Aging in place with a disability

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Although I was only three-and-a-half when I contracted polio, I was 51 years old before I actually started investing in making my living space accessible and functional for my needs and daily living activities. Sixteen years and four living spaces later, I moved into my current apartment, and, for the first time ever, I live in a place where I would like to stay for the rest of my life.

It took a good chunk of money to transform a condo in a 90-plus-year-old building into a comfortable and accessible home. But more important than the money, was the support I received for "bucking conventions" when organizing my space. The result is an apartment where I can expect to age in place with my disability. While adapting to inevitable functional changes over time, in this space I expect to remain independent doing my daily life activities for years to come.

Some of the basic accessibility features are shown in these pictures from my living space.

The doorway to the patio was replaced with a wider door.

The door has been removed between the bedroom and kitchen. Some doorways have been widened to accommodate a chair. A small ramp from the kitchen to the living area was installed.

A pocket door was installed between the bedroom and the bathroom and the doorway was also widened.


The most important area in an accessible living space is the bathroom. Because it fits my needs, I have a roll-in shower with a shower bench and also a flexible shower head and lots of grab bars.

I have a raised toilet seat and the pedestal sink has room underneath for my chair. A large cutting board provides counter space when needed. The tall mirror allows me to view myself sitting down as well as others standing.
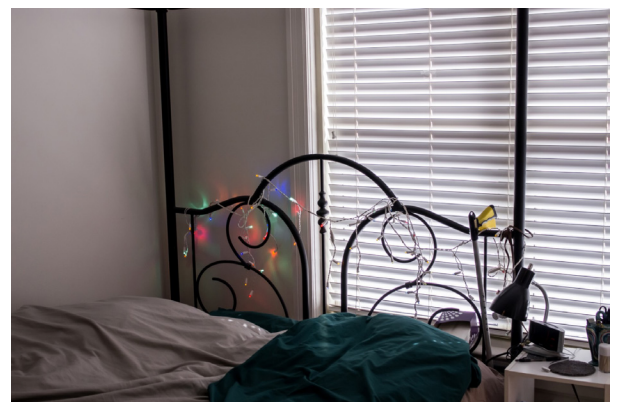
Providing easy mid-night access, my bed is located about eight feet from my toilet. Having a bed frame that you can grab and hold onto when you turn around in bed can be very helpful. I also have multiple reachers strategically placed throughout.

In my world, the second most important space is the kitchen. While moving into my kitchen, I spent some time figuring out how often I tend to use the dishes, utensils, pots and gadgets. The items I use most often are kept in the most convenient places. Dishes for special occasions go in harder to reach places. After several weeks I made a few changes because I had been wrong about how frequently I used some of the items.

The counter has been lowered. The garbage can is on wheels making it easy to store underneath the counter. I have a free standing stovetop that is at the same level as my main counter.

Cups are stored in a lower cabinet drawer.

I created extra surfaces to store items that I use a lot, so I don't have to get things in and out of cabinets too often.

The condo has a lot of storage cabinets, but many of them reach up to the ceiling so most of those spaces are completely empty. Instead I have installed open shelves at a lower level throughout the apartment. I tend to remember better the things I can see than the ones that are covered up. I give every item a specific place where it belongs and where I always return it after use. That way I can remember where to find things. Since I may also gradually lose my central vision, this level of organization is especially important.

There are no carpets to be found anywhere in my condo. A round table with a pedestal provides easy access from all directions in a chair.

Small wheels on chair make it easier to maneuver in the house around furniture, between doorways, etc. I use the bigger wheels outside the house.

Having lived a long life already with polio and post-polio, I have had to incorporate multiple new mobility and functioning aids over time. One important lesson that I have learned is how crucial it is to take on new equipment and behaviors as early as possible. If you want to maintain your independence as you age, do not wait till it is too late to learn how to use the new tools, or establish the new habits. ■