

# Mobility Aid Fit & Adjustment Checklist

A practical worksheet for reviewing comfort, fit, and equipment condition

## How to Use This Checklist

Use this checklist to record observations about your cane, walker, rollator, or other mobility aid. Check only the items relevant to your equipment.

This is an observation tool, not a substitute for professional fitting or instruction. Do not attempt adjustments you are unsure how to make safely.

**Mobility aid I use:** \_\_\_\_\_

**Date checked:** \_\_\_\_\_

## 1. Fit & Height

- ☐ The aid appears to be set to an appropriate height.
- ☐ I can use the handles without noticeably hunching or reaching awkwardly.
- ☐ My posture feels reasonably comfortable when using the aid.
- ☐ The aid feels appropriate for the way I have been instructed to use it.
- ☐ I have noted any concerns about height or fit for follow-up.

**Questions or concerns:**

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## 2. Handles & Grip

- ☐ The handles feel comfortable to hold.
- ☐ I can grip the handles without excessive effort.
- ☐ Handle surfaces appear secure and undamaged.
- ☐ Hand or wrist discomfort does not prevent me from operating the aid as instructed.
- ☐ I have noted any difficulty with buttons, levers, or other controls.

**Questions or concerns:**

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### 3. Condition & Components

Check only the components your mobility aid has.

- ☐ Rubber tips or ferrules appear intact and are not visibly worn through.
- ☐ Wheels appear secure and move as expected, if applicable.
- ☐ Brakes appear to work as intended, if applicable.
- ☐ Adjustment buttons, locks, and fittings appear secure.
- ☐ There are no obvious cracks, bends, or damaged parts.
- ☐ I have checked the manufacturer's maintenance guidance where needed.

**Damage or maintenance concerns:**

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### 4. Everyday Use

- ☐ I can manage the aid in the areas where I usually use it.
- ☐ I know how to operate its brakes or locking mechanisms, if fitted.
- ☐ I feel reasonably secure when using it as instructed.
- ☐ I have noticed any surfaces, doorways, or spaces that make use difficult.
- ☐ I have recorded any new difficulty using the aid.

**Situations that are difficult:**

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### 5. Follow-Up Plan

- ☐ I have identified any concerns that need professional advice.
- ☐ I know whom to contact about fitting, maintenance, or repair.
- ☐ I will avoid using the aid if it appears unsafe until the problem is addressed.

**Questions to ask a healthcare professional or supplier:**

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**Next step:**

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## Reminder

A mobility aid should be appropriate for your needs, correctly fitted, and in good working condition. If it feels unstable, appears damaged, or is difficult to use, seek advice rather than guessing at adjustments.

## Disclaimer

This checklist is for general information and personal planning only. It does not replace professional assessment, fitting, training, or manufacturer instructions.

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*Practical tools. No hype.*