

# Walking

Once an established seating plan has been formulated, with patients sitting out on a daily basis preferably on multiple occasions, progression can be made to more active exercise, standing and ambulation.

Gradually increasing muscle strength and stamina will lead to increasing levels of functional independence and have beneficial effects on a patient's psychological status as he or she becomes more independent and the improvements become more tangible.

To support mobilisation in the early stages, ceiling lifts or walking harnesses can be used to support the patient and protect them from falls during stepping or walking practice. This process of mobilisation does, however, bring additional safety considerations such as airway stability, portability of equipment (e.g. the use of portable ventilators), management of multiple attachments and a reduced level of monitoring once the bed space has been left.

Some degree of monitoring is vital in terms of the intensity level and physiological response to ensure the safety of these interventions, with portable SATS probes and the Borg breathlessness scale providing quick and simple methods of achieving this.



## Summary

We recognise that you have a choice of equipment provider to support your rehabilitation and early mobility programmes in ICU. With more than 60 years experience and knowledge gained as the global leader in patient handling and mobility solutions we are able to support your facility with a range of services including education, assessment and early mobility programmes to help support your initiatives. For further information please visit [www.arjo.com.au](http://www.arjo.com.au) or contact your local Arjo representative.