



Aging & Chronic Diseases

Assisted walking programme for hospitalised older people

A way to improve walking ability compared to usual geriatric care?

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Caring for older people requires a multidisciplinary approach, which is not only based on the treatment of an identified illness, but also on a more global point of view dealing with the various dimensions of each individual.

It is well-known that mobility and movement are key elements to remain independent, including in the hospital where it may be easy to remain in bed and progressively lose the ability to walk.

Physiotherapists have an important role to play in this context. Therefore, this study assessed whether an individualised assisted walking programme (IAWP) for hospitalised older people improves their ability to walk compared to a standard geriatric rehabilitation approach.

The current RCT took place in a geriatric unit of an Italian hospital where 387 patients aged 65 and older were randomly assigned to:

- The control group: usual care was provided by nursing staff and patients were encouraged to sit on their wheelchair or at the table every morning of the week. They were also accompanied to the bathroom for daily care.
- The intervention group: patients in this group received an IAWP treatment in addition to usual care. This included help with transfers (from supine to sitting position with legs hanging over the side of the bed, from sitting to standing), active walking with assistance and if needed, walking with a walker/ sticks. Daily sessions of 20 to 30 minutes during the week from hospital arrival to discharge were provided. All sessions were supervised by a trained and experienced nurse who also provided education about walking.



No physical or occupational intervention was offered to any of the group participants.

The main outcome measure was change in walking ability between hospital admission and discharge assessed with the Braden Activity subscale (BAS), which scores the mobility level from 1 (patient confined to bed) to 4 (patient walking outside the room at least twice a day and inside the room at least every two hours). Occurrence of in-hospital adverse events (complications of mobility, falls, pressure ulcers, et cetera) was also assessed.

The present study showed that an IAWP for hospitalised older people improved their walking ability.

The authors concluded that moving while being hospitalised has positive effects and an individualised approach gives significant benefits compared to usual standard care.

Expert opinion

This RCT is in line with earlier studies highlighting the positive effects of early mobilisation and movement for hospitalised people. It also confirms that individualised interventions are beneficial to patients.

The intervention group was supervised by a trained nurse who is experienced in geriatric care. This is due to the fact that according to the Italian national health system, no physio- or occupational therapists are assigned to geriatric units. This is however not necessarily the case in every country.

Whether IAWP intervention is provided by nurses or physiotherapists does not really matter here: the positive effects may be obtained with the assistance of (trained) health professionals caring for hospitalised patients in geriatric units as the whole staff may positively affect movement and walking. Of course physiotherapists, when operating in such units, have a key role to play in these types of intervention improving walking ability.

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