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About this toolkit

The SF7 Toolkit is a Senior Friendly Care (sfCare) resource that supports clinical best practices for healthcare providers across the sectors of care and includes self-management tools for older adults and their caregivers. Senior Friendly 7 focuses on seven clinical areas that support resilience, independence, and quality of life.

The toolkit is available by individual topic, or bundled together. All SF7 toolkit options are available on our website: https://www.rgptoronto.ca/resources/

Use of this toolkit

The content for older adults and their family or caregivers is not intended to replace the advice of a physician or other qualified healthcare providers.

The toolkit provides a common practice framework that complements the unique skills and practices of the various care providers helping older adults. The content is provided for guidance, and is not intended to be exhaustive.

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Acknowledgments

The toolkit was created by the RGP of Toronto, and was informed by over 200 people, including clinical subject matter experts, older adults and their caregivers, and frontline healthcare providers who participated in co-creation events.

The RGP gratefully acknowledges the clinical review of this toolkit by Dr. Barbara Liu, MD, FRCPC, Executive Director, RGP of Toronto, and Geriatric Medicine Postgraduate Program Director, University of Toronto.
Mobilizing is one of the most important ways to **MAXIMIZE FUNCTION AND INDEPENDENCE.**

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### Benefits of Mobilization

**Skin**
- Prevents skin breakdown

**Nutrition**
- Improves appetite
- Lowers choking risk when eating

**Muscles/Bones**
- Improves strength
- Improves pain
- Strengthens bones

**Memory/Mood**
- Improves sleep and mood
- Decreases risk of confusion

**Heart**
- Improves blood pressure and circulation

**Lungs**
- Improves breathing
- Helps to clear lungs
- Helps to fight infection

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Benefits are achieved with even small amounts of activity!

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Adapted from MOVE ON [http://www.movescanada.ca/](http://www.movescanada.ca/)
PREVALENCE AND OUTCOMES OF IMMOBILIZATION IN OLDER ADULTS

In Hospital

83% of time in hospital is spent in bed (Brown, 2009)

- Almost 35% of patients 70+ decline in function after a hospital admission.
- Immobility increases length of stay and decreases rate of return home

In the Community

14% of older adults aged 65–79 are meeting the Canadian physical activity guidelines of 150 minutes of moderate-to-vigorous physical activity per week in bouts of 10 minutes of more. (Statistics Canada, 2014/15)

- Immobility shortens lifespan
- Immobility doubles the risk of functional disability (Hubbard, Parsons, Neilson & Carey, 2009)
- Immobility increases risk of falling
- Immobility increases level of assistance needed for daily living

In Long-Term Care

75% of awake time in LTCH’s is sedentary (De Souto Barreto, 2016)

- Immobility increases level of assistance needed for daily living

Onset of complications can occur within 24 hours of bed rest!

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www.rgptoronto.ca
Assessing mobility level

Determine the older adult’s level of mobility.

**Simplified Mobility Assessment Algorithm**

This algorithm can be used by all staff to determine mobility level.

1. Able to respond to verbal stimuli? - C
2. Able to roll side to side? - B
3. Able to sit at edge of the bed? - A
4. Able to straighten one or both legs? - C
5. Able to stand? - B
6. Able to transfer to a chair? - A
7. Able to walk a short distance? - A

The level of mobility can be used to guide an individualized mobility care plan that is tolerated, safe, and (ideally) fun! This may involve a specific program or just simply make a habit of incorporating mobilization into daily activities and socializing.

Mobilization is **POSSIBLE IN ALL CARE SETTINGS** - even in critical care!
Creating a mobility care plan

A personalized mobility care plan should be based on the older adult’s level of mobility. It should incorporate core activities as well natural opportunities for mobilization in every day activities based on the older adult’s preference.

<table>
<thead>
<tr>
<th>Mobility level</th>
<th>Core mobilization activities</th>
<th>Natural opportunities for mobilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Ambulates independently</td>
<td>• Participate in personal care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use the bathroom for toileting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Eat meals sitting in chair/wheelchair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Active range of motion exercises</td>
</tr>
<tr>
<td>A2</td>
<td>Ambulates with assistance</td>
<td>• Participate in personal care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bathroom (BR)/commode chair for toileting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Eat meals sitting in chair/ wheelchair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Self-propel wheelchair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Active range of motions exercises</td>
</tr>
<tr>
<td>B</td>
<td>Bed to chair transfers</td>
<td>• Participate in personal care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bathroom (BR)/commode chair for toileting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Eat meals sitting in chair/ wheelchair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Self-propel wheelchair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Active range of motions exercises</td>
</tr>
<tr>
<td>C</td>
<td>Cannot stand to transfer</td>
<td>• Mechanical lift to chair/wheelchair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Active/passive repositioning every 2 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participating in personal care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Upright/side of bed/chair for meals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Standing with assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Active/passive range of motion exercises 3x/day and/or self-propel</td>
</tr>
</tbody>
</table>

Other opportunities for mobilization

Participating in personal care, toileting, up for meals, range of motion exercises
Build movement into daily activities. Some examples include:

- Walking to nearby stores
- Walking to the post box
- Getting off the bus one stop early
- Slow bouncing on toes while dishwashing
- Moving arms and legs even when you’re sitting down or lying in bed.
- Picking hobbies for their movement potential e.g. swimming, dancing, or hiking

Moderate-intensity physical activities make you sweat a little and breathe harder.

General Guidelines

If your mobility is not limited, aim for 2.5 hours of moderate level physical activity weekly, in sessions of at least 10 minutes.

**TIP – moderate level physical activities** raise your heart rate and make you breathe a little faster. You should be able to talk but not be able to sing during the activity.

If your mobility is limited or you require assistance, aim to be as physically active as your abilities or condition allows, and do muscle strengthening at least twice a week.

Resources to help you get active

- The [Canadian Physical Activity Toolkit for Older Adults](https://www.participaction.ca/en-gb/toolkit/physical-activity-toolkit-for-older-adults) includes Canadian physical activity guidelines, tips on fun ways to stay active, a movement log, an 8-week walking program, and helpful tips for staying active with various health conditions.
- To find activities in your community, visit: [www.ontario.ca/page/seniors-connect-your-community](http://www.ontario.ca/page/seniors-connect-your-community)

Speak with your healthcare provider about the kind of physical activity that is recommended for you.
Mobility in home and community care

Assess

- Assess level of mobility using the Simplified Mobility Assessment Algorithm (page 6).
- Identify changes in the status in the older adult’s mobility.
- Identify barriers to mobilization (e.g. physical, social, emotional, and cognitive).
- Identify the older adult’s interests to help tailor activities appropriately.

Manage

- In general, most older adults should be encouraged to mobilize 2.5 hours per week in sessions of at least 10 minutes long.
- Use the activities suggested for each level of mobility on page 7 as a starting point for developing an activity plan.
- Encourage older adults to mobilize as much as possible during their daily activities (such as walking to bathroom, lifting their arms, shrugging their shoulders, etc.).
- Think about how to overcome any barriers that have been identified.

Communicate

- Try different approaches when encouraging older adults to mobilize. Some older adults may be motivated by the term “exercise”, while others may prefer to talk about being “more active” or “sitting less”.
- Identify and make referrals as needed to community programs for older adults – click here for the Ontario Guide to Programs and Services for Seniors.
- Share information on your assessment of mobility levels and changes in mobility status within the circle of care (healthcare team).
- Provide printed information on physical activity, such as the Canadian Physical Activity Toolkit for Older Adults (Participaction, 2018).

Resource: Falls – Frailty e-learning module. (RGPs of Ontario & Geriatrics Interprofessional Interorganizational Collaboration (GiiC). This free training module provides home and community care providers with information on how to mobilize older adults safely to reduce the risk of falls.
### Mobility in primary care

#### Assess

- History should include:
  - Current and baseline ability in walking, balance, and function
  - Past mobility problems and interventions
  - Functional needs and preferences
- Mobility can be monitored in ambulatory patients using the [Timed Up & Go](#).
- Older adults can self-assess their physical activity periodically using the [RAPA Tool](#) and bring it with them on their next appointment.

#### Manage

- In general, most older adults should be encouraged to mobilize 2.5 hours per week in sessions of at least 10 minutes long.
- Recommend ways to build mobilization into the activities of daily living.
- Remember that bed- or chair-dependent older adults also benefit from appropriate activity.
- Use the activities suggested for each level of mobility on page 7 as a starting point for developing an activity plan.

#### Communicate

- Try different approaches when encouraging older adults to mobilize. Some older adults may be motivated by the term “exercise”, while others may prefer to talk about being “more active” or “sitting less”
- Consider referrals such as:
  - Community programs for older adults. [Click here for the Ontario Guide to Programs and Services for Seniors](#).
  - Specialized Geriatric Services (SGS). [Click here to search Healthline for SGS close to the older adult’s home](#).
- Document and communicate mobility level and any concerns within the circle of care (healthcare team).
- Provide printed information on physical activity, such as the [Canadian Physical Activity Toolkit for Older Adults](#) (*Participation, 2018*).
Mobility in hospital

- Ask about mobility level prior to admission to hospital.
- Assess level of mobility within 24 hours of admission using the Simplified Mobility Assessment Algorithm (page 6).
- Assess functional level on admission and discharge using the Barthel Index. *(2)*
- Refer to a physiotherapist and/or occupational therapist for further assessment when complex mobility issues are identified.
- Reassess mobility level daily, with the aim of progressing mobility.

Encourage the older adult to mobilize at least 3 times per day.
- Use the activities suggested for each level of mobility on page 7 as a starting point for developing an activity plan.
- Ensure that there is a family member, or staff available to assist if mobility risks are identified.

Try different approaches when encouraging older adults to mobilize. Some older adults may be motivated by the term “exercise”, while others may prefer to talk about being “more active” or “sitting less”.

Throughout hospitalization, communicate the older adult’s mobility level to the team so that they can promote mobilization.

On discharge, emphasize the importance of mobilization, and consider referrals such as:

- Community programs for older adults – [click here for the Ontario Guide to Programs and Services for Seniors](#)
- Specialized Geriatric Services (SGS). [Click here to search Healthline for SGS close to the older adult’s home](#)

Provide printed information on physical activity, such as the Canadian Physical Activity Toolkit for Older Adults *(Participation, 2018)*

Communicate mobility level and any concerns within the circle of care (healthcare team).

**Resource:** [MovesCanada](#) website provides a set of resources to implement a mobility program in hospitals, including scholarly references and quality improvement support.
Mobility in long-term care

Assess

- Assess level of mobility using the Simplified Mobility Assessment Algorithm (page 6).
- Consider that motivation and pleasure are key elements to drive mobility/activity – activities should be enjoyable for the older adult.
- Review medications and health conditions that may be impacting mobility.

Manage

- Maximize the older adult’s participation in activity programs and social events according to their preferences.
- Use the activities suggested for each level of mobility on page 7 as a starting point for developing an activity plan.
- Look for natural opportunities to incorporate mobilization in usual care activities (e.g. walking to bathroom or dining room, assisting with dressing or bathing, pet visits).
- Adopt strategies to break up sedentary time (e.g. stretch breaks) several times per day.
- Identify and make referrals for further assessment and intervention as needed, particularly if an older adult’s mobility changes (e.g. refer to physiotherapist or occupational therapist).

Communicate

- Try different approaches when encouraging older adults to mobilize. Some older adults may be motivated by the term “exercise”, while others may prefer to talk about being “more active” or “sitting less”.
- Engage family members to support mobilization during visits and to encourage their loved one to participate in activity programs.
- Document and communicate mobility level within the circle of care (healthcare team), including during transitions or transfer of accountability.

For additional mobility resources, see: Maintaining & Improving Mobility in Ontario LTC Homes Webinar - Caitlin McArthur (Schlegel – University of Waterloo Research Institute for Aging, Feb 2018)
References


17. McArthur C. Maintaining & Improving Mobility in Ontario Long-Term Care Homes webinar with Caitlin McArthur: Schlegel-UW Research Institute for Aging; 2018 [Available from: https://www.youtube.com/watch?v=Yo3vJaO0w4k.


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