

In-hospital mobility program proves successful for patients' posthospital function

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Credit: University of Alabama at Birmingham

Decreased mobility during hospitalization 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 program were less likely to experience a decline in mobility when compared to the usual care

provided during hospitalization.

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-hospitalization 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 hospitalized, with one-third failing to recover within a year after discharge.

To prevent the loss of community mobility, Brown recommends an easy-to-implement mobility program 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 posthospitalization function and community mobility in 100 hospitalized patients 65 years of age or older. Patients were cognitively intact and able to walk two weeks prior to hospitalization with an average hospital stay of three days.

The single-blind randomized trial compared a mobility program with usual care at the Birmingham Veterans Affairs Medical Center. Patients in the mobility program were assisted with walking or moving around up to twice daily with a behavioral 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 hospitalization, 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 program compared to the group that received usual care.

More information: Cynthia J. Brown et al, Comparison of Posthospitalization Function and Community Mobility in Hospital Mobility Program and Usual Care Patients, *JAMA Internal Medicine* (2016). [DOI: 10.1001/jamainternmed.2016.1870](https://doi.org/10.1001/jamainternmed.2016.1870)

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