

Mobilization of the patient/HS (nurse)

Patient/Client mobilization means exercise with P/K. During any manipulation of the P/K, movement in the joint must not exceed the joint play. Joint clearance refers to movement that we are not actively able to perform ourselves, but is a prerequisite for movement in the joint. If joint clearance is limited, overall active motion is also limited. The range of motion is determined by the size and ratio of the joint surface, the strength of the joint capsule, the attachment of the tendon to the bone and its angle, the distance of the attachment of the muscle from the joint axis, the strength and contraction of the muscle. ⚠

Prevention

- *Atrophy of muscle mass* - occurs quickly in shortened and spastic muscles, recovery of weak muscles due to immobilization takes up to 4x longer.
- *Prevention of osteoporosis* - occurs after only a few weeks without movement load, frequent fractures caused by verticalization are a complication.
- *Prevention of degenerative connective tissue changes* - after three weeks of immobilization, the volume of the basic substance hyaline cartilage is reduced, the structure of collagen fibers is broken, ligaments and joint capsules are shortened.
- *Prevention of heterotopic ossifications* - the formation of extraosseous bone in the soft tissues around the root and peripheral joints, occurring most often in P/K with damage to the brain and spinal cord. They are formed within 2 months. It is manifested by limitation of range of motion, swelling of soft joint tissues, erythema around the joint, subfebrile, pain, worsening of spasticity, oppression of the neurovascular bundle.

Ways

- **Passive movements** have the task of preserving the movement in the memory, reducing the development of spasticity, maintaining mobility in the joint, preventing contracture.
 - It is important that the full physiological range of motion is used during manipulation, the movement is performed slowly and smoothly. It is not advisable to perform the movement through two joints. We should perform the exercises 2-3 times a day for 3-5 repetitions. Various devices, such as motor splints, can also be used for passive splinting.
 - Passive movements are performed by the nurse during each manipulation of the P/K!
 - When the physiological range of movement in the joint is exceeded, the joint capsule and muscle attachments are damaged, up to subluxation or luxation!
 - We never pull on paretic limbs!
- **Assisted movements** is an effort to achieve the greatest possible self-sufficiency of P/K. Active P/K movement is accompanied by the help of a second person. Part of it is practicing activities necessary not only for self-service.
- **Active exercise** affects condition, balance, range of motion, etc. P/K exercises by himself under control and according to the instructions of the physiotherapist or nurse, various aids can be used.
 - Active movement is required for every manipulation with P/K!
 - *Fitness exercise* is performed by P/K in order to increase physical fitness and improve overall mobility of P/K. This exercise P/K performs sitting, lying down and standing. An example of a fitness exercise is e.g. walking in place, switching knees while sitting on the bed, forearms of the upper limbs, etc.

Links

Related Articles

- Positioning
- Rehabilitation Nursing
- Basal stimulation
- Rehabilitation
- Rehabilitation Plan
- Practice Unit Song

References

- KOLÁŘ, Pavel. *Rehabilitace v klinické praxi*. 1. edition. Galén, 2009. ISBN 978-80-7262-657-1.
- KLUSOŇOVÁ, Eva. *Rehabilitační ošetřování pacientůs těžkými poruchami hybnosti*. 1. edition. IDVPZ, 2000. ISBN 80-7013-319-8.
- KRISTINÍKOVÁ, Jarmila. *Rehabilitace v ošetřovatelství*. 1. edition. Ostravská univerzita v Ostravě, Zdravotně sociální fakulta, 2006. ISBN 80-7368-224-9.

