

Falls: Ambulation Program for Restorative Nursing

Maintaining and enhancing the resident's ability to ambulate is a crucial component of fall prevention. Ambulation contributes significantly to the overall social and physical well-being of residents. It also reduces the use of restraints.

Adverse Effects of Immobility

Musculo-skeletal

- Muscular atrophy
- Contractures
- Joint stiffness leading to decreased function

Cardiovascular system

- Edema
- Thrombus
- Orthostatic hypotension
- Heart works harder to function effectively

Integumentary

- Pressure ulcers

Respiratory system

- Pooling of secretions
- Decreased respiration rate
- Shallow breathing
- Hypostatic pneumonia

Gastrointestinal system

- Increased flatus and constipation
- Anorexia
- Fecal impaction

Psychosocial

- Decreased sensory stimulation
- Decreased self-esteem

Positive Effects of Mobility

- Use of restraints is reduced
- Muscles are strengthened
- Joints are extended, utilized, and moved
- Digestive tract works more efficiently with decreased risk of constipation and fecal impaction
- Circulation improved
- Fall risk potential is decreased
- Pressure ulcer risk is decreased

Establishing an Ambulation Program

After conferring with the resident or the surrogate caregiver, the ambulation program is established by the physical therapist and approved by the physician. The program is discussed at the interdisciplinary team conference and documented in the resident's plan of care. The resident and/or surrogate caregiver is encouraged to attend the care conference. The program's regular activity is documented according to facility policy. The care team needs to examine the ambulation program and make adjustments as needed during care conferences. If the program is successful, the resident can assist the team in creating new goals.

Ambulation can be achieved in simple but innovative ways. Many facilities have created a walk and dine program, assuring that needed ambulation activity is performed while encouraging the resident to socialize by eating meals in the dining room.

Important Points

- Residents who are physically able should walk, even if they are only capable of walking a short distance.
- If the resident needs support, encourage use of handrails in hallways and bathrooms.
- The resident needs to be individually assessed to establish the correct program for him/her. For example, Parkinson's disease causes a tendency to propel forward with increased momentum. The precautions for caregivers who assist ambulation for the resident with this condition need to be part of the plan of care.

Safety Guidelines

- Use a gait belt unless otherwise indicated.
- To protect both caregiver and resident, follow principles of good body mechanics.
- Make sure assistive devices are in good repair.
- All devices should be appropriately fitted for the resident.
- Closely observe residents walking with canes, walkers, and crutches to be sure that the tips are placed flat on the floor. Placing the devices at an angle could result in accidents and slipping.
- Residents using walkers should not walk too close to the walker frame. This can cause them to lose their balance and fall backward.
- Always make sure the resident has properly fitting footwear with non-skid soles.
- Watch for signs of fatigue or discomfort. Provide places to rest, as appropriate, along the way.