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CONCEPT Mobility & Immobility

REVIEW MODULE CHAPTER 40

Related Content

(E.G., DELEGATION, LEVELS OF PREVENTION, ADVANCE DIRECTIVES)

Mobility: freedom and independence in purposeful movement.

Immobility: inability to move freely and independently at will.

Types of immobility:

Temporary - ex: post-knee arthroplasty.
Permanent - ex: paraplegia. Sudden onset - ex: fractures from a motor-vehicle accident. Slow onset - ex: multiple sclerosis.

Factors affecting mobility: alterations in muscles, injury to the musculoskeletal system, poor posture/body alignment, impaired central nervous system, and health status and age.

Systemic effects of immobility:

Integumentary - increased pressure over bony prominences, decrease in circulation results to ischemia then to a pressure injury. **Respiratory** - decreased chest expansion and movement, stasis of secretions, weakened respiratory muscles results to atelectasis and hypostatic pneumonia, decrease cough response. **Cardiovascular** - orthostatic hypotension, venous stasis, decreased cardiac output, increased cardiac workload, increased oxygen demand, and increased risk for thrombus/DVT. **Metabolic** - altered endocrine function, decreased basal metabolic rate, negative nitrogen balance, decreased appetite, weight loss, altered calcium/fluid/electrolytes, resorption of calcium from bone, and hypercalcemia. **Elimination (GI/GU)** - urinary stasis, renal calculi, UTI; decreased peristalsis and fluid intake results in constipation and fecal impaction. **Musculoskeletal** - decreased muscle endurance/strength/mass, impaired balance, atrophy, decreased stability, osteoporosis, pathological fractures, contractures, and foot drop. **Neurologic/Psychological** - altered sensory perception, ineffective coping, depression, anxiety, altered sleep/wake, withdrawal, hostility, passivity, and altered self-concept. **Developmental** - delayed milestones in infants/children, loss of independence in adolescents and adults, increased fall risk and dependence in older adults.

Underlying Principles

Movement requires intact musculoskeletal and nervous systems; proper alignment reduces injury.

Pressure + decreased circulation results in ischemia then pressure injuries.

Venous stasis increases the risk for thrombophelbitis/DVT resulting in possible pulmonary embolism.

Lack of movement results in decreased lung expansion, secretion retention, muscle wasting, and bone demineralization.

Heat = vasodilation, increased circulation, and pain relief.

Cold = vasoconstriction, decreased inflammation, and decreased swelling.

Venous return enhanced by external pressure (SCDs/stockings), ROM, hydration, and ambulation.

Nursing Interventions

WHO? WHEN? WHY? HOW?

Who - clients on bed rest, postoperative clients, older adults, and those with impaired mobility or sensation. Clients at risk for pressure injuries, DVT, respiratory compromise, or psychological changes.

When - on admission and routinely: assess mobility, skin, respiratory status, cardiovascular function, elimination, and psychosocial well-being.

Reposition every 2 hours; encourage ROM daily; respiratory exercises every 1-2 hours; apply SCDs as prescribed.

Why - to prevent complications: pressure injuries, DVT/PE, pneumonia, constipation, urinary stasis, muscle atrophy, contractures, and psychosocial decline. To maintain independence, promote safe mobility, and support adequate oxygenation, perfusion, and nutrition.

How - skin: reposition every 2 hours, use pressure-relieving devices, keep skin clean/dry, and ensure adequate protein/calories.

Respiratory: TCDB, incentive spirometer every 1-2 hours, increased fluids if not restricted, and reposition frequently.

Cardiovascular: apply SCDs/stockings, teach ankle pumps/ROM, avoid leg crossing and pillows behind the knees, and increased mobility gradually.

Elimination/Metabolic: encourage 2,000 mL/day fluids (if allowed), high protein/calorie diet, fiber intake, and stool softeners as needed.

Musculoskeletal: active/passive ROM 2-3 times a day, assist with ambulation, teach correct use of cane/walker/crutches.

Psychosocial: maintain orientation, provide stimulation and social interaction, involve the patient in ADLs, and support coping.