

Precepting Tips for Mobility Disability (Primary Care Professionals)



*This tipsheet covers an individual's personal mobility versus access or transportation-related mobility.

Overview

- Prevalence:

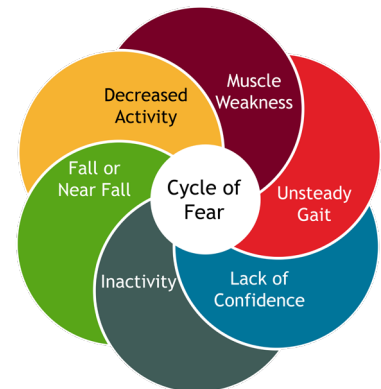


Impaired mobility is experienced by 46% of community-dwelling older adults 65+



1 in 3 older adults report difficulty walking 3 city blocks

- Personal Risk Factors:** Older age, low physical activity, **Medication** side effects affecting balance, obesity, impaired strength and balance, cognitive impairment (**Mentation**), chronic diseases such as diabetes and arthritis, and progressive conditions.
- One's environment** can also play a role in mobility disability and can inhibit individuals' ability to participate in their living and community space, for example: inaccessibility within the home (e.g. split level, poor lighting, narrow hallways) and community (i.e. poor sidewalks, no curb cutouts).
- Associated consequences of impaired mobility:** Falls, hospitalizations, disability, poor quality of life, declining function, depression, social isolation, higher rates of mortality.
- Costs:** Older adults with mobility limitations spend an additional \$2,773 in total health care costs and an additional \$274 in out-of-pocket expenditures annually.
- The Cycle of Fear:** A person can enter this downward spiral (shown right) at any entry point. Each entry point represents an example (and consequence) of impaired mobility. Without some type of intervention—either self-directed or externally-directed—the common result is a downward decline, which often results in the person being unable to do **What Matters Most** to them (e.g., mobility to attend social and recreational activities).
- Mobility may change over time, especially in the case of progressive conditions (e.g. Parkinson's Disease, Multiple Sclerosis) or acute problems (e.g. gout flare). In these cases, re-assessment over time is needed.
- All health disciplines play a role in preventing and treating mobility disability.** Primary care health professionals are the front lines for recognizing changes in how patients move and function.



Screening

- Screen at annual Medicare wellness visit and regular primary care visits or when a patient presents with an acute fall

Two-question Mobility Screen (University of Alabama)

(A **yes** response to either question indicates the need for further assessment to identify physical, social, or environmental factors leading to the limitations.)

- For health or physical reasons, do you have difficulty climbing up 10 steps or walking one-quarter of a mile?
- Because of underlying health or physical reasons, have you modified the way you climb 10 steps or walk a quarter of a mile?

CDC STEADI Screening Questions for Falls

(A **yes** response to one or more questions indicates need for further assessment.)

- Do you feel unsteady when you stand or walk?
- Do you worry about falling?
- Have you fallen in the past year? If yes, how many times? Were you injured?

- Listen for subjective complaints and observe.
 - New assistive device use: Is the device being used properly? Does it fit the patient well?
 - Watch the patient ambulate in the clinic, look for gait abnormalities and furniture cruising (using a wall or stable furniture for support).
 - Listen for a patient voicing new concerns or hesitations about balance/stability/fear of falling.
 - Review medications for adverse side effects and drug interactions that may increase falls:
 - Taking >4 medications places patients at a risk of falls
 - Use of multiple with sedative, anticholinergic or blood pressure lowering properties (e.g., "Beers Criteria") may indicate need for further assessment
 - Evaluate for possible deprescribing if the patient is on multiple medications

- **Perform a quick test of mobility and physical function**

- [Gait speed](#) is considered the “6th vital sign” and is indicative of function and morbidity. The 4-meter gait speed test is quick and easy to conduct. (Equipment: 4-meter course with tape markers on floor, stopwatch.)
- [Timed UP and Go test](#) assesses walking balance and sit-to-stand ability. (Equipment: chair, 10 ft marker, stopwatch.) >13.5 sec. indicates fall risk.
- [5 Times Sit to Stand test](#) assesses leg function/strength. (Equipment: chair, stopwatch.) ≥12 sec indicates the need for further assessment of fall risk. >15 sec indicates risk of recurrent falls.

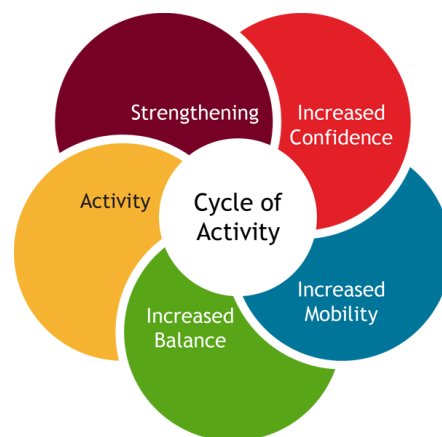
Management of Mobility Disability

- Encourage mobility and physical activity in community-dwelling older adults through activities and programs that are meaningful to them.
 - Restructure usual routines to force more physical activity in the day.
- Prescribe [assistive devices](#) as needed to enhance stability and mobility during gait and functional tasks. Ensure the device is properly fit and that the patient receives training from a provider or physical therapist.
 - Medicare Part B covers 80% of the cost of medically necessary devices such as walkers and wheelchairs.
- Refer to [evidence-based fall prevention/exercise programs](#) when formal physical therapy is not warranted and/or when an individual wants to increase/maintain their exercise levels. Consider patient preferences when selecting programs. Some resources include: Tai Ji Quan, Otago Exercise Program, A Matter of Balance, CAPABLE (Community Aging in Place—Advancing Better Living for Elders), SAIL (Stay Active and Independent for Life), Stepping On, Silver Sneakers, Fit and Strong!
- **Cycle of Activity:** Just like the Cycle of Fear, a person can enter the Cycle of Activity at any entry point. Each entry point represents an example of situations that will improve mobility. The Cycle of Activity represents a positive upward spiral, and intervention at any point—either self-directed or externally-directed by healthcare providers—will usually lead to improved mobility, which often results in the person being able to do **What Matters Most** (e.g. mobility to attend social and recreational activities). Increased activity is a main entry point into this positive cycle (shown right).



More Physical Activity

- *Park further from store in parking lots.*
- *Walk around store or shopping mall before completing shopping tasks.*
- *Make multiple trips up/down stairs vs. combining tasks.*
- *Get up and walk around during television commercial breaks.*
- *When getting up from your chair or the couch, practice 5-10 sit-to-stands in a row.*



When to Refer to Physical Therapy

Physical therapists are **Movement Specialists!** Physical therapists can assess mobility limitations and devise curative or function-enhancing interventions. Refer for further evaluation if you note:

- Positive findings on routine screenings (Medicare annual questions re: falls, STEADI questions, etc.)
- Decline in function
- Fear of falling

Teaching Tips: Ask students to . . .

- Screen all older adults for falls at visits regardless of diagnosis.
- Conduct the [Timed Up and Go test](#), [4-meter walk test](#) (gait speed), and [5 Times Sit to Stand test](#) with at least three patients. Have students set up tape markers on the floor or baseboard to make it easier to conduct these tests regularly. ([Video of TUG test](#); [Video of gait speed test](#); [Video of 5 Times Sit to Stand test](#).)
- Review local public transportation websites and find paperwork for filing applications for disability public transportation and a handicapped parking permit.
- Research and refer a patient to an appropriate [community-based exercise program](#) according to post-discharge needs/goals and patient preferences.
- Review the CDC’s handout about [Medications Linked to Falls](#). Perform a medication review on a list of prescriptions for an older adult patient and discuss deprescribing with your preceptor
- Find local clinics or hospitals that offer [Driving Evaluations by an Occupational Therapist](#)

Preceptor Resources

- [Assistive Device Handout](#)
- Key readings: [Walking Speed: The Functional Vital Sign](#) and [Mobility Limitation in the Older Patient: A Clinical Review](#)
- Education handouts from CDC to guide conversations with patients and families: [What You Can Do to Prevent Falls](#), [Stay Independent](#), [Check for Safety](#), [Family Caregivers: Protecting Your Loved Ones from Falling](#).
- [Mobility Disability GWEP Toolkit](#)