

Providing Early Mobility



NURSING PHOTOBOOK™

Providing Early Mobility

NURSING81 BOOKS
INTERMED COMMUNICATIONS, INC.
HORSHAM, PENNSYLVANIA



NURSING81 BOOKS

NURSING PHOTOBOOK™ SERIES

Providing Respiratory Care
Managing I.V. Therapy
Dealing with Emergencies
Giving Medications
Assessing Your Patients
Using Monitors
Providing Early Mobility
Giving Cardiac Care
Performing GI Procedures
Implementing Urologic Procedures
Controlling Infection
Giving Intensive Care
Coping with Neurologic Disorders
Caring for Surgical Patients
Managing Orthopedic Patients

NURSING SKILLBOOK® SERIES

Reading EKGs Correctly
Dealing with Death and Dying
Managing Diabetics Properly
Assessing Vital Functions Accurately
Helping Cancer Patients Effectively
Giving Cardiovascular Drugs Safely
Giving Emergency Care Competently
Monitoring Fluid and Electrolytes Precisely
Documenting Patient Care Responsibly
Combatting Cardiovascular Diseases Skillfully
Coping with Neurologic Problems Proficiently
Using Crisis Intervention Wisely
Nursing Critically Ill Patients Confidently

Nursing81 DRUG HANDBOOK

Nursing80 NURSE'S GUIDE TO DRUGS

Nursing79 NURSE'S GUIDE TO DRUGS

NURSE'S REFERENCE LIBRARY

NURSING PHOTOBOOK™ Series

PUBLISHER
Eugene W. Jackson

EDITORIAL DIRECTOR
Jean Robinson

CLINICAL DIRECTOR
Barbara McVan, RN

MANUFACTURING DIRECTOR
Bernard Haas

Intermed Communications Book Division

DIRECTOR
John L. Rikhoff

DIRECTOR, RESEARCH
Elizabeth O'Brien

DIRECTOR, PRODUCTION AND PURCHASING
Bacil Guiley

Staff for this volume

BOOK EDITOR
Patricia Reilly Urosevich

CLINICAL EDITOR
Mary Horstman Obenrader, RN

ASSOCIATE EDITOR
Nancy Graham

PHOTOGRAPHER
Paul A. Cohen

DESIGNERS
Lisa A. Gilde
Linda Jovinelly Franklin
Carol Stickles

CLINICAL EDITORIAL ASSOCIATE
Mary Gyetvan, RN, BSEd

EDITORIAL/GRAPHIC COORDINATOR
Doreen K. Stowers

COPY EDITORS
Barbara Hodgson
Eric R. Rinehimer

CLINICAL/GRAPHIC COORDINATOR
Evelyn M. James

ASSOCIATE PHOTOGRAPHER
Thomas Staudenmayer

EDITORIAL ASSISTANT
Cynthia A. Lotz

DARKROOM ASSISTANTS
James M. Davidson
Gary Donnelly

ART PRODUCTION MANAGER
Wilbur D. Davidson

ART ASSISTANTS
Darcy Feralio
Diane Fox
Robert Perry
Sandra Simms

Louise Stamper
Joan Walsh
Robert Walsh
Ron Yablon

RESEARCHER
Vonda Heller

TYPOGRAPHY MANAGER
David C. Kosten

TYPOGRAPHY ASSISTANTS
Ethel Halle
Diane Paluba

PRODUCTION MANAGER
Robert L. Dean, Jr.

ASSISTANT PRODUCTION MANAGER
Deborah C. Meiris

PRODUCTION ASSISTANT
Donald G. Knauss

ILLUSTRATORS
Gil Cohen
Jack Crane
Jack Freas
Joy Troth Friedman
Jean Gardner
Ponder Goembel
Robert Jackson
Bud Yingling

SERIES GRAPHIC DESIGNER
John C. Isely

COVER PHOTO
Seymour Mednick

Clinical consultants for this volume

Maureen Quinn McKeown, BS, MA
Assistant Administrator of Nursing
Magee Memorial Rehabilitation Center
Philadelphia, Pennsylvania

Kathryn Nickey, BSN, MN
Associate Chief,
Nursing Service for Education
VA Medical Center
Ann Arbor, Michigan

Home care aids and other specified pages in this book may be reproduced by office copier for distribution to patients. Written permission is required for any other use or to copy any other material in this book.

Copyright © 1981, 1980 by Intermed Communications, Inc.,
132 Welsh Road, Horsham, Pa. 19044.
All rights reserved. Reproduction in whole or part by any means whatsoever without written permission of the publisher is prohibited by law.

02381

Library of Congress
Cataloging in Publication Data

Main entry under title:

Providing early mobility.

(Nursing Photobook Series)

Bibliography: p.
Includes index.

1. Transport of sick and wounded. 2. Sick—Positioning. 3. Human Mechanics. 4. Nursing. 5. Rehabilitation nursing. I. Title: Early mobility.
[DNLM: 1. Early ambulation—Nursing texts. 2. Rehabilitation—Nursing texts. WY 152 P969]
RT87.T72P76 610.73 80-25062
ISBN 0-916-730-27-1

Contents

Introduction

Preparing for early mobility

CONTRIBUTORS TO THIS SECTION INCLUDE:	10	Goal setting
Barbara J. Morgan, RPT	13	Using basic body mechanics
Virginia Sisney Sharpless, RN, AB, MSN	18	Turning and positioning
Marilyn Wullschlegel, RN, BSN	46	Reviewing strengthening exercises
	62	Special considerations

Performing transfer techniques

CONTRIBUTORS TO THIS SECTION INCLUDE:	72	Preparing for transfers
Beth Jacobs, RN	76	Performing transfers
Michelle Young, RN, MS		

Aiding mobility with special equipment

CONTRIBUTORS TO THIS SECTION INCLUDE:	104	Crutches, canes, and walkers
Barbara J. Morgan, RPT	129	Wheelchairs

Dealing with special situations

CONTRIBUTORS TO THIS SECTION INCLUDE:	136	Environmental considerations
Bonnie Blossom, RPT		

153	Agencies listing
154	Home assessment form
156	Selected references
158	Acknowledgements
158	Index

NURSING PHOTOBOOK™

Providing Early Mobility

NURSING81 BOOKS
INTERMED COMMUNICATIONS, INC.
HORSHAM, PENNSYLVANIA



NURSING PHOTOBOOK

Providing Early Mobility



NURSING81 BOOKS

NURSING PHOTOBOOK™ SERIES

Providing Respiratory Care
Managing I.V. Therapy
Dealing with Emergencies
Giving Medications
Assessing Your Patients
Using Monitors
Providing Early Mobility
Giving Cardiac Care
Performing GI Procedures
Implementing Urologic Procedures
Controlling Infection
Giving Intensive Care
Coping with Neurologic Disorders
Caring for Surgical Patients
Managing Orthopedic Patients

NURSING SKILLBOOK® SERIES

Reading EKGs Correctly
Dealing with Death and Dying
Managing Diabetics Properly
Assessing Vital Functions Accurately
Helping Cancer Patients Effectively
Giving Cardiovascular Drugs Safely
Giving Emergency Care Competently
Monitoring Fluid and Electrolytes Precisely
Documenting Patient Care Responsibly
Combatting Cardiovascular Diseases Skillfully
Coping with Neurologic Problems Proficiently
Using Crisis Intervention Wisely
Nursing Critically Ill Patients Confidently

Nursing81 DRUG HANDBOOK

Nursing80 NURSE'S GUIDE TO DRUGS

Nursing79 NURSE'S GUIDE TO DRUGS

NURSE'S REFERENCE LIBRARY

NURSING PHOTOBOOK™ Series

PUBLISHER
Eugene W. Jackson

EDITORIAL DIRECTOR
Jean Robinson

CLINICAL DIRECTOR
Barbara McVan, RN

MANUFACTURING DIRECTOR
Bernard Haas

Intermed Communications Book Division

DIRECTOR
John L. Rikhoff

DIRECTOR, RESEARCH
Elizabeth O'Brien

DIRECTOR, PRODUCTION AND PURCHASING
Bacil Guiley

Staff for this volume

BOOK EDITOR
Patricia Reilly Urosevich

CLINICAL EDITOR
Mary Horstman Obenrader, RN

ASSOCIATE EDITOR
Nancy Graham

PHOTOGRAPHER
Paul A. Cohen

DESIGNERS
Lisa A. Gilde
Linda Jovinelly Franklin
Carol Stickles

CLINICAL EDITORIAL ASSOCIATE
Mary Gyetvan, RN, BSEd

EDITORIAL/GRAPHIC COORDINATOR
Doreen K. Stowers

COPY EDITORS
Barbara Hodgson
Eric R. Rinehimer

CLINICAL/GRAPHIC COORDINATOR
Evelyn M. James

ASSOCIATE PHOTOGRAPHER
Thomas Staudenmayer

EDITORIAL ASSISTANT
Cynthia A. Lotz

DARKROOM ASSISTANTS
James M. Davidson
Gary Donnelly

ART PRODUCTION MANAGER
Wilbur D. Davidson

ART ASSISTANTS
Darcy Feralio
Diane Fox
Robert Perry
Sandra Simms

Louise Stamper
Joan Walsh
Robert Walsh
Ron Yablou

RESEARCHER
Vonda Heller

TYPOGRAPHY MANAGER
David C. Kosten

TYPOGRAPHY ASSISTANTS
Ethel Halle
Diane Paluba

PRODUCTION MANAGER
Robert L. Dean, Jr.

ASSISTANT PRODUCTION MANAGER
Deborah C. Meiris

PRODUCTION ASSISTANT
Donald G. Knauss

ILLUSTRATORS
Gil Cohen
Jack Crane
Jack Freas
Joy Troth Friedman
Jean Gardner
Ponder Goembel
Robert Jackson
Bud Yingling

SERIES GRAPHIC DESIGNER
John C. Isely

COVER PHOTO
Seymour Mednick

Clinical consultants for this volume

Maureen Quinn McKeown, BS, MA
Assistant Administrator of Nursing
Magee Memorial Rehabilitation Center
Philadelphia, Pennsylvania

Kathryn Nickey, BSN, MN
Associate Chief,
Nursing Service for Education
VA Medical Center
Ann Arbor, Michigan

Home care aids and other specified pages in this book may be reproduced by office copier for distribution to patients. Written permission is required for any other use or to copy any other material in this book.

Copyright © 1981, 1980 by Intermed Communications, Inc.,
132 Welsh Road, Horsham, Pa. 19044.
All rights reserved. Reproduction in whole or part by any means whatsoever without written permission of the publisher is prohibited by law.

02381

Library of Congress
Cataloging in Publication Data

Main entry under title:

Providing early mobility.

(Nursing Photobook Series)

Bibliography: p.
Includes index.

1. Transport of sick and wounded. 2. Sick—Positioning. 3. Human Mechanics. 4. Nursing. 5. Rehabilitation nursing. 1. Title. Early mobility.
[DNLM: 1. Early ambulation—Nursing texts. 2. Rehabilitation—Nursing texts. WY 152 P969]
RT87.T72P76 610.73 80-25062
ISBN 0-916-730-27-1

Contents

Introduction

Preparing for early mobility

CONTRIBUTORS TO THIS SECTION INCLUDE:	10	Goal setting
Barbara J. Morgan, RPT	13	Using basic body mechanics
Virginia Sisney Sharpless, RN, AB, MSN	18	Turning and positioning
Marilyn Wulschleger, RN, BSN	46	Reviewing strengthening exercises
	62	Special considerations

Performing transfer techniques

CONTRIBUTORS TO THIS SECTION INCLUDE:	72	Preparing for transfers
Beth Jacobs, RN	76	Performing transfers
Michelle Young, RN, MS		

Aiding mobility with special equipment

CONTRIBUTORS TO THIS SECTION INCLUDE:	104	Crutches, canes, and walkers
Barbara J. Morgan, RPT	129	Wheelchairs

Dealing with special situations

CONTRIBUTORS TO THIS SECTION INCLUDE:	136	Environmental considerations
Bonnie Blossom, RPT		

153	Agencies listing
154	Home assessment form
156	Selected references
158	Acknowledgements
158	Index

Contributors

Bonnie Blossom is chief physical therapist at the Center for Rehabilitation Medicine, Emory University, Atlanta, Ga. She received her BS from Washington State University in Pullman, and an MA from Georgia State University in Atlanta. She earned her physical therapy certification from the U.S. Army Medical Specialist Program. Ms. Blossom's a member of the American Physical Therapy Association.

Beth W. Jacobs is head nurse at Magee Memorial Rehabilitation Center in Philadelphia, Pa. She's a graduate of the Methodist Hospital School of Nursing, Philadelphia. In addition to being a member of the Pennsylvania Chapter of the Greater Delaware Valley District of the Association of Rehabilitation Nurses' Board of Directors, she belongs to the Association of Rehabilitation Nurses.

Maureen Quinn McKeown, one of the advisers on this book, is assistant director of nursing at Magee Memorial Rehabilitation Center, Philadelphia, Pa. A graduate of the Suffolk School of Nursing, Southampton (N.Y.) Hospital, she received her BS from Long Island University, Brooklyn, N.Y. and her MA from New York University. She's a member of the American Congress of Physical Medicine and Rehabilitation, the Pennsylvania Chapter of the Greater Delaware Valley District of the Association of Rehabilitation Nurses, the Association of Rehabilitation Nurses, and Sigma Theta Tau.

Barbara J. Morgan received her BS from the University of Kentucky in Lexington and her MEd at Colorado State University in Fort Collins. She's a physical therapist at the Rehabilitation Research and Training Center, University of Colorado Health Sciences Center, Denver. Ms. Morgan is a member of the American Physical Therapy Association.

Kathryn Nickey, also an adviser for this book, is associate chief, nursing service for education, at the VA Medical Center, Ann Arbor, Mich. A graduate of Indiana University School of Nursing, Indianapolis, she earned her BSN from the University of Tennessee (Memphis) College of Nursing and her MN from the University of Washington in Seattle. She's a member of the American Nurses Association, the Association of Rehabilitation Nurses, and Sigma Theta Tau.

Virginia Sisney Sharpless is a nursing instructor at the spinal cord injury service, VA Medical Center, Long Beach, Calif. She's a graduate of the Baptist Memorial School of Nursing, Memphis, Tenn., and received an AB degree from Union University, Jackson, Tenn., and an MSN from Emory University, Atlanta, Ga. Ms. Sharpless belongs to the Association of Rehabilitation Nurses.

Marilyn J. Wullschlegel is a nursing instructor in the rehabilitation and spinal cord injury service at the VA Medical Center, Long Beach, Calif. She's a graduate of the California Lutheran Hospital School of Nursing in Los Angeles, and earned her BSN from the University of Southern California, also in Los Angeles. She belongs to the American Congress of Rehabilitation Medicine, and the Association of Rehabilitation Nurses.

Michelle Young earned her BSN from the University of Rochester (N.Y.), and her MS at Boston (Mass.) University. Ms. Young is coordinator of education at Magee Memorial Rehabilitation Center, Philadelphia, Pa. In addition, she's a member of the Association of Rehabilitation Nurses, Pennsylvania Chapter of the Greater Delaware Valley District of the Association of Rehabilitation Nurses, the Black Nurses Association, and the National Spinal Cord Injury Foundation.

Introduction

Whether you know it or not, you play an important role in helping your patient achieve early mobility. Obviously, you're not a rehabilitation expert. Nevertheless, you spend more time with your patient than any other health-care professional. And by understanding the skills required, you can help your patient make the most of his abilities, as quickly as possible.

With this in mind, we asked eight nurses and physical therapists to contribute to this NURSING PHOTOBOOK. Our objective? To assist you in taking a positive approach to the emotional and physical considerations in early mobility.

What makes *Providing Early Mobility* different from other mobility books on the market? To begin with, we've included step-by-step procedures and photos for turning and positioning, range-of-motion and isometric exercises, and transfer techniques.

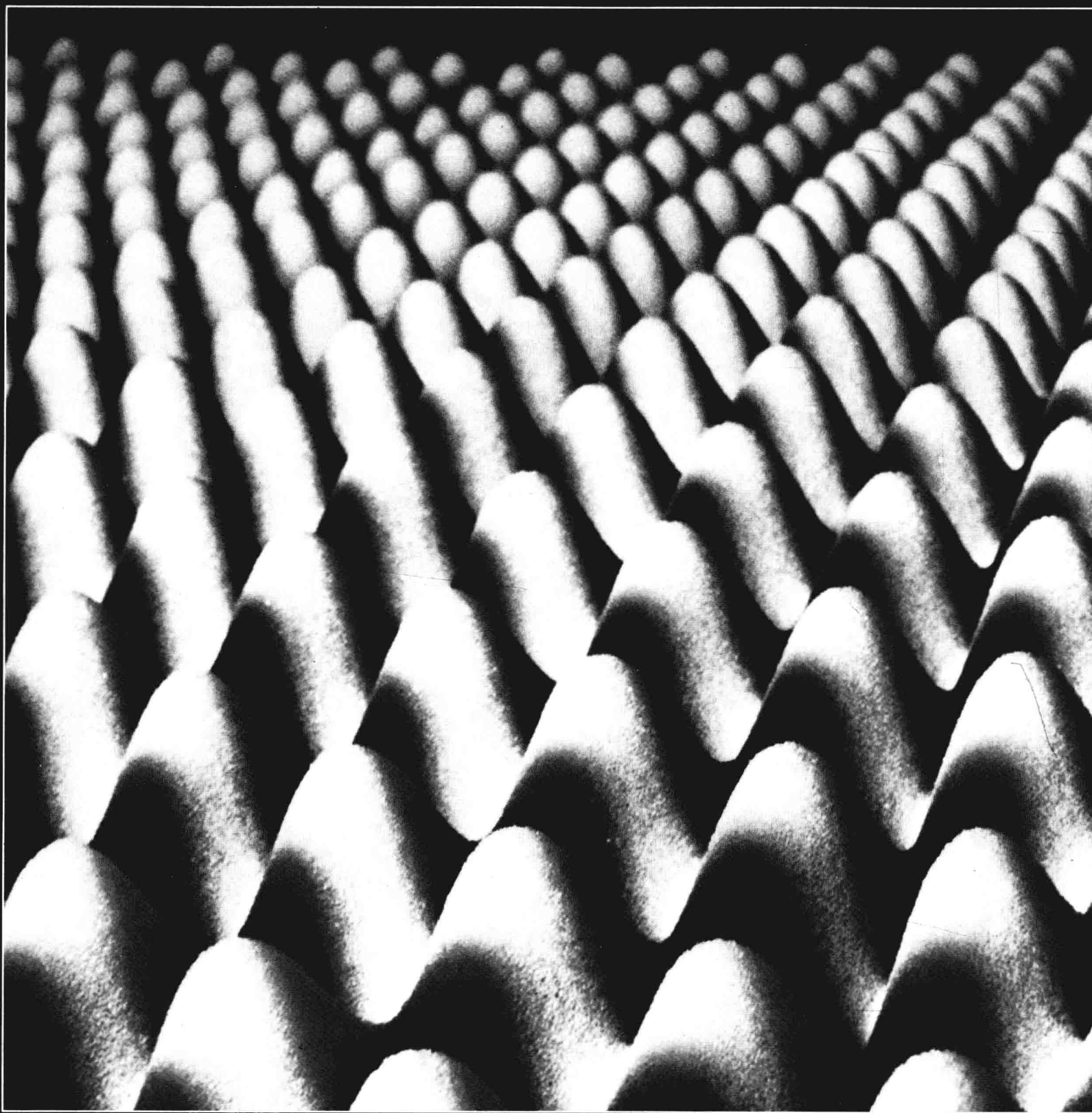
We've also included the detailed instruction you need to use the following pieces of transfer and positioning equipment: cradle boots, hand rolls, footboards, hand splints, transfer boards, and mechanical lifters.

A major portion of this book focuses on the physical and emotional preparation of your patient for early mobility. In this section, you'll learn how to use a drawsheet to move a patient from a side-lying to a prone position, and how to help prepare your patient for a leg amputation. You'll be guided through the procedures for wrapping stumps—both above-the-knee and below-the-knee. You'll also find out how to improve your body mechanics to help avoid personal injury, and look and feel better.

In other sections of the book, our concise captions and how-to-do-it photos will show you how to safely transfer a patient with halo traction; how to select the proper crutches, cane, walker, or wheelchair for your patient; and how to teach him to use the equipment correctly.

But your duties don't stop here. You'll have to give continuing support and encouragement to your patient and his family. This PHOTOBOOK will offer some suggestions on how you can help your patient adapt to the environment outside the hospital. It features guidelines for recommending adaptive equipment, such as reachers, ramps, and lapboards.

As you'll see, *Providing Early Mobility* contains a wealth of information and practical nursing tips. We believe this book will help you and your patient take a positive step toward mobility.





Preparing for Early Mobility

Goal setting

Using basic body mechanics

Turning and positioning

Reviewing strengthening exercises

Special considerations

Goal setting

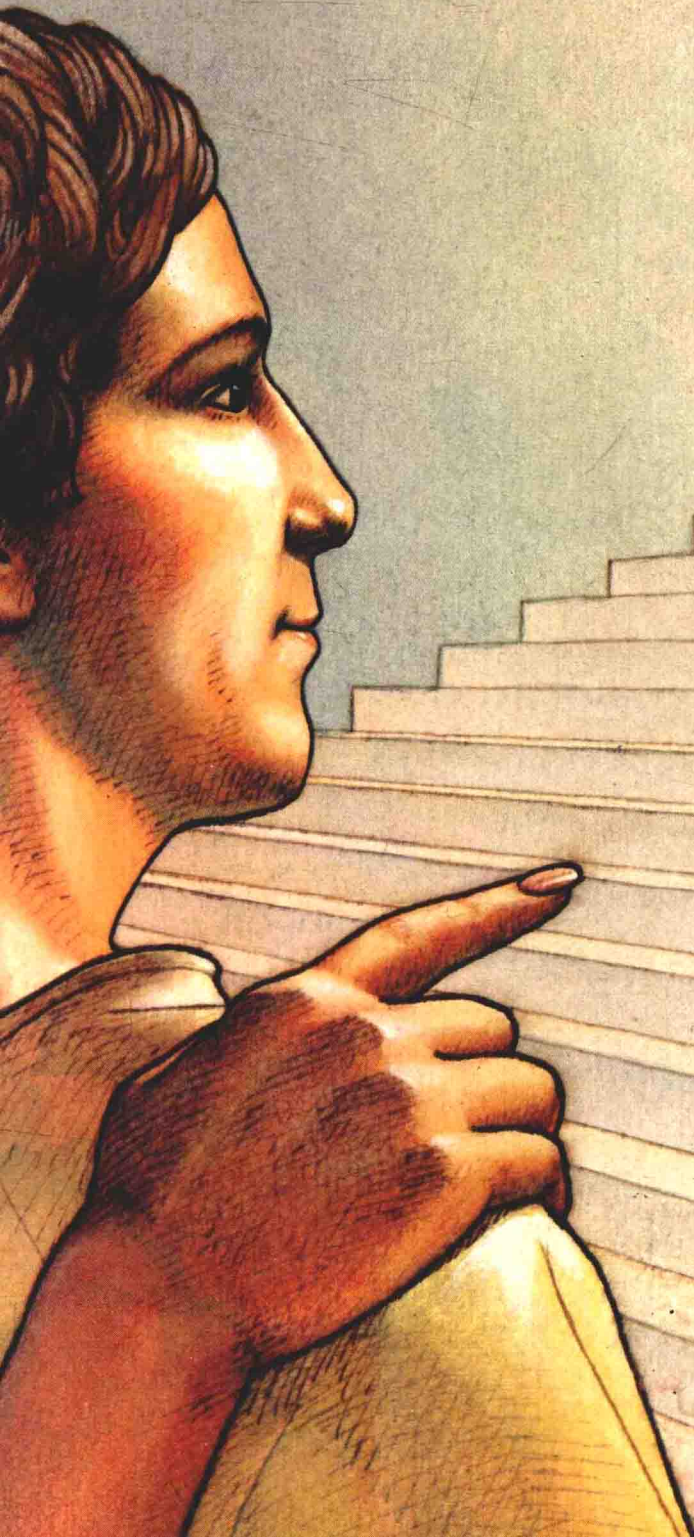
Early mobility. Finding ways to help your patient attain it should be part of each care plan. But helping your patient adjust to his condition and work toward mobility isn't always easy. You'll have to consider his mental and physical status before you begin.

Do you know how to assess your patient's mental status? What questions to ask his family and friends? How to establish proper atmosphere for goal setting? What if your patient's angry, depressed, or tired?

How does goal setting fit into early mobility? Do you know what your role in goal setting is?

Learning as much as possible about your patient's condition is your first responsibility. To prepare yourself for this important task, study the information on the next few pages.





Assessing your patient's condition

Wondering how to prepare your patient for early mobility? Begin by assessing your patient's physical and mental condition, then document your findings. Here's how:

- **Observe his physical condition.** Is he in pain? Does he have weakness or paralysis of any limbs? Does he have any limb contractures or deformities? Are any limbs missing? Does he have any preexisting skin conditions? How well does he see, hear, smell, and respond to touch? Does he have a partial or total sensory deficit? How mobile is your patient? For example, can he move about in bed? Does he have any other physical limitations? If he does, are they recent? If he's had them for a while, how has he adapted to his condition (if at all)?

- **Check his care plan and medical history.** Has the doctor or physical therapist left specific instructions regarding your patient's care? Does his care plan and medical history provide you with any information on his willingness and ability to learn?

- **Evaluate your patient's mental and emotional status.** What's his level of consciousness? Is he alert and oriented? Does he appear anxious, afraid, confused, or uninterested? How's his memory? How does he react to you, his family, friends, and other health-care professionals? What's your estimate of your patient's intellectual capacity? What does he know about his condition and prognosis? Does he have a clear understanding of them? What's his attitude: one of fear, guilt, denial, or acceptance? Does he recognize his strengths and limitations? Is he willing and eager, and motivated toward greater independence?

- **Ask your patient about his goals (if he has any at this time).** Are his expectations realistic? Is it likely that he'll eventually achieve his goals? What's his attitude toward himself?

- **Talk to your patient's family and friends.** What do they know about your patient's condition and prognosis? How are they accepting his hospitalization? Can they provide you with additional information about your patient; for example, home environment, financial status, or his reactions to past illnesses? Do they seem willing and able to help your patient achieve greater independence? What are their expectations? Are these expectations realistic?

Finally, if you've done a thorough job assessing your patient, you should be able to answer the following questions: *What does my patient do for himself? What can he do for himself? What does he want to do for himself?*

When you have the answers to these questions, you can begin planning the goal-setting session.

Goal setting

Goal setting: What's your role?

Before you help your patient set long- and short-term goals, be sure you know all the facts about your patient's condition and get more information, if needed. Then, try to anticipate your patient's questions and try to answer them completely and honestly. If you're not sure how to answer, tell your patient you'll get the information for him. Show the same consideration for his family and friends, who'll also have questions.

Allow your patient time to adjust to his condition. If he's tired, agitated, or depressed, postpone your goal-setting session for a better time. Try to understand the effect his condition has on his emotions.

Remember, your patient may also feel apprehensive and upset about being hospitalized, so help him relax. Establish a rapport with him. Encourage your patient to talk about his feelings.

You'll need your patient's cooperation and confidence. If you can't successfully motivate your patient to participate in a productive goal-setting session, ask a coworker to try. As you know, motivation comes from within a patient, and each patient will adjust to his condition differently.

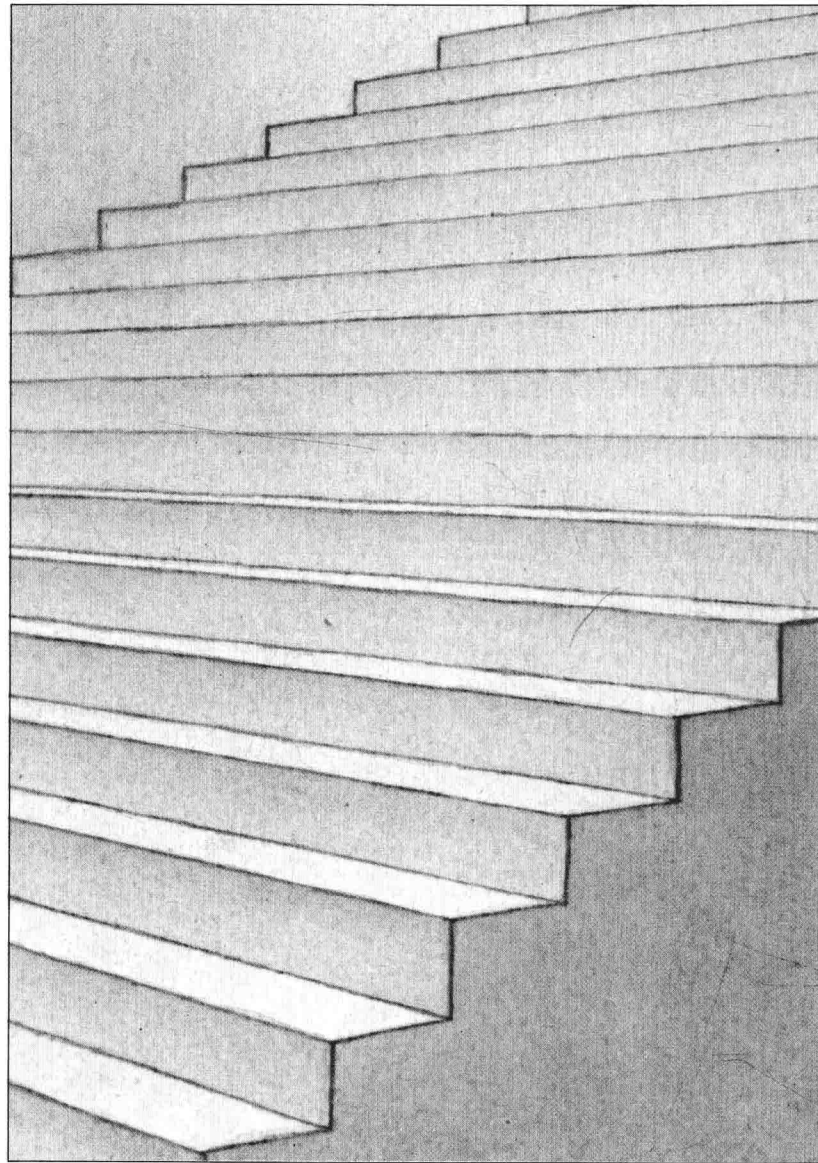
Here are some guidelines that will help you gain cooperation from your patient:

- Accept his condition realistically, yet with a positive outlook.
- Maintain control over your emotions.
- Encourage your patient to participate in the goal-setting session.
- Make sure his short-term goals are attainable.
- Guard against setting time limits for short- or long-term goals.

How to help your patient set short- and long-term goals

After you assess your patient mentally and physically, goal setting is the next step toward mobility. After doing a thorough assessment, you'll want to help him set realistic goals. Be sure to use good judgment when you arrange an appointment to talk with your patient. Make the time mutually agreeable. Then, before your meeting, allow him plenty of time to think and talk about goal possibilities. Suggest he include family or friends in his plans. Here's how to proceed when you begin the session:

First, make sure your patient's comfortable and that you have sufficient privacy. Then, encourage him to discuss possible long-term goals. Be certain he understands that his long-term goals should be geared toward his true capabilities, not the possibly unrealistic expectations of his family and friends.



Remember: Your patient may find it easier to set only short-term goals. For example, if your patient's aphasic, he may not be able to see his potentials realistically. Later, he may feel better prepared to set long-term goals.

Suppose your patient's had a CVA, with resulting right-sided hemiplegia. In this situation, a realistic long-term goal may be to walk with a cane. But, if your patient's had a total T₆ spinal transection, such a goal would be impossible. Instead, a realistic long-term goal may be total wheelchair independence. Other long-term goals for a patient with a T₆ spinal transection may be:

- limited ambulation with long leg braces and crutches
- independent transfer to a motor vehicle
- total self-care.

After your patient decides on a realistic long-term goal, recommend he set several short-term goals, such as the following (which are appropriate to many patients):

- turning himself in bed
- dressing his upper body
- feeding himself
- helping care for himself

- transferring himself from bed to wheelchair using a transfer board with or without assistance
- improving his balance while sitting or standing
- helping others get him to and from a commode chair.

Remember, your patient's short-term goals should be attainable. Hopefully, by achieving his short-term goals, he'll gain confidence and become more motivated to achieve his long-term goal.

Important: Never set inflexible time limits for short- or long-term goals. Remember, each patient will achieve his goals at his own speed. If you set an inflexible time limit, your patient may feel unnecessarily frustrated or depressed if he fails to meet the schedule.

Another reminder: Don't forget to praise your patient for his participation in the goal-setting session.

Using basic body mechanics

Reviewing posture basics

How much do you know about body mechanics? Using basic body mechanics will help you avoid injuries, as well as look and feel better. In addition, you'll set a good example for your patient. But, do you know where to begin?

Do you know how to sit correctly? How to lift a package from a high shelf? Or how to stand properly?

The answers to these questions and others are listed on the following pages. Study them carefully.



1 How often do you say to yourself, "I really should improve my posture"?

As you know, maintaining correct posture helps you look more confident, stand longer hours without back strain, and set a good example for your patients. Follow these steps to refresh your memory on posture basics:

First, stand in front of a full-length mirror. Keep your head erect, shoulders back, spine straight, and feet slightly apart. Pull in your abdomen, and slightly flex your knees. Move one foot in front of the other. Your muscles should feel relaxed.



2 Now, turn to one side, and observe your body. Note your spinal curve: It should be slightly concave at the cervical and lumbar areas; and slightly convex at the dorsal and sacral areas. Make sure your shoulders are at an even height.

This position will enhance your well-being in two ways: by improving your circulation, and providing more room and support for your pelvic and abdominal organs.