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**Acronyms:**

MOH	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			
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### 8. Related Documents:

There is no related document for this procedure



**9. References:**

<b>Title of book/ journal/ articles/ Website</b>	<b>Author</b>	<b>Year of publication</b>	<b>Page</b>
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.