sfCare™
Senior Friendly Care

Senior Friendly 7

MOBILITY TOOLKIT

RGP
REGIONAL GERIATRIC PROGRAM OF TORONTO

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The many benefits of mobilization

Mobilizing is one of the most important ways to **MAXIMIZE FUNCTION AND INDEPENDENCE.**

Skin

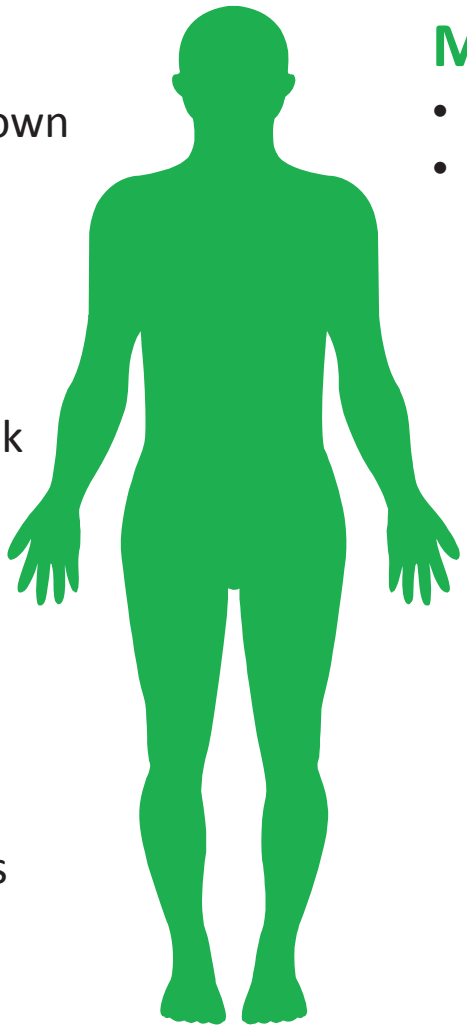
Prevents skin breakdown

Nutrition

- Improves appetite
- Lowers choking risk when eating

Muscles/Bones

- Improves strength
- Improves pain
- Strengthens bones



Memory/Mood

- Improves sleep and mood
- Decreases risk of confusion

Heart

Improves blood pressure and circulation

Lungs

- Improves breathing
- Helps to clear lungs
- Helps to fight infection

Benefits are achieved with even small amounts of activity!

Adapted from MOVE ON http://www.movescanada.ca/

PREVALENCE AND OUTCOMES OF IMMOBILIZATION IN OLDER ADULTS

In Hospital

Up to **83%** of time in hospital is spent **in bed** *(Brown, 2009)*

- Almost **35%** of **patients 70+ decline in function** after a hospital admission.
- Immobility **increases length of stay** and **decreases rate of return home**

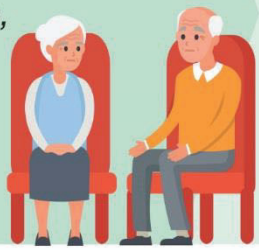
In the Community

Only **14%** of older adults **aged 65–79** are meeting the Canadian **physical activity** guidelines of 150 minutes of moderate-to-vigorous physical activity per week in bouts of 10 minutes of more. *(Statistics Canada, 2014/15)*

- Immobility **shortens lifespan**
- Immobility **doubles the risk of functional disability** *(Hubbard, Parsons, Neilson & Carey, 2009)*
- Immobility **increases risk of falling**
- Immobility **increases level of assistance needed** for daily living

In Long-Term Care

75% of **awake time** in LTCH's is **sedentary** *(De Souto Barreto, 2016)*



- Immobility **increases level of assistance needed** for daily living

Onset of complications can occur within 24 hours of bed rest!

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Determine the older adult's level of mobility.

move
Promoting mobilization

Simplified Mobility Assessment Algorithm

This algorithm can be used by all staff to determine mobility level

1. Able to respond to verbal stimuli?
2. Able to roll side to side?
3. Able to sit at edge of the bed?
4. Able to straighten one or both legs?
5. Able to stand?

6. Able to transfer to a chair?

7. Able to walk a short distance?

C Cannot stand to transfer

B Bed to chair transfers

A Ambulates

Develop individualized mobility care plan

The level of mobility can be used to guide an individualized mobility care plan that is tolerated, safe, and (ideally) fun! This may involve a specific program or just simply make a habit of incorporating mobilization into daily activities and socializing.

Mobilization is **POSSIBLE IN ALL CARE SETTINGS** - even in critical care!

Creating a mobility care plan

A personalized mobility care plan should be based on the older adult's level of mobility. It should incorporate core activities as well natural opportunities for mobilization in every day activities based on the older adult's preference.

Mobility level		Core mobilization activities	Natural opportunities for mobilization
A1	**A**mbulates independently	Ambulate 3x/day or more, with or without a gait aid	• Participate in personal care • Use the bathroom for toileting • Eat meals sitting in chair/wheelchair • Active range of motion exercises
A2	**A**mbulates with assistance		
B	**B**ed to chair transfers	Up to chair or wheelchair 3x/day or more	• Participate in personal care • Bathroom (BR)/commode chair for toileting • Eat meals sitting in chair/ wheelchair • Self-propel wheelchair • Active range of motions exercises
C	**C**annot stand to transfer	• Mechanical lift to chair/wheelchair • Active/passive repositioning every 2 hours	• Participating in personal care • Upright/side of bed/chair for meals • Standing with assistance • Active/passive range of motion exercises 3x/day and/or self-propel
Other opportunities for mobilization		Participating in personal care, toileting, up for meals, range of motion exercises	

Mobility information for older adults + family

Speak with your healthcare provider about the kind of physical activity that is recommended for you.

General Guidelines

If your mobility is not limited, aim for 2.5 hours of moderate level physical activity weekly, in sessions of at least 10 minutes.

> **TIP – moderate level physical activities** raise your heart rate and make you breathe a little faster. You should be able to talk but not be able to sing during the activity.

If your mobility is limited or you require assistance, aim to be as physically active as your abilities or condition allows, and do muscle strengthening at least twice a week.

Resources to help you get active

- The Canadian Physical Activity Toolkit for Older Adults (*Participaction, 2018)* includes Canadian physical activity guidelines, tips on fun ways to stay active, a movement log, an 8-week walking program, and helpful tips for staying active with various health conditions.
- To find activities in your community, visit: www.ontario.ca/page/seniors-connect-your-community

Build movement into daily activities. Some examples include:

- Walking to nearby stores
- Walking to the post box
- Getting off the bus one stop early
- Slow bouncing on toes while dishwashing
- Moving arms and legs even when you're sitting down or lying in bed.
- Picking hobbies for their movement potential e.g. swimming, dancing, or hiking

Moderate-intensity physical activities make you sweat a little and breath harder

Mobility in home and community care

- Assess level of mobility using the Simplified Mobility Assessment Algorithm (page 6).
- Identify changes in the status in the older adult's mobility.
- Identify barriers to mobilization (e.g. physical, social, emotional, and cognitive).
- Identify the older adult's interests to help tailor activities appropriately.

- In general, most older adults should be encouraged to mobilize 2.5 hours per week in sessions of at least 10 minutes long.
- Use the activities suggested for each level of mobility on page 7 as a starting point for developing an activity plan.
- Encourage older adults to mobilize as much as possible during their daily activities (such as walking to bathroom, lifting their arms, shrugging their shoulders, etc.).
- Think about how to overcome any barriers that have been identified.

- Try different approaches when encouraging older adults to mobilize. Some older adults may be motivated by the term "exercise", while others may prefer to talk about being "more active" or "sitting less".
- Identify and make referrals as needed to community programs for older adults – click here for the Ontario Guide to Programs and Services for Seniors.
- Share information on your assessment of mobility levels and changes in mobility status within the circle of care (healthcare team).
- Provide printed information on physical activity, such as the Canadian Physical Activity Toolkit for Older Adults *(Participaction, 2018).*

Resource: Falls – Frailty e-learning module. *(RGPs of Ontario & Geriatrics Interprofessional Interorganizational Collaboration (GiiC).* This free training module provides home and community care providers with information on how to mobilize older adults safely to reduce the risk of falls.

Mobility in primary care

- History should include:
  - ✓ Current and baseline ability in walking, balance, and function
  - ✓ Past mobility problems and interventions
  - ✓ Functional needs and preferences
- Mobility can be monitored in ambulatory patients using the Timed Up & Go.
- Older adults can self-assess their physical activity periodically using the RAPA Tool and bring it with them on their next appointment.

- In general, most older adults should be encouraged to mobilize 2.5 hours per week in sessions of at least 10 minutes long.
- Recommend ways to build mobilization into the activities of daily living.
- Remember that bed- or chair-dependent older adults also benefit from appropriate activity.
- Use the activities suggested for each level of mobility on page 7 as a starting point for developing an activity plan.

- Try different approaches when encouraging older adults to mobilize. Some older adults may be motivated by the term “exercise”, while others may prefer to talk about being “more active” or “sitting less”
- Consider referrals such as:
  - Community programs for older adults. Click here for the Ontario Guide to Programs and Services for Seniors.
  - Specialized Geriatric Services (SGS). Click here to search Healthline for SGS close to the older adult’s home.
- Document and communicate mobility level and any concerns within the circle of care (healthcare team).
- Provide printed information on physical activity, such as the Canadian Physical Activity Toolkit for Older Adults *(Participaction, 2018).*

Mobility in hospital

- Ask about mobility level prior to admission to hospital.
- Assess level of mobility within 24 hours of admission using the Simplified Mobility Assessment Algorithm (page 6).
- Assess functional level on admission and discharge using the Barthel Index. [2]
- Refer to a physiotherapist and/or occupational therapist for further assessment when complex mobility issues are identified.
- Reassess mobility level daily, with the aim of progressing mobility.

- Encourage the older adult to mobilize at least 3 times per day.
- Use the activities suggested for each level of mobility on page 7 as a starting point for developing an activity plan.
- Ensure that there is a family member, or staff available to assist if mobility risks are identified.

- Try different approaches when encouraging older adults to mobilize. Some older adults may be motivated by the term “exercise”, while others may prefer to talk about being “more active” or “sitting less”.
- Throughout hospitalization, communicate the older adult’s mobility level to the team so that they can promote mobilization.
- On discharge, emphasize the importance of mobilization, and consider referrals such as:
  - Community programs for older adults – click here for the Ontario Guide to Programs and Services for Seniors
  - Specialized Geriatric Services (SGS). Click here to search Healthline for SGS close to the older adult’s home
- Provide printed information on physical activity, such as the Canadian Physical Activity Toolkit for Older Adults *(Participaction, 2018)*
- Communicate mobility level and any concerns within the circle of care (healthcare team).

Resource: **MovesCanada** website provides a set of resources to implement a mobility program in hospitals, including scholarly references and quality improvement support.

Mobility in long-term care

- Assess level of mobility using the Simplified Mobility Assessment Algorithm (page 6).
- Consider that motivation and pleasure are key elements to drive mobility/activity – activities should be enjoyable for the older adult.
- Review medications and health conditions that may be impacting mobility.

- Maximize the older adult's participation in activity programs and social events according to their preferences.
- Use the activities suggested for each level of mobility on page 7 as a starting point for developing an activity plan.
- Look for natural opportunities to incorporate mobilization in usual care activities (e.g. walking to bathroom or dining room, assisting with dressing or bathing, pet visits).
- Adopt strategies to break up sedentary time (e.g. stretch breaks) several times per day.
- Identify and make referrals for further assessment and intervention as needed, particularly if an older adult's mobility changes (e.g. refer to physiotherapist or occupational therapist).

- Try different approaches when encouraging older adults to mobilize. Some older adults may be motivated by the term "exercise", while others may prefer to talk about being "more active" or "sitting less".
- Engage family members to support mobilization during visits and to encourage their loved one to participate in activity programs.
- Document and communicate mobility level within the circle of care (healthcare team), including during transitions or transfer of accountability.

For additional mobility resources, see: Maintaining & Improving Mobility in Ontario LTC Homes Webinar - Caitlin McArthur *(Schlegel – University of Waterloo Research Institute for Aging, Feb 2018)*

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