

# Impaired Mobility and Functional Decline in Older Adults



## Evidence to Facilitate a Practice Change

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### KEYWORDS

- Impaired mobility • Physician function • Older adults • Nagi disablement framework
- Lived experience • Geriatric syndromes

### KEY POINTS

- Individualizing care to improve function and mobility is an essential component in the provision of quality health care to older adults.
- The overall health promotion effects of early intervention around a basic necessity, mobility, are clear.
- Untoward health outcomes from reduced mobility and functional decline are also well established.
- Professional nurses will need to advocate for older adults on their units in the hospital and in other settings, by critically analyzing policies and procedures, ensuring that mobility is properly assessed, and mobility impairment is addressed by all members of the health care team.

### INTRODUCTION

On any day of the year, and instigated by many factors, impaired mobility and functional decline occur, all too commonly, among thousands of adults over the age of 65 in our nation.<sup>1</sup> Functional limitations, such as inability to ambulate and impaired mobility, are precursors to disability of notable clinical significance and importance to older adults. Not only are mobility limitations common in older adults and due to multiple determinants such as the effects of chronic diseases, but also mobility

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limitation affects the physical, psychological, and social aspects of their daily life.<sup>2</sup> Acute medical illness is also cited for their hospitalization-associated disability outcomes among older adults.<sup>3</sup> Although disability among older adults is not limited to the home, hospital, or institutional long-term care environment, evidence shows functional limitations can be recognized and prevented from progression.

Of all the likely health care providers, it is the registered professional nurse who is most likely to encounter a patient experiencing a functional decline and who is prepared with the appropriate education, knowledge, and clinical skill competency to do something about it. Moreover, according to the Institute of Medicine's *Future of Nursing* Report, it is the licensed professional nurse, for which there are 3.7 million, who are likely to "dominate in a reformed healthcare system as it inevitably moves toward an emphasis on prevention and management, rather than acute (hospital) care."<sup>4</sup>

The following exemplar, drawn from the lived experience of an 88-year-old retired nurse practitioner, and participant in doctoral dissertation research, was living quite content and comfortable with her husband of 50 years, reporting "good health and function," until a series of falls occurred. Periods of confinement and reduced mobility, teetering on the verge of immobility and isolation, were the aftermath of a fall for Molly.<sup>5</sup>

### ***Molly's Lived Experience of a Serious Fall and the Role of the Nurse***

"I thought, why this did happen, why did you have to spoil the trip? I say there I go again, then I slow down for a while (meaning I stay indoors, don't get up out of the chair, don't go outdoors). I see it as one more fall... oh no, now what's going to happen to me? I'm going to be more disabled sooner than I care to be. Falling, and not getting up again, means I have to make great adjustments (to my routine in daily living)... Slow Down! I can't go outside to the garden, which I love; my partner wants me to move faster than I can."<sup>5</sup>

Further inquiry revealed: "the nurses watch out for you here... she called and was worried it was several days and no Molly. She came to visit and made me get up out of that chair... go to therapy... notify the medical doctor... and go to the wellness center for activity. I've made progress, walking outdoors more and meeting friends for dinner at the dining room."

Dialogue between the professional nurse at the life care community and Molly illustrates the importance of advocacy and early intervention by the professional registered nurse as she recognized Molly's pattern change in mobility and function. The nurse then championed Molly toward improved mobility and function. Outcomes such as these are achievable by all professional nurses who care for an older adult clientele. It is important to recognize however, "the interaction between mobility, independence and well-being are contextual in older person's lives, and will differ between places, individuals and across phases in each individual's unique lifecourse."<sup>6</sup> Hence, a thorough understanding and examination by the professional nurse at the point of care of all intraindividual and extraindividual factors, which interact as determinants of mobility, are critical to assess.

The purpose of this article is to assist professional nurses in any practice environment to identify, prevent, and manage clinical characteristics and phenomena associated with impaired mobility, to properly assess, document, and communicate issues effecting mobility, to identify evidenced-based nursing care intervention strategies to help mitigate the progression of reduced mobility to immobility, and to gain insight from discovery of the older adult's perception of their reduced mobility based on lived experience so as to embrace their unique perspectives, wishes, and values in a patient-centered context of a caring, practice environment.

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