

When Risk Matters Most: Supporting Higher-Risk Mobility for Patients with Cognitive Impairment

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Check out our commentary in *Disability and Rehab*

Check out our Toolkit at [TherapeuticFalls.ca](https://www.therapeuticfalls.ca)

Disclosure

I have no financial or non-financial conflicts of interest to disclose.

Objectives

- Discuss how cognitive impairment affects risk perception, consent and autonomy
- Explore how the Therapeutic Falls framework supports individuals with cognitive impairment to participate in shared-decision making for mobility decisions
- Provide practical strategies for shared-decision making about risk with patients and caregivers in the context of cognitive impairment

Where Mobility Meets Cognitive Impairment

Common Team Dilemmas

“Is this consent valid?”

“What if the family disagrees?”

“How much risk is too much?”

“What if the risk is high but meaningful to the patient?”

Where Mobility Meets Cognitive Impairment

Challenges

- Impulsivity
- Disorientation
- Behavioural dysregulation
- Lack of insight

Decision-Making Considerations

- Capacity is not all or nothing
- Involve substitute decision-makers when needed

Ethical Lens

- Autonomy and relational autonomy
- Beneficence
- Least restrictive alternatives

Therapeutic Falls and Cognition: Lessons Learned

Acquired Brain Injury Rehab

- Functional outcomes – decreased length of stay, faster motor recovery
- Importance of team learning about ethical principles such as relational autonomy
- Phased approach to risk-taking

Specialized Dementia Unit

- Focus on quality of life rather than functional recovery
- Involving families as partners
- Patient engagement through personal meaning, identity
- Approach is global, not task-specific

Challenges and Possible Solutions



What if...

“I’m not confident the patient fully understands the risks.”

Possible solutions: Use decision-specific capacity checks, Supported Conversation tools (visuals, gestures, simple choices), allow extra time, involve SLP if indicated.

“It’s hard to discuss risk with a patient who won’t remember the conversation later.”

Possible solutions: Use brief, repeated explanations with visual cues, involve family to support relational autonomy, document consistent preferences rather than relying on one-time consent.

“The family wants us to prevent falls, but the patient wants independence.”

Possible solutions: Apply relational autonomy by centering the patient’s stated values, guide the family in aligning decisions with shared goals rather than risk avoidance. Ease in using a phased approach.

Key Messages

Meaningful risk supports dignity for individuals living with cognitive impairment.

- Structured frameworks can support teams to use shared-decision making instead of fear-based decision making
- Capacity is decision-specific; many can participate with support
- Relational autonomy strengthens the patient voice
- Frame risk as meaningful rather than hazardous
- Engage families early and often
- Educate teams on capacity, consent, and communication
- Practice reflexively – support each other, continue to question what assumptions you might be making, learn from mistakes as you put these ideas into practice

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Check out our Toolkit at
TherapeuticFalls.ca