

Progressive Mobility: The Benefit of Getting Out of Bed

Kathleen M. Vollman, MSN, RN, CCNS, FCCM, FAAN, is a pioneer in the field of Progressive Mobility. With more than 30 years of experience in the critical care medical field, Vollman has experienced firsthand and taught others the beneficial outcomes of early mobility for ICU patients, essentially “Getting Patients Out of Bed.”

Progressive Mobility is defined as a series of planned movements in a sequential manner, beginning at a patient’s current mobility status with a goal of returning to his/her baseline (©Advancing Nursing LLC). Progressive Mobility is used to describe the graded application of the following positioning and mobility techniques: elevation of the head of the bed, manual turning, passive and active range-of-motion exercises, continuous lateral rotation therapy (CLRT) and prone positioning (if criteria met), movement against gravity, upright/leg-down position (tilt table and bed egress), chair position, dangling, and ambulation.

“ICU immobility can contribute to physical deconditioning, increased ICU and hospital length of stay, and complications post discharge,” state Vollman, R.D. Bassett, L. Brandwene, and T. Murray in Integrating a multidisciplinary mobility programme into intensive care practice (IMMPTP): A multicentre collaborative.

But, obviously, mobility for ICU patients isn’t something that can occur overnight. It’s not as if a patient who has been ventilated one minute should be pushed to be sitting up the next – it’s a graduated process. As Vollman writes in her article The right position at the right time: Mobility makes a difference, “Once the patient’s cardiovascular system is able to tolerate the bed higher than 45 degrees a mobility program can begin.”

Once the patient can tolerate the position of the bed higher than 45 degrees, there are milestones to this step-wise progression that occur until finally the patient is able to bear weight. Once a patient can bear weight, they can work to stand, pivot and march in place. Prior to weight bearing, even moving to sit can be a significant milestone whether in bed or in a chair. Sitting can improve a patient’s pulmonary function, not to mention their psyche.

Methods and equipment that support the step-wise progressive mobility are essential in order to support the healing process for the patient, but also to support the needs of the nurses, including safe patient handling, and to reduce their own risk of injury. Types of supportive equipment vary, but often include the bed itself, slide and glide sheets, bed lifts, recliners, and walkers.

Vollman states that mobility is a fundamental nursing activity that needs to be a high priority (The right position at the right time: Mobility makes a difference and Back to the fundamentals of care: Why now, why us!) “It doesn’t require a physician’s order to initiate. When mobility is a core component of care, it helps with secretion management, reducing feelings of powerlessness, prevention of muscle waste, improving gas exchange, and decreasing the incidence of atelectasis and ventilator associated pneumonia, and skin issues.”

The key is matching the right time of the illness to the right positioning strategy to help achieve positive patient outcomes. And that’s the goal of Progressive Mobility: to achieve positive patient outcomes that are long lasting, and eventually “getting patients out of bed.”

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