Nurses Content
Downloaded from nursescontent.com

Mobility, Exercise and Rehabilitation

Nursing Foundation

Body mechanics, range-of-motion exercises, ambulation, transfer techniques, use of assistive devices, prevention of immobility complications and rehabilitation nursing.

For educational purposes only.

NURSE'S CONTENT / NURSING FOUNDATION

CHAPTER 19

CHAPTER 19 Mobility, Exercise and Rehabilitation

B.Sc. Nursing | Nursing Foundation I & II

Definitions and body mechanics

Mobility is ability to move; exercise is planned activity to maintain/improve function; rehabilitation supports optimal functioning and participation. Safe body mechanics: stable base, avoid twisting, keep loads close, adjust bed height, use mechanical aids and assistance. Assess weight-bearing status, cognition, balance, pain and strength. Do not manually lift dependent patients when safer equipment is available.

Types of exercises

Type	Description
Active	Patient performs movements.
Passive	Another person moves joint within permitted range.
Active-assisted	Patient moves with assistance.
Isometric	Muscle contracts without substantial joint movement.
Isotonic	Muscle contraction produces movement.
Aerobic	Sustained activity supporting cardiovascular fitness.
Resistance	Exercise against resistance to improve strength.

ROM movements: flexion/extension, abduction/adduction, rotation, circumduction, pronation/supination, dorsiflexion/plantar flexion. Stabilize joint, move slowly through prescribed range, avoid force and stop for pain or resistance. Follow postoperative and fracture restrictions.

Ambulation and transfer

Assess stability, fall risk, footwear, dizziness and devices. Explain and assist patient to sit; assess orthostatic symptoms, stand with suitable aid, walk at safe pace, rest and record distance/tolerance. For wheelchair transfer, position chair, lock brakes, move footrests, assess mobility and choose approved transfer technique or lift. Protect lines, maintain alignment and confirm safety. If patient begins to fall, follow trained safe-assistance technique; summon help rather than attempting unsafe lifting.

B.Sc. Nursing Study notes Chapter 19 / 1

NURSE'S CONTENT / NURSING FOUNDATION

Nurses Content
Downloaded from nursescontent.com

CHAPTER 19

Assistive devices

Cane adds support (often used on stronger side for unilateral leg weakness, with individualized instruction); walker provides broader support; crutches support selected weight-bearing restrictions; wheelchair supports mobility; transfer boards or mechanical lifts address specific transfer needs. Fit devices and teach gait under physiotherapy guidance.

Complications of immobility

Musculoskeletal: muscle wasting, contractures and bone loss. Respiratory: reduced expansion and retained secretions. Cardiovascular: venous stasis, DVT and orthostatic intolerance. Gastrointestinal/urinary: constipation and urinary stasis. Skin: pressure injuries. Psychological: reduced independence, isolation and distress. Prevent through safe early mobility, individualized repositioning, ROM, skin protection, nutrition/hydration, prescribed VTE prophylaxis and respiratory care.

Rehabilitation nursing

Assess function and goals, promote ADLs, teach safe self-care, encourage participation, coordinate rehabilitation with physiotherapy/occupational therapy and support psychosocial adjustment. Evaluate progress, home safety, equipment and caregiver training.

Exam revision

1. 1. Explain body mechanics and safe patient transfer.
2. 2. Classify exercises; describe ROM and ambulation.
3. 3. Discuss immobility complications, prevention and rehabilitation.

Educational notes. Clinical skills require supervision, authorized orders and current facility protocols.

B.Sc. Nursing Study notes Chapter 19 / 2

Quick Revision

- Mobility enables movement; exercise maintains or improves function; rehabilitation supports functioning and participation.

- Use a stable base, avoid twisting, keep loads close and use suitable equipment and assistance.

- Assess weight-bearing status, cognition, balance, pain and strength before transfer or exercise.

- Active movement is patient-performed; passive movement is assisted entirely; active-assisted movement combines both.

- Immobility can cause wasting, contractures, respiratory secretion retention, venous stasis, constipation and pressure injuries.

- Rehabilitation nursing supports ADLs, safe self-care, goal setting, team coordination, equipment and caregiver training.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

Nurses Content
Downloaded from nursescontent.com

1. Which exercise involves muscle contraction without substantial joint movement?

A. Isotonic
B. Aerobic
C. Passive
D. Isometric

2. Which exercise type is performed by another person moving the patient's joint?

A. Active
B. Passive
C. Resistance
D. Aerobic

3. Which musculoskeletal complication can result from immobility?

A. Improved bone density
B. Increased joint range
C. Contractures
D. Increased muscle mass

Nurses Content
Downloaded from nursescontent.com

Answer key and explanations

1. D - Isometric

Isometric exercise contracts muscle without substantial joint movement.

2. B - Passive

Passive movement is performed by another person within permitted range.

3. C - Contractures

Immobility can cause muscle wasting, contractures and bone loss.

Source and attribution

Online chapter: https://nursescontent.com/learn/nursing-foundation/mobility-exercise-and-rehabilitation/

Downloaded from Nurses Content. Branding identifies the delivery website. Original author credits, third-party licences and applicable rights remain unchanged.