
In-hospital Mobility Works for Patients' Posthospital Function



Decreased mobility during hospitalisation for older adults is associated with increased risk of death, nursing home admission and functional decline. University of Alabama at Birmingham investigators found that patients who participated in a mobility programme were less likely to experience a decline in mobility when compared to the usual care provided during hospitalisation.

The patients in the study published in the *Journal of the American Medical Association* who participated in the mobility program were able to maintain their pre-hospitalisation community mobility status -- their ability to get around in their community -- in the month following discharge from the hospital. Those who received the usual care had a clinically significant decline in their community mobility in the month following departure from the hospital.

"It is important for patients to move around and try to do what they normally do by themselves while they are in the hospital," said Cynthia Brown, M.D., lead author and director of the UAB Division of Gerontology, Geriatrics and Palliative Care. "Our goal is to make sure that they leave the hospital with the same mobility as when they came in to maintain their quality of life."

Approximately 40 percent of older adults experience a decline in the ability to perform daily activities while hospitalised, with one-third failing to recover within a year after discharge.

See Also: [Meeting Multi-cultural Needs in Ageing Patients](#)

To prevent the loss of community mobility, Brown recommends an easy-to-implement mobility programme that involves offering assistance with walking or moving from place to place at least twice a day, in conjunction with a behavioral intervention focused on goal setting and addressing mobility barriers.

The study examined the effect of an in-hospital mobility program on posthospitalisation function and community mobility in 100 hospitalised patients 65 years of age or older. Patients were cognitively intact and able to walk two weeks prior to hospitalisation with an average hospital stay of three days.

The single-blind randomised trial compared a mobility programme with usual care at the Birmingham Veterans Affairs Medical Center. Patients in the mobility programme were assisted with walking or moving around up to twice daily with a behavioural strategy used to encourage mobility. All of the patients in the study were similar in ability to perform activities of daily living. However, at one month after hospitalisation, the UAB Life-Space Assessment score, a composite measure of a person's frequency and independence of movement in geographically defined area, was significantly higher in the group that received care through the mobility programme compared to the group that received usual care.

Source: [University of Alabama at Birmingham](#)

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