

Mobilization of the patient/secondary school (nurse)

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

Prevention

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

Manners

- **Passive movements** have the task of preserving movement in 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 movement through two joints. Exercises should be performed 2-3x a day after 3-5 repetitions. Various devices, such as motor splints, can also be used for passive candleming.
 - Passive movements are performed by the nurse during each manipulation with P/K!
 - When overcoming the physiological range of motion in the joint, the joint capsule, muscle attachments, up to the formation of subluxation or luxation!
 - We never pull on paretic limbs!
- **Assisted movements** are the effort to achieve the greatest possible self-sufficiency P/K. Active movement of P/K is accompanied by the help of another person. Part of it is practicing activities necessary not only for self-service.
- **Active exercise** affects fitness, balance, range of motion, etc. P/K exercises itself under control and according to the instruction of the physiotherapist or nurse, various aids can be used.
 - Active movement is required for every P/K manipulation!
 - *Fitness exercises* are performed by P/K to increase physical fitness and improve overall P/K mobility. Examples of fitness exercises include marching on the spot, stretching the knees while sitting on the bed, arming the upper limbs, etc.

Links

Related Articles

- Positioning
- Rehabilitation Nursing
- Basal stimulation
- Rehabilitation
- Rehabilitation plan
- composition of the exercise unit

References

- KOLÁŘ, Pavel. *Rehabilitation in clinical practice*. 1st edition. 2009. ISBN 978-80-7262-657-1.
- KLUSOŇOVÁ, Eva. *Rehabilitation treatment of patients with severe movement disorders..* 1st edition. 2000. ISBN 80-7013-319-8.
- KRISTINÍKOVÁ, Jarmila. *Rehabilitation in nursing*. 1st edition. 2006. ISBN 80-7368-224-9.

