



## Stepping Up Ambulation

*More walking and less sitting can improve mobility, independence, and quality of life for nursing facility residents.*

**T**HE VALUE OF MAINTAINING mobility has been researched, observed, supported, and encouraged for many years. For nursing facility residents, walking is one form of mobility that can have a dramatic impact on quality of life.

In follow up to last month's Focus on Caregiving, which outlined the benefits of eliminating excessive wheelchair use, this month's column details the benefits of increased walking.

Incorporating ambulation into residents' every day life is not as difficult as it seems. Once a facility has made an effort to get residents into more comfortable seating, the next vital step is to get them walking to their destinations.

### Dangers Of Immobility

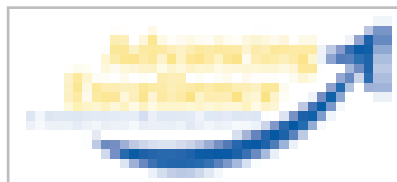
Immobility, such as prolonged use of wheelchairs for seating, can have a deleterious effect on residents. Hosam Kamel, MD, a certified medical director and associate clinical professor of geriatrics at St. Joseph's Mercy Health Center, Hot Springs, Ark., believes that fear of falls and liability has prompted nursing facilities to increase the use of wheelchairs and, in some cases, restraints, in order to limit residents' mobility and activity.

"This practice, however, has an increasingly negative impact on the

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DIANA WAUGH, RN, BSN, *owner of Waugh Consulting and a national speaker on management and clinical long term care topics*, and MARY HARROUN, MS, *a licensed nursing home administrator*, are co-founders of the *Getting Residents Out of Wheelchairs Coalition, Mundelein, Ill.*

**■ Fear of falls and liability has prompted facilities to increase the use of wheelchairs.**



resident's mobility, independence, and quality of life," says Kamel. "It leaves residents at risk of becoming wheelchair-bound and unable to ambulate again, not to mention all the other complications associated with wheelchair use, such as pressure ulcers, skin tears, osteoporosis, contractures, muscle weakness, depression, and urinary incontinence."

### Improving Quality Measures

As the Advancing Excellence campaign is showing, it does not have to be like this. The value of walking when possible is a vital component to improving quality in long term care.

Following are some of the goals of Advancing Excellence that can be positively impacted by increased walking:

**Goal 1:** *Reducing pressure ulcers.*

Reduction of extended seating in chairs and wheelchairs, while increasing regular ambulation, will diminish the potential for pressure ulcers.

**Goal 2:** *Reducing the daily use of physical restraints.* Increasing regular ambulation will help residents maintain independence while strengthening bones and muscles through vertical integration, which can lead to safer mobility and decreased injurious falls. Since many residents are restrained with seat belts while sitting in wheelchairs, reducing wheelchair use for regular seating will in effect reduce restraint use.

**Goals 3 and 4:** *Improving the management of pain in long-stay and short-stay residents.* Regular ambulation reduces the negative effects of pain that result from a lack of muscle use and body movement. Changing seating locations from wheelchairs to regular chairs throughout the day reduces the pain caused by lack of movement and the physical structure of the wheelchair.

**Goal 5:** *Setting individualized targets for clinical quality improvement.* Regular walking as well as use of regular seating in deference to the use of wheelchairs are both measurable and can be utilized as targets for facilities.

**Goal 6:** *Measuring resident and/or family satisfaction and incorporating this information to quality improvement activities.* Increased walking, in addition to sitting in regular chairs, leads to feelings of normalcy, increased self-esteem, and independence for the resident. It also offers the family observable success for their loved one.

**Goals 7 and 8:** *Measuring nursing staff turnover, developing action plans to improve staff retention, and adopting consistent assignment.* Having a hand in the

improvement of residents' quality of life through normalcy in seating and ambulation improves staff satisfaction and retention, while consistent assignment allows staff to truly learn residents' wishes. Through the use of this knowledge, staff will be a part of residents' normal life activities as they strive to attain their previous level of ambulation and normal seating.

### Getting Started

Of course, no new intervention can be put in place without an assessment of residents' abilities, challenges, and conditions. Such assessments need to address the physical and emotional challenges that might impact walking.

This can be accomplished by reviewing a resident's medications, nutritional issues, history of mobility, and self-determination. In addition, it is important to incorporate physical therapy

and occupational therapy evaluations as applicable.

Wauconda Healthcare and Rehabilitation, Wauconda, Ill., mobilized its residents through a Maintaining Our Vibrant Existence (MOVE) program. The goal of MOVE is to assess residents' wheelchair use and provide alternatives for reducing their continuous use.

To begin, all residents are assessed and monitored for the need for a wheelchair. "Physical therapists assess residents to determine the safety and potential of candidates, as well as level of ambulation," says Wauconda owner, Cheryl Morris. "The resident decides the time and length for using the assistive device, such as a walker, one-on-one staff assistance, or rest stations, and then may alternate that with the use of a wheelchair. Staff members work one on one with each resident to

develop a care plan that works best for them to gain independence."

Morris says that her residents are enjoying this "move" to freedom and are improving their health daily. "Under the guidance of therapy and active rehab, residents continue to improve their independence and mobility," she says.

### Walking Opportunities

Knowledge of the resident is vital. It is important that each resident's ambulation plan be individualized and written with the resident's stamina in mind. Although it would be great to have residents walk everywhere, if they have been confined to a wheelchair for any length of time, their walking needs to be phased in to conserve their energy and, most importantly, to set up a situation where they will be successful.

Asking a resident to go faster than

## Falls Prevention: A Matter Of Balance

The Arizona Health Care Association and the Iowa Center for Assisted Living (ICAL) are bringing an evidence-based falls prevention management program to their respective memberships.

After a two-day training class in Phoenix, Karla Averill, Arizona Health Care Association director of assisted living and program development, and Cindy Baddeloo, deputy director of the Iowa Health Care Association/ICAL, became certified as master trainers in the Matter of Balance (MOB) program. The MaineHealth Partnership for Healthy Aging is training volunteers around the country in an effort to disseminate this nationally recognized falls management program.

Ultimately, Averill and Baddeloo will train coaches to lead classes of assisted living residents who have a fear of falling. The program is based on

research and a model developed by the Roybal Center for Enhancement of Late-Life Function at Boston University, Boston.

### Grant Funds Program

In 2003, the MaineHealth Partnership, along with the Southern Maine Agency on Aging, the Maine Medical Center Division of Geriatrics, and the University of Southern Maine's School of Social Work received a three-year grant from the U.S. Administration on Aging to translate the program into an innovative model that uses volunteers (lay leaders) instead of health care professionals to address fall prevention among the elderly.

The volunteers, called coaches, conduct the program for seniors. The program consists of eight two-hour class sessions for groups of 10 to 12 people. With physical inactivity often being

cited as a significant factor in falls and fall-related injuries among older adults, seniors have found that after attending several classes and increasing their activity levels, they no longer have a fear of falling.

### Coaching Candidates

Individuals interested in teaching a class must first be trained or become a certified master trainer. Averill and Baddeloo will use their master training to teach assisted living staff members to lead programs for residents in their individual facilities.

The master trainer classes address the core concepts involved in falls such as fall risks, prevention and cognitive restructuring, implementation strategies, and class logistics. Materials for the classes are provided, and master trainers are taught how to use them. In addition, the MaineHealth Partnership

she can manage can result in failure that could eliminate any progress or willingness to continue to try.

Look at normal daily routines and the many opportunities they offer the resident for ambulation rather than transportation via wheelchair. In addition to visits with families, destinations such as the bathroom, the dining room, the activity room, and the beauty shop all provide situations where the resident could and should be encouraged to walk rather than ride.

Ambulation restorative programs work best when the destination is actually a place or an activity rather than walking with no purpose. Using destinations such as those previously listed can go a long way in keeping the resident interested and engaged.

Walking to the bathroom might not be the best destination to select since their need to use the facilities might

overpower the value of walking. However, consider walking away from the bathroom rather than wheeling.

### Walking To Activities

Walk-to-dine programs can go a long way in assisting residents with their need to continue walking as much as possible. This mobility effort can be supported by a wide variety of devices such as canes, walkers, a staff person's arm, and even the wheelchair itself.

Walking to the dining room needs to be coupled with sitting in dining room chairs when residents arrive.

Staff involvement is key. Walking and talking with residents on their way to the dining room increases the feeling of a normal activity. Additionally, when the residents are ready to leave the dining room staff should be on hand to help them or the residents may not be willing to leave their

mobility device. Walking to activities such as the beauty shop, a singing group, art class, and even bingo can be easily incorporated into the resident's day. Timing of the events will need to coincide with the resident's speed.

Residents can walk with staff to accomplish a task such as delivery of mail or laundry. They can walk with family members during family visits or with other residents as part of a "walking club."

If this all sounds too simple, it probably really is. Review the daily schedule of the residents, look at their ability to participate in ambulation programs, look at the wide variety of opportunities for walking, and set the plan in motion. ■

*Correction: In May's Caregiving feature, one author's name was misspelled. The correct spelling is Michal Engleman.*

discusses training strategies for coaches to use. The class curriculum, as well as the recruitment of coaches and participant sites, is also discussed.

The program is being implemented in 21 states to date, says Patti League, RN, a wellness specialist with MaineHealth's Partnership for Healthy Aging.

"We will be training [MOB] volunteer coaches throughout Iowa in order to provide the MOB classes in any of our ICAL member facilities," says Baddeloo.

In Arizona, Averill plans to roll out the program through a marketing campaign that highlights the benefits of the MOB program. In addition, Averill and another master trainer will be conducting training sessions statewide throughout the year. Averill is inviting member residences to send at least two staff members, but not more than five, to training sessions. The training class for coaches is eight hours long.

Who are the best candidates to become a coach? Averill recommends sending either the wellness or activities director. Characteristics such as dependability and interest in working with older adults are also helpful.

"Those individuals who are dependable, have enthusiasm, and are willing to lead a small group are good candidates" says Baddeloo.

"Coaches will also need to be able to perform range-of-motion and low-level endurance exercises."

### Coping Strategies

The coach facilitator conducts the classes using an extensively detailed training manual and two instructional videos. The program focuses on practical coping strategies to reduce both the fear of falling and the risk of falling in seniors. A variety of activities address physical, social, and cognitive factors affecting falling and the fear of falling.

MOB beginning sessions focus on

changing attitudes before attempting to change seniors' behavior. Later sessions introduce exercises that improve seniors' balance and strength.

Strategies involved in reducing the fear of falling include:

- Promoting a view of falls and fear of falling as controllable;
- Setting realistic goals for increasing activity;
- Changing the environment to reduce fall risk factors; and
- Promoting exercise to increase strength and balance.

"This type of program can help reduce falls and increase the quality of life for our residents," says Averill. "It is a win-win for all involved."

To become a master trainer or to learn more about the program, contact Michele Nevers or Patti League at: MaineHealth's Partnership for Healthy Aging, 465 Congress St., Ste. 701, Portland, ME 04101, (207) 775-1095.

—Lisa Gelhaus