



Geriatrics and Mobility in Emergency

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When the patient comes to ER

- **Tests done**
- **Treatment given**
- **Condition stabilized**



What's next?



*Discharge
Or Not To Discharge?*

*That Is
The Question.*





What we may need to look into before the discharge?



Elderly patients share a unique set of challenges from the rest of the population:

Can they look after themselves at home?



Functional mobility

Not about Quality of life but about basic skills

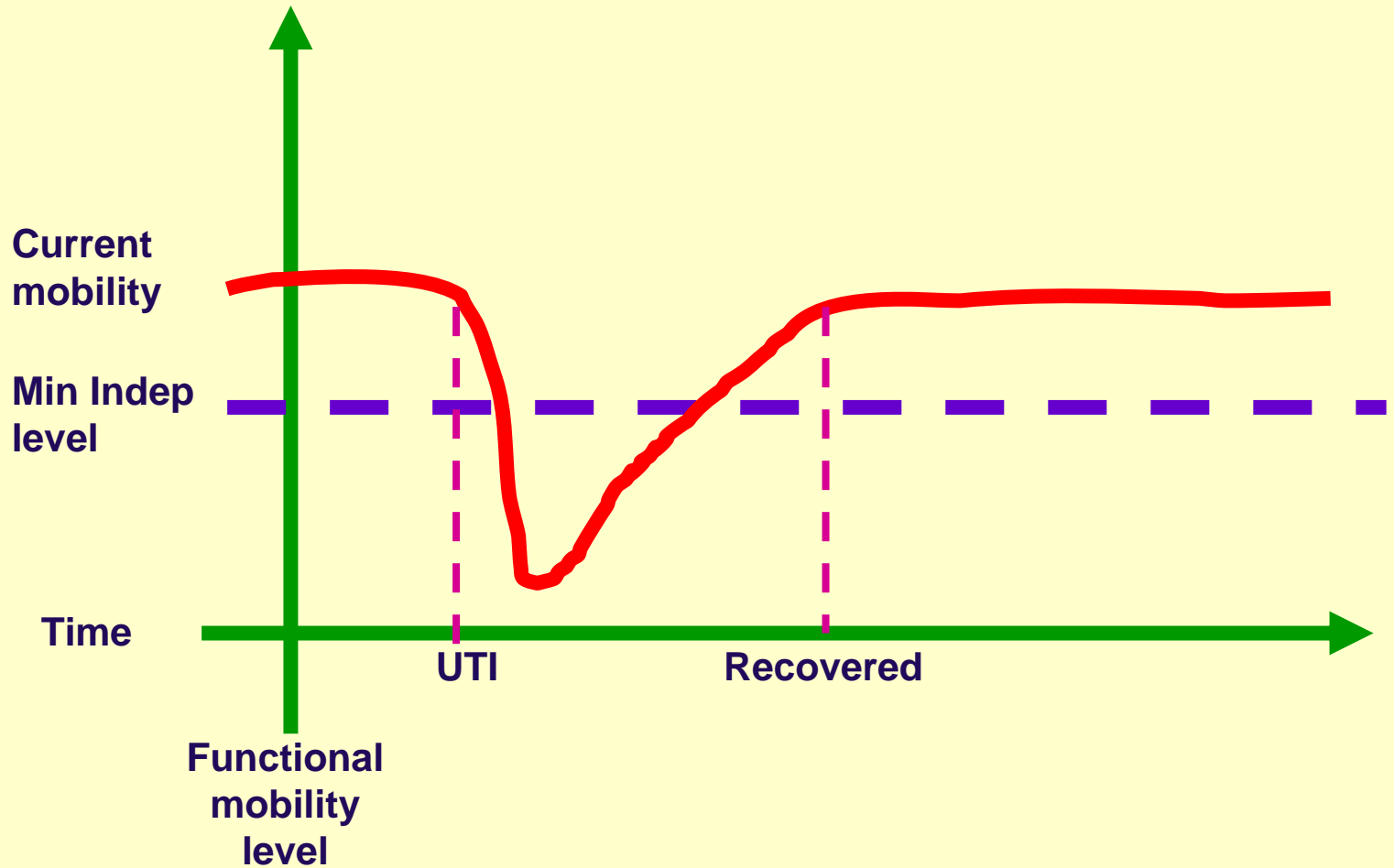
- **Can they get out of bed and go to the washroom and come back?**
- **Can they open the fridge, take out food and heat it?**
- **Can they get themselves a cup of water?**
- **Can they climb the stairs to get into their home or up to the bedroom?**



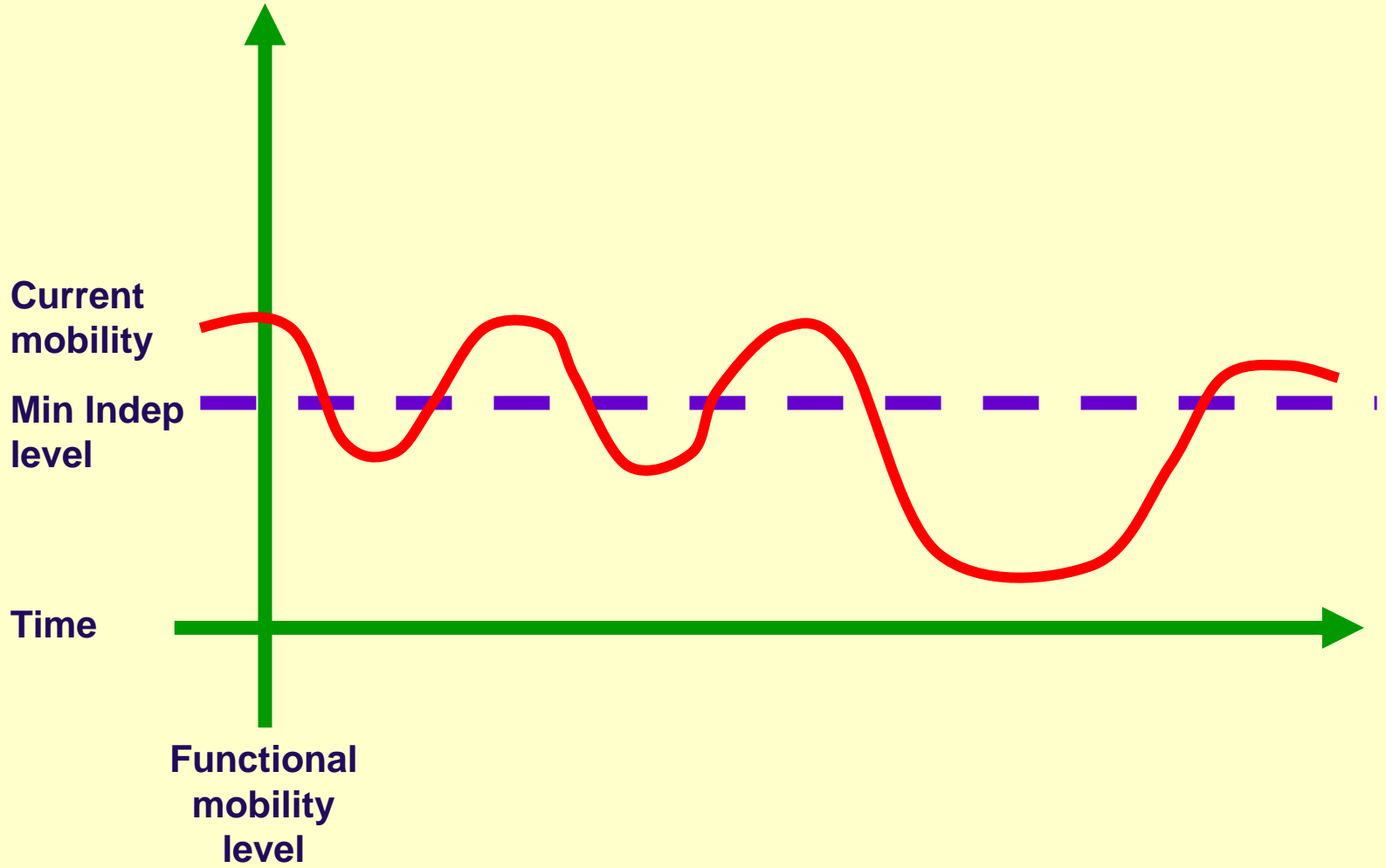
How is functional mobility being affected?

Some examples of the changes of functional mobility in various medical conditions

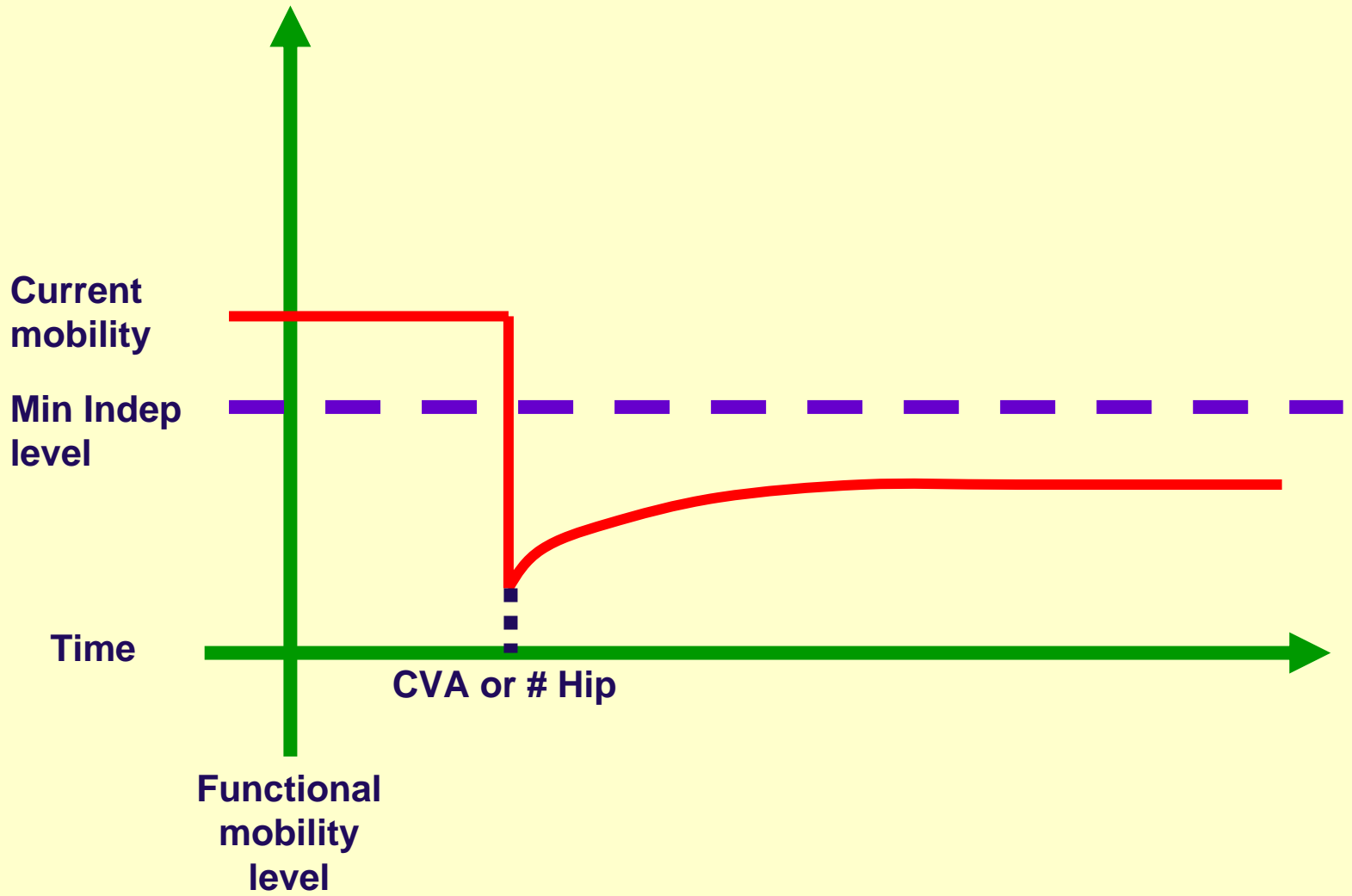
Urinary Tract Infection



Chronic illness



CVA or # Hip

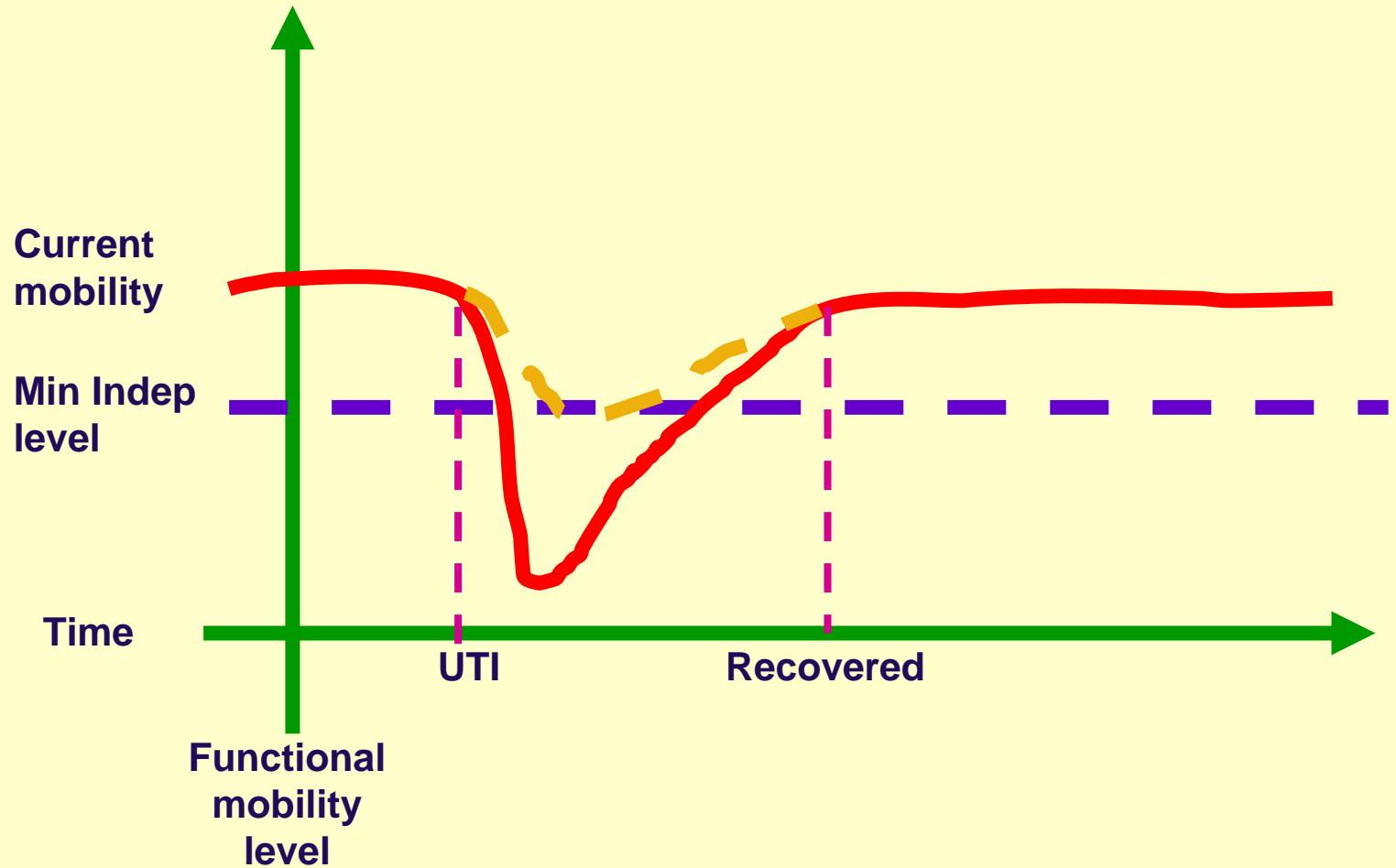




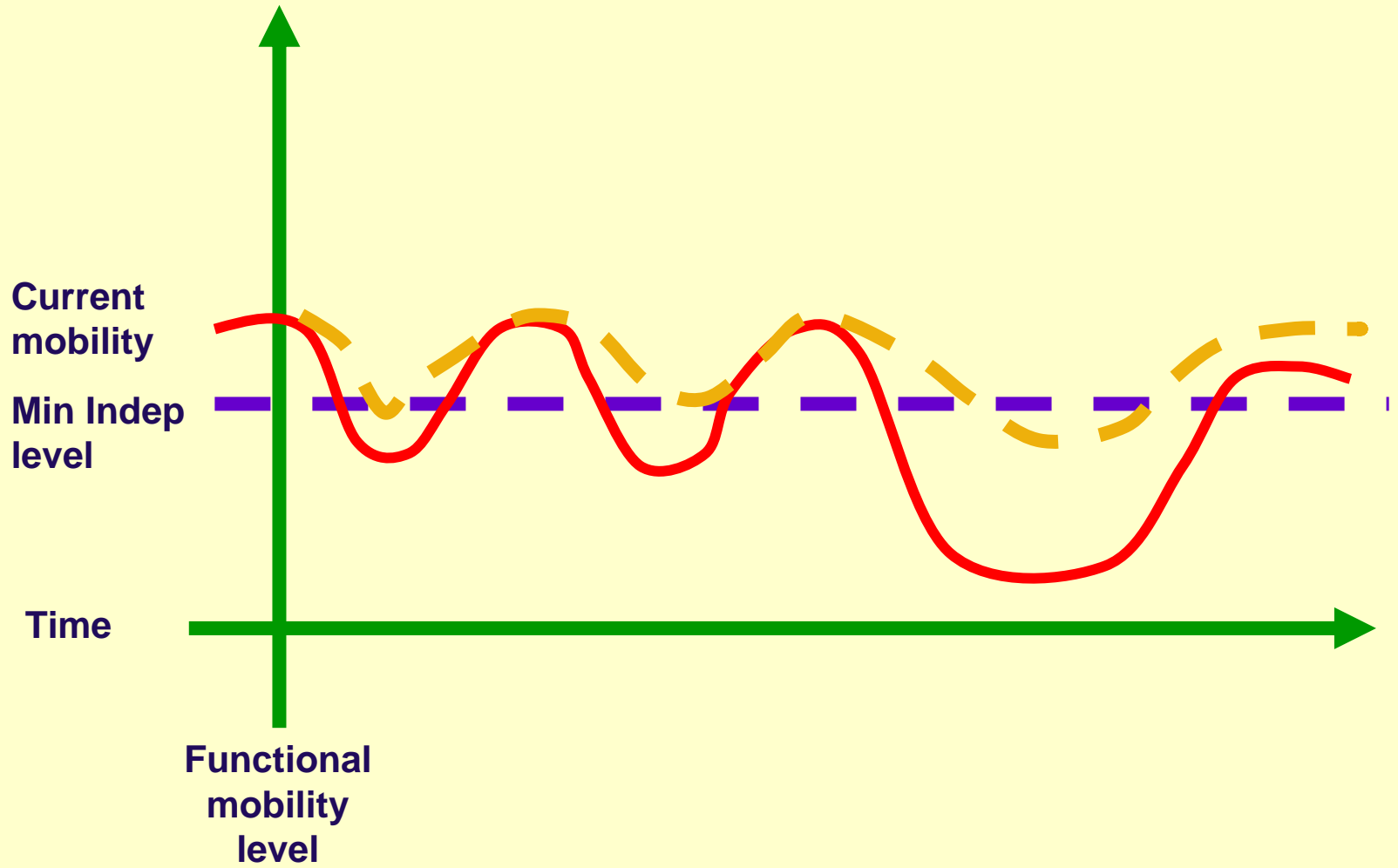
Some of the objectives to consider

- 1. Enhance the speed of recovery**
- 2. Maximize the health status (fx mob) and quality of life as much as possible**
- 3. Decrease the LOS and frequency of recurrent visits to the hospital**

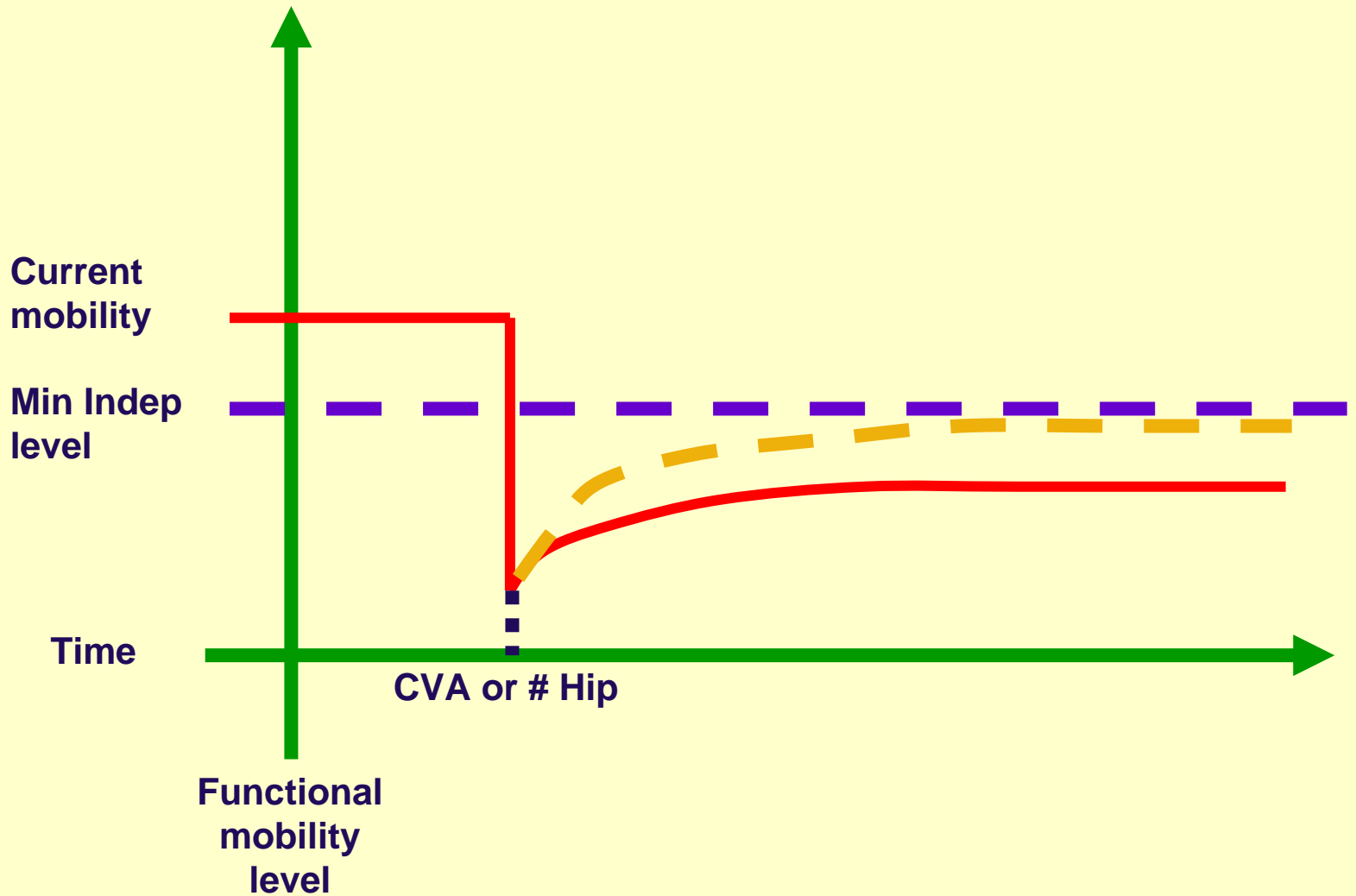
Urinary Tract Infection



Chronic illness



CVA or # Hip





Keys to a speedy recovery and discharge:

- Mobilize

- **Mobilize**

- **Mobilize**



Special challenges in ER

- 1. Increasing demand on medical system**
 - increased LOS in ER
 - increased demand to mobilize Geriatric patients.
- 2. Limitation with physical environment**
 - Stretchers are too high
 - Environment not conducive to mobilizing
 - No chair for them to sit on

The need to mobilize is there but it is not an easy task



Special challenges in ER

3. ER staff - the first ones to work with the patient.

The patient's mobility status is - ???

The potential risk of fall/injury to the patient and staff is real but unknown



Special challenges of the elderly:

- 1. Pre-existing limiting factors for functional mobility**
- 2. Decondition easily and quickly**
- 3. Take longer to recondition**
- 4. Concerns about caregiving**



Common predisposing limitations

1. Limited mobility:

- Functional mobility has been fragile
- Were marginally coping at home
- Become dependent due to the current illness

2. Depend on others:

- Have been depending on family, friends or home makers - may need more home supports upon discharge



Concerns about caregiving

1. Caregivers' stress:

Family/friends may have burn-out

2. Caregivers (themselves) to a family member (elderly spouse or children with special needs):

- May need to have a closer look into their home situation
- May need to arrange support for the one at home



Summary

- 1. Impact of an acute illness on an elderly person with chronic illnesses**
- 2. The need to consider:**
 - Basic functional status (prior to admission)
 - Predisposing limitations
 - Care giving concerns
- 3. The potential for impacting the outcome of a hospital admission and possibly the quality of life**



Summary

Mobilize?



Quick Mobility Assessment

- **A quick way to get a basic estimation of a patient's functional mobility**
- **For functional and therapeutic purposes**




**An important process
for the safety of
patients and staff**



Factors affecting fx mob

- **Pain**
- **Weakness**
- **Poor judgment**
- **Poor balance**
- **Anxiety**
- **Ataxia**
- **Etc.**



Preparation for Quick Mobility Assessment

Questions to ask (ask specifics):

- Are you able to manage at home?
- Does anybody help you at home?
- Do you use anything for support when you walk?
- Do you use any aids at home?

Quick Mobility Assessment

ROM test (range of motion)

- Bilateral arm raises



Quick Mobility Assessment

ROM test (range of motion)

- Alternate hip/knee flexion





Quick Mobility Assessment

ROM test (range of motion)

- Tells if they can move their arms and legs.
- Preliminary test for strength.

Quick Mobility Assessment

Strength test (in supine or 1/2 lying):

- Pushes with their hand



Quick Mobility Assessment

Strength test (in supine or 1/2 lying):

- Pushes leg down onto your hand



Quick Mobility Assessment

Strength test (in supine or 1/2 lying):

- Straighten their knee and resist your push



Quick Mobility Assessment

Strength test (in supine or 1/2 lying):

- Point feet up and resist your pull





Quick Mobility Assessment

Strength test (in supine or 1/2 lying):

- Indicates they may be strong enough to push themselves up from bed, to weight bear, or to use walking aid.
- If they have any pain in their body while doing these tests, you need to consider if pain control is adequate or if something else is going on.

Quick Mobility Assessment

Ability to move their body:

- bend up knees, reach across and roll over



Quick Mobility Assessment

Ability to move their body:

- Push themselves up using their arms



Quick Mobility Assessment

Sitting Balance Test:

- Sit unsupported. Can they keep their balance



Quick Mobility Assessment

Sitting Balance Test:

- Apply Transfer Belt for safety



Quick Mobility Assessment

Sitting Balance Test:

- Straighten their knee - can the patient resist your push & maintain their balance?



Quick Mobility Assessment

Dynamic Sitting Balance Test:

- Can they put on their shoes & maintain their balance?





Quick Mobility Assessment

Sitting Balance Test:

If the patient fails the sitting balance test

- Be aware that they may need 1 or 2 major assist or more to transfer, stand up or ambulate.
- Refer to Physiotherapist.



Quick Mobility Assessment

Ability to move their body :

Sit to stand

- Sit at edge of bed/chair
- Feet under knees
- Lean trunk forward
- Push up to stand with arms and legs
- Use momentum and cueing as required.

Preparation for Walk Test (Quick Mobility Assessment)

Standing Balance Test:

- **Pause in standing, can they keep their balance?**





Walk Test (Quick Mobility Assessment)

Walk

If patient passes the ROM, strength and balance tests, proceed to Walk Test:

Get them up to bedside commode or walk them to washroom

Walk Test (Quick Mobility Assessment)

When to use a walker?





Walk Test (Quick Mobility Assessment)

When to use a walker?

- 1. Pain in leg(s) or back.**
- 2. Arms and/or legs are a bit shaky.**
- 3. Sitting/standing balance is slightly off.**
- 4. When you are not sure.**



Basic components of fx mob

1. Range of motion of limbs:

- Can they raise hands high enough so that they can comb their hair?
- Can they bend down to put on shoes and socks?

2. Strength - strong enough to get up?

3. Balance - can they keep their balance while mobilizing?



Basic components of fx mob

- 4. Endurance - able to get up and walk, approximately 8 - 10 times a day?**
- 5. Motor planning - Safety**
When turning, they need to move their feet, not just twist their body.
- 6. Safety awareness: Do they know if they have reached the chair/toilet before they sit down?**
- 7. Vision: Can they see?**

Reminder from our friend:

*Discharge
Or Not To Discharge?*

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The Question.*





Problem with
Refer to Physiotherapy
mobility?