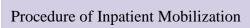


Institution Name: Directorate General of Specialized Medical Care, MoH

Document Title: Procedure of Inpatient Mobilization

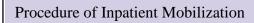
Approval Process						
	Name	Title	Institution	Date	Signature	
Written by	Buthaina Al-Khasani	Senior Physiotherapist	Royal Hospital	March/ 2020	Buthaina Al-Khasani	
	Alli Mary John	Senior Physiotherapist	Royal Hospital	March/ 2020	Alli Mary John	
	Leonardo Danan Bluran	Senior Physiotherapist	Royal Hospital	March/ 2020	Leonardo Danan Bluran	
Reviewed by	National Physiotherap y Taskforce for Policies and Guidelines Development		Ministry of Health	March/ 2020	National Physiothera py Taskforce for Policies and Guidelines Developmen t	
Validated by	Dr. Qamra AlSariri	DG of QAC	Ministry of Health	October /2020	Dr. Qamra AlSariri	
Approved by	Dr. Kadhim Jaffar Sulaiman	DG of SMC	Ministry of Health	October /2020	4	





Contents Table:

Ac	knowledgement	
	ronyms:	
	Introduction	
	Scope	
	Purpose	
	Definitions	
	Procedure	
6.	Responsibilities	6
	Document History and Version Control	
	Related Documents:	
9	References:	8





Acknowledgement

Directorate General of Specialized Medical Care (DGSMC) would like to express its deepest appreciation to all staff of the medical rehabilitation institution in the country who have participated in writing this procedure; their remarks, comments and feedback were very helpful. Special thanks go to the following staff:

Samiya Al Raisi	Directorate General of Specialized Medical Care	
Idris Al Baloushi	Directorate General of Specialized Medical Care	
Asaad Al- Qasmi	Directorate General of Specialized Medical Care	
Jokha Al-Abrawi	Al Nahdha Hospital	
Buthaina Al kharusi	Royal Hospital	
ALLI MARY John	Royal Hospital	
Leonardo Danan BLURAN	Royal Hospital	

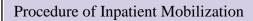


Procedure of Inpatient Mobilization

MoH/DGSMC/SOP/ 002/Vers01. Effective Date: October/ 2020 Review Date: October / 2023

Acronyms:

МОН	Ministry of Health
DG	Directorate General
HOD	Head of Department
DGSMC	Directorate General of Specialized Medical Care
MRS	Medical Rehabilitation Services





Physiotherapy Procedure of Inpatient Mobilization

1. Introduction

Prolonged immobilization can result in functional decline and heighten the risk for hospital associated complications such as falls and pressure ulcers. Early mobilization, on the other hand, has been shown to prevent functional decline and hospital associated complications.

2. Scope

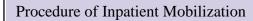
This document is applicable to all health care providers working in all healthcare institutions in the government and private sectors.

3. Purpose

The purpose of this document is to provide a standardized mechanism of inpatient mobilization and identify of the multidisciplinary team members' role in achieving rehabilitation outcomes.

4. Definitions

- 4.1 **Mobilization:** is defined as moving from lying to sitting up in bed, sitting on the edge of the bed, sitting to standing, standing transfer from the edge of the bed to a chair, marching on the spot or walking with or without a gait aids or assistance.
- 4.2 **General mobilization:** is the type of mobility performed at the general aspect, where the aim is performing gross motor movements either sitting out of the bed, sit to stand or walking few steps with/out physical assistance. It is appropriate for all patients to help them gain optimal independence as quickly as possible and maintain this level of mobility. General mobilization helps to avoid the risks associated with immobility. All health care providers play the primary role in encouraging patients to be independent and to maintain their level of mobility. Patients should be encouraged and assisted to sit out of bed or ambulate (walk) as per their tolerance.
- 4.3 **Therapeutic mobilization:** is derived from the findings of the physiotherapy assessment where the mobility is affected by specific impairment due to the illness or





type of the injury. In this type, the mobility practice focuses on the gait cycle and training is done to each phase in the cycle separately. It is appropriate for patients who have experienced a loss of functional ability, or deterioration in their level of physical function, and who are determined (via rehabilitation assessment) to have potential to improve with active progressive intervention.

5. Procedure

- 5.1 A risk assessment for mobility should always be carried out on a patient initially admitted to a ward, or seen by any health care provider.
- 5.2 If the risk assessment indicates that the patient has complex mobility needs then patient will be referred to the rehabilitation team prior to mobilization.
- 5.3 Physiotherapy assessment is initially performed to identify the mobility needs and to assist the selection of physical assistance/ ambulation aids.
- 5.4 Mobility training is gradually performed providing documented measures such as; estimated distance, level of assistance, gait pattern and patient's tolerance
- 5.5 Strengthening exercises for related muscle groups to ensure better prognosis of the mobility status
- 5.6 Advice and education on safe mobility

6. Responsibilities

6.1 Inpatient Staff nurse is responsible for:

6.1.1 The patient's care, mobility as well as encouraging patients to be independent and to maintain their level of mobility.

6.2 Physicians are responsible for:

6.2.1 Assessing the patient's abilities and subsequent referral to rehabilitation team (physiotherapist or occupational therapist).

6.3 Rehabilitation staffs are responsible for:

6.3.1 Assessing, making a plan, providing rehabilitation intervention, education and collaborating with other health-care provider.

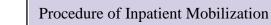


7. Document History and Version Control

Document History and Version Control				
Version	Description of Amendment		Author	Review Date
01	Initial Release		Buthaina Al- Khasani Leonardo Danan Bluran Alli Mary John	October/ 2023
02				
03				
04				
05				
Written by		Reviewed by	Approved by	
Buthaina Al- Khasani Leonardo Danan Bluran		National Physiotherapy Taskforce for Policies and Guidelines Development	Dr.Kadhim Jaffar Sulaiman	
Alli Mary John				

8. Related Documents:

There is no related document for this procedure





9. References:

Title of book/ journal/ articles/ Website	Author	Year of publicati on	Page
Physical activity and movement/ mobilisation for the critical care unit adult patient	St George/ Sutherland Hospitals And Health Services (SGSHHS)	December 2013	
Moving our critically ill patients: mobility barriers and benefits.	Morris P	2007	23: 1-20
Safety issues that should be considered when mobilising critically ill patients	Stiller K.	2007	23: 35- 53.