

## Social results of immobility

- Withdrawal from social activities
- Neglect of upholding contact with the family and friends
- Social isolation

## Mobilisation and assisting movement

The term mobilisation in the traditional sense means the bodily activation of patients. This can, for example, be sitting them on the edge of the bed and can also be carrying out passive or active movement exercises.

Consequently executed movement exercises are still the most effective means of slowing down the ageing process and avoiding complications which are originally caused by a lack of exercise. Only classical mobilisation does not normally achieve its target.

On the one hand the person in need of care is often unable to realise things which are asked of them or simply rejects them. The reason for this can be that the person concerned suffers from a distorted image of their own body.

These disorders are often the result of a certain lack of stimuli. It has been known for several years that people can only move if they are able to perceive stimuli prior to movement and can respond to them with a movement.

The MiS Micro-Stimulation® concept uses these basic principles and connects them with the requirements for decubitus prophylaxis.

MiS Micro-Stimulation® means supporting the re-establishment of the patient's body image by physical contact and small movements. The objective of supporting the perception is the patient's movement ability. This ensures physiological circulation in the tissue, thus avoiding the occurrence of pressure ulcers.

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Nursing Information 5

Nursing treatment priority –  
Assisting movement

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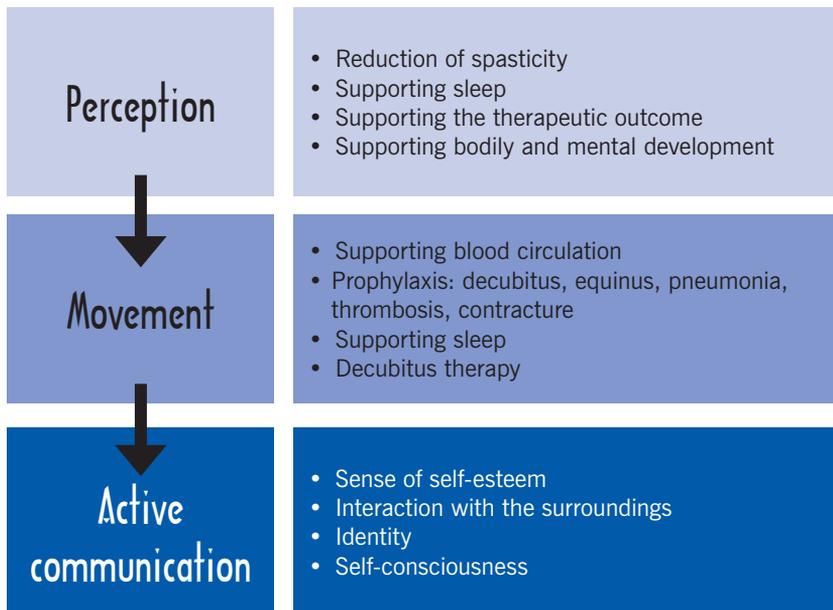
Dear reader,

many people still advocate that rest and lying down is the best form of medicine when ill. However, even the best medicine is sometimes useless when it can create a new source of danger for the person affected.

In older people, bodily deterioration can commence after they have been lying down for a mere 24 hours. For example, deficits exist in the respiratory area, the blood volume, the joints and, above all, in their cognitive efficiency.

In respect, any person involved in nursing a patient must be aware of the benefits that movement has or must have in our daily activity and dealings. In particular, older patients should not loose touch with movement assistance. The transferral of patients to a wheelchair or a chair is not mobilisation and most certainly not movement assistance.

Our primary attention for patients should be given to training the muscles, improving circulation and exercising their minds, so they can get out of bed.



## There are many causes of immobility or being bedridden, e.g.

- Pain and stiffness of the joints
- Neurological disturbances
- Cerebrovascular disturbances
- Cardiovascular disturbances
- Urinary incontinence
- Dementia
- Medicaments
- Fixations
- Adjuncts

## Physical effects of immobility

### The skin

- Danger of skin injury grows
- Decubitus risk increases

### The urinary tract system

- Bladder tone worsens
- Inflammation risk for the revulsive urinary passages increases

### The respiratory system

- Breathing becomes flatter
- Respiratory frequency drops
- Discharge collects
- Gas exchange is hindered

### The gastrointestinal system

- Lack of appetite
- Changes to the proteometabolism
- Dyspepsia

### The muskuloskeletal system

- Muscle tone worsens
- Muscle length and size lessens
- Bone demineralisation takes place  
→ bone stability reduced
- Contracture danger increases

### The cardiovascular system

- Increased thrombosis risk
- Risk of orthostatism and hypotension increases
- Heart stroke volume increases

## Psychic results of immobility

- Self-image and self-respect disturbances
- Occurrence of negative moods
- Loss of the love of life
- Occurrence of aggressive behaviour
- Creation of depressions