



Figure 19-2. Descending stairs with human (sighted) guide.

In sighted guide, the client chooses the guide's arm he or she prefers, except when ascending or descending stairs or for a change of pace. When going up or down steps, the guide should request the client transition to the guide's arm nearest to the stair rail. The guide should indicate when he or she is positioned at the first step, if the steps are going up or down, how many steps, and when the last step and landing are being approached. The guide should be careful not to turn his or her body or feet on the step and walk straight down each step (Figure 19-2). The guide is one step ahead of the person with vision loss.

Crowds and tight spaces require an approach that places both the guide and the client in single file. The guide places his or her guiding arm behind the back in a diagonal position and extended toward the client. This will indicate to the person being guided to fully extend the gripping arm, slide the gripping hand down to the wrist of their guide, and step directly behind the guide, resulting in the client being one full step directly behind the guide (Figure 19-3). Resuming the standard human guide (sighted guide) arm position tells the client that he or she is now out of the narrow space. A beginner-level video in human guide (sighted guide) by Dr. Whittaker can be viewed at www.youtube.com/watch?v=vMgRd_IxO6M. An intermediate-level video



Figure 19-3. Navigating a narrow space with a human (sighted) guide.

by Mary Jessica Chandler, COMS, TVI, can be viewed at www.youtube.com/watch?v=CbuufilZSmY.

The human guide (sighted guide) technique can be varied, depending on the client's mobility needs and other factors. If the client needs a little support, the guide can interlink his or her arm with the client's or have the client rest his or her hand on the forearm of the guide. If the client needs the support of a walker, a "reverse sighted guide" technique may be used. This modification permits the client to maintain hold of the walker with both hands while receiving tactile signals from the guide's hand placed on the client's back, elbow, or hand. For example, if the guide places his or her hand lightly on the client's back between the shoulder blades, no pressure means continue straight ahead, pressure toward the right shoulder blade means turn right, pressure toward the left shoulder blade means turn left, and a hand on the shoulder means stop.²

Independent Mobility Techniques

Independent mobility techniques focus on ways to get around an indoor setting when vision is limited in one's own residence, an assisted living facility, a nursing home, or office building.