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Warning: Do Not Try This At Home

(WITHOUT PROPER SUPERVISION!)

by Susan Bachner

For some time I have been writing to share information and insights about the enormous value of understanding and utilizing Universal Design concepts. Who would disagree with the wisdom inherent in an all-inclusive design approach, the hallmark of universal design that enables people of all abilities, ages and sizes to have equal access to living spaces? Universal Design concepts are gaining steadily in popularity. They are being incorporated into home design because it makes good sense to have a home that will last throughout a lifetime of changing needs.

It pleases me to hear that builders take pride in having completed a new construction project that incorporates my recommendations so that a wheelchair user with Multiple Sclerosis is now able to access everything with ease. It pleases me to learn that a *Chevy Chaser Magazine* reader has taken a good look at her own environment with a critical eye. It pleases me to realize that more and more architects and other building professionals know some of the concepts and utilize them as they approach their projects.

However, there is more to home modification than you can pick up and absorb from having a single good experience with a project or having read a few articles on universal design and/or attending a seminar or two on the topic. One approach or one solution does not fit all. I really do want you to pursue home adaptations but I encourage you to consult professionals with specialized knowledge in this area before making changes or purchasing expensive equipment!

A particularly unprotected aspect of home modification is medical remodeling – when changes are made to a home because there is concern about a specific medical condition. The goal, as always, is to create a safer, more comfortable and more accessible environment. The residents need to feel right at home and because of this, solutions must be customized to those individuals.

Home adaptations require a multi-component approach. For example, consider stair glides. At social events, it is not uncommon for someone who knows of my home adaptations consulting business to ask my opinion about stair glides for their own home. Keep in mind

that I probably know almost nothing about this person and may never have seen their home. However, when faced with a progressive neurological problem or an arthritis issue, people immediately think of a stair glide -- homeowners see stair glides as *the* way to get from one level to another. I will usually try to interject early in the dialog that it is critical for a professional who is sensitive to the medical, ergonomic and structural factors to visit the home for an evaluation. Nevertheless, the conversation might persist at which point I am informed that the width of the stairway is “plenty wide and there is really nothing to worry about there.”

This does little to reassure me, so I ask, “What is the reason for a stair lift?” and then I try to dissuade the individual from making a hasty and expensive decision. In my mind, I am going through a list of many other important factors that should influence the final decision. Here is a sampling of some of the *other* issues that I would want to take into account:

- What is the source of the mobility problem? Is it due to arthritis in the knees or hips, Parkinson’s disease, paralysis on one side of the body post stroke, limited foot control, paralysis associated with spinal cord injury, etc? Each diagnosis carries a related set of associated symptoms that impact and influence the final choice.
- Is there adequate space (landings) at both ends for a safe transfer?
- Who else is going to be using the stairway that is partially obstructed by a stair glide? A person with limited or low vision or someone with balance problems may be put at high risk for falling or tripping.
- What is the height and weight of the individual using the device? There may not be adequate headroom for safe passage. Even people of normal height often barely miss the ceiling above the stairs, and taller people might have to bend their heads when they go up and down.
- How well can the person bend his knees? The range of motion needed in the knees and hips for safe use of the stair glide is important to know because if a person cannot bend his knees adequately, then the stair glide is not the proper device.
- What are the structural issues, such as whether the staircase is straight or curved? What are the requirements for reinforcing the walls to support the hardware?

And these are only some of the issues! The point is that there are many things to consider and no one should be giving out advice without coming to the home and doing a professional evaluation.

Grab bar selection and placement is another source of my concern. One size does not fit all. There are literally hundreds of grab bars in the marketplace and not all are safe. For instance, if the installed bar is going to leave a gap of more than 1 ½ inches from the wall after installation, it is NOT safe. It is an open invitation for an arm to slip behind the bar, thereby causing injury to the arm and shoulder as the person is headed toward the floor. One stud finder does not fix it all either. Grab bars are not placed solely at stud locations or at only one height for a very good reason: People come in different heights! Further, people have varying degrees of muscle strength, visual capabilities, gripping abilities, and so forth. A careful evaluation of the resident by an occupational therapist to determine the correct location for grab bar placement cannot be overemphasized.

Another relevant point is that to embark with professional assistance on a home modification project does not necessarily mean that there will be major costs involved. I am finding that many people assume that there will always be gutting and remodeling. Significant expense may be part of the scenario, but not necessarily so. I have consulted on projects where simply rearranging furniture and other environmental barriers increased accessibility and reduced risks for falling. Sometimes the recommendation is the purchase of an inexpensive aluminum portable ramp in order to roll up and over that low curb or step. Sometimes, too, the recommendation might be the purchase of a cushioned soft rubber tip that fits over doorknobs and faucet handles to make opening doors easier when gripping is a challenge. The common denominators here are simple strategies that facilitate an easier interaction between the person, the disability and the objects in the home and they do not bring with them excessive expense.

Feeling right at home is an important part of my message. Home modification might even include changing how daily living activities are carried out or where they occur. The intention is for tasks to become easier and to support independent living.

Whatever the piece of this multi-faceted home modification topic you are considering, proper supervision cannot be overemphasized.

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Published in *Chevy Chaser Magazine* – March 2003. <http://www.chevychaser.com>