

Introduction

Early mobility in Intensive Care Units (ICU) has gained traction in the recent past. Early mobility has been deemed safe and effective for improvement in functional outcomes.¹ In health systems with limited resources, the mobility specialist may be tasked out depending upon patient need and allocated resources. Therefore, other responsibilities outside of the conventional mobility literature may be deemed necessary.

Purpose

The purpose of the study was to determine the utility of a mobility specialist's impact on post open heart surgery patient's ambulation distance and frequency.

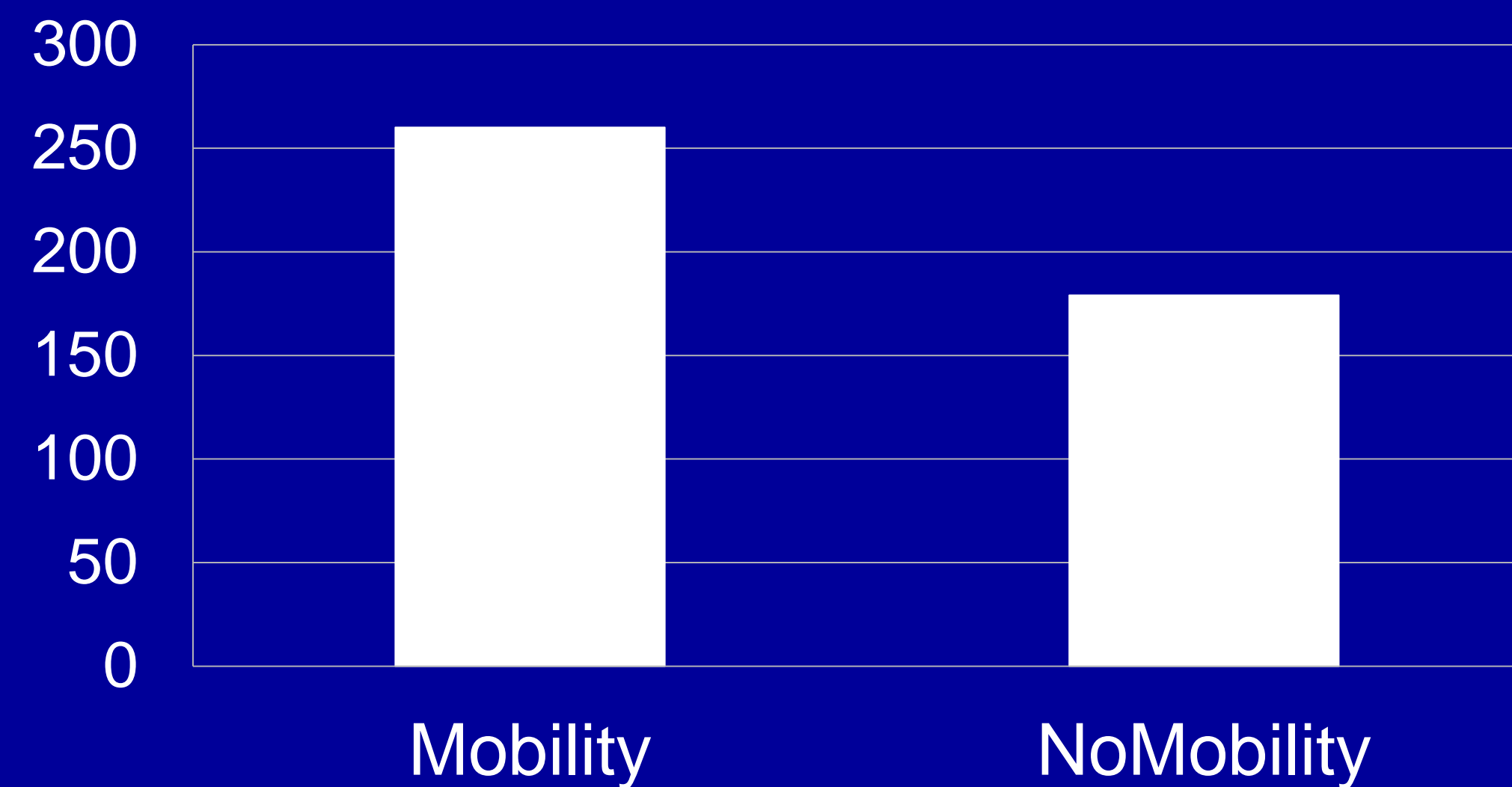
Methods

Data were collected retrospectively for one month on ambulation distance and frequency of post open heart surgery patients from a mid-western rural hospitals cardiovascular intensive care unit. Ambulation was grouped dichotomously based upon personnel present (i.e., Mobility vs. non-Mobility). Independent sample's t-tests were completed on distance and frequency of ambulation.

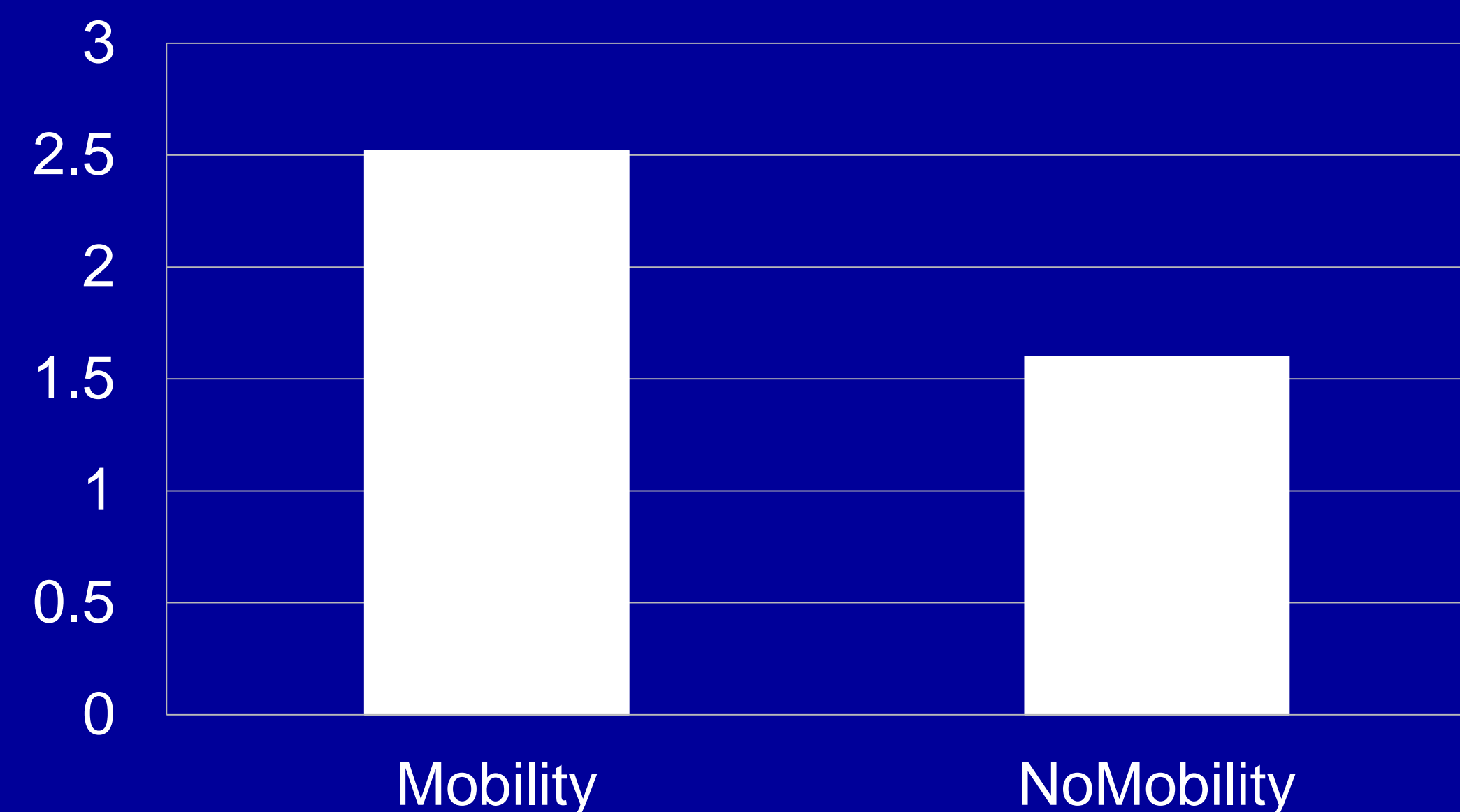
Measures

Ambulation distance, frequency, and personnel present were measured. Each ambulation was dichotomously grouped into personnel present during the ambulation (Mobility specialist present vs Mobility specialist not present).

Ambulation Distance (ft)



Ambulation Frequency



Results

Ambulation distance was significantly greater when the Mobility specialist was present (M = 260.10ft, SD = 271.10ft) compared to non-Mobility personnel (M = 179.10ft, SD = 237.83ft), (t(170) = 2.10 [4.32, 157.60], p = .039). Ambulation frequency was significantly greater when the Mobility specialist was present (M = 2.52, SD = 1.57) compared to non-Mobility personnel (M = 1.60, SD = 1.26), (t(41) = 2.16 [.06, 1.81], p = .037).

Conclusion

Findings suggest a mobility specialist increased the frequency and distance of ambulation in post open heart surgery patients. The Mobility specialist provided the impetus for more frequent and distant ambulation. Perhaps yet another novel use of a Mobility specialist in cardiovascular intensive care units.

Reference

1) Adler, J. & Malone, D. (2012). Early mobility in the Intensive Care Unit: A systematic review. *Cardiopulmonary Physical Therapy Journal*, 23(1), 5-13.