS has minimal restrictions, practically and psychologically, and the difficulties because of a lack of familiarity are quickly overcome. It is a System which is simple to use, providing patient and caregiver safety which is quickly established.

What about the possible therapist misconception that it may be easier to use a gait belt with a walker on higher level residents versus a more comprehensive or complicated process such as the Gait Harness System?

Amy: As I stated earlier, my therapy tech even identifies patients not currently receiving therapy, then she gets approval to train them in the GHS. She can see that they are capable for walking for longer duration using the GHS, as opposed to the gait belt and walker combination, and therefore are receiving higher health related benefits. A standard walker alters the patient's gait in a negative fashion, and can lead to more gait complications down the road.

Do you have a sense that residents may feel uncomfortable because of how they look while in the GHS?

Amy: All of my residents who need gait and balance therapy use the GHS. I have found that instructing them in the benefits of training, and in the variety of ways to assist them in gaining or maintaining strength, gait and balance activities, has not met with resistance from the patient. The patients are motivated to be kept safe and to be rehabilitated.

Do you foresee any complications with transfers of residents in or out of the GHS?

Amy: Appropriate assistance, patient preparation and selection are always key to smooth transfers.

Some therapists may prefer transferring and applying the System harnesses from the resident's wheelchair. What do you tell them?

Amy: Appropriate patient selection and positioning for ease of use is most important. Patients who come to therapy in a wheelchair can be placed in the harness, strapped in with loosened straps and then brought to standing. This transfer is the most awkward.

What are the common issues raised and addressed at facilities by therapists, nursing staff, and residents which lead to them being comfortable using the System?

SECOND STEP, INC.  
Interview with Amy Humphrey, PT  
**Bay Tree Rehabilitation and Nursing Center**  
PALM HARBOR, FL  
*For CBS Today Show feature*  
*July 2003*

Amy: If the therapist is focused on identifying the patient's problem and subsequently finding the best solution, the GHS is often part of that solution.

How do you see the GHS making a difference, as compared to previous methods you utilized prior to having the GHS onsite?

Amy: Financially, the facility benefits because residents can be treated for longer duration and classified as higher levels for reimbursement.

Therapeutically, the resident consistently has better outcomes with standing, walking and balance than previously, and this can be achieved with less staff. From the therapist and nursing staff's viewpoint, the GHS provides a controlled environment to safely provide hands on care and more aggressive treatment approaches.