



Progressive Mobility

SANFORD[®]
HEALTH

Table of Contents

Progressive Mobility	2
Daily Mobility Goals – Level 1	4
Daily Mobility Goals – Level 2	6
Daily Mobility Goals – Level 3	8
Daily Mobility Goals – Level 4	10
Daily Mobility Goals – Level 5	12
Goals Checklist	13
My Journal	20

How Will Progressive Mobility Help Me?

It is important that you move the muscles in your body every day. Not having normal activity and movement can affect your whole body. Keeping your muscles moving will help you stay healthy. You have natural mobility movements that you do each day.

These include:

- Dressing
- Bathing
- Walking to use the bathroom
- Standing while brushing your teeth
- Sitting up in a chair to eat your meals and/or relaxing

While in the hospital, your activity will increase as you are able. This is called Progressive Mobility. Progressive Mobility is defined as planned movements done in a specific order beginning at your current mobility level. These movements will help you return to your normal activity level. Being in a hospital and in bed can lead to a decline in your ability to do your normal activities and movements.

Things to Know

Progressive mobility can help to prevent:

- Blood clots (DVT – Deep Vein Thrombosis)
- Pneumonia (infection in your lungs)
- Constipation – this happens often after surgery
- Muscle weakness – this can happen due to muscle loss
- Pressure injury to your skin – this can happen from pressure on the back of the head, buttocks, heel or anywhere on your body when you do not relieve the pressure

You lose muscle each day while you remain in bed. This can also affect your balance and increase your chance of falls.

Progressive mobility can help prevent infection.

- Have help getting into bathroom, up to sink, and to bath or shower each day.
- Walk with help to wash your hands before you eat.
- Stand with help to wash your hands after using the restroom.

Hand washing is the **best** way to prevent infection.

Progressive mobility can help prevent poor nutrition.

Your body **needs** calories and protein to keep healthy.

- If possible, sit in a chair to eat all meals and snacks.
- Eat foods that are rich in vitamins and protein.
- Try to stay sitting for 30 minutes after eating your meal. Increase your time as tolerated.

Progressive mobility can help prevent pressure injuries to your skin.

- Stay off your back as much as possible.
- Spend as much time in the chair and walking, as possible.
- If you must remain in bed, reposition yourself frequently (every 1-2 hours).

Preventing Falls

Activity and movement help to increase your muscle strength, tone, and balance to prevent falling. Other things that can put you at risk for falling include:

- Weakness
- Medications
- Recent fall
- IV pole and cords
- Recent injury
- Recent illness or surgery

Always use your call light before getting out of bed while you are in the hospital.



Current Ability – Not able to sit at the side of the bed.

Our Care Team Will Help You

- Exercise your arms and legs.
- Roll side to side every 2 hours.
- Position your bed from flat into a chair.
- Use your bedpan or safely move to the commode using the lift if needed.
- With personal cares such as bathing, brushing teeth, and eating.
- Schedule sleep.
- Open window blinds during the day.

Things You Are Encouraged to Do

- Move your arms and legs while you are in the bed or chair.
- Eat on your own.
- Do personal care such as bathing, brushing teeth, and eating.
- Stay awake during the day and sleep at night.
- Talk with your care team about how your family can be involved and bring in personal items.
- Take deep breaths and cough.

Goals

- Minimize lying on your back.
- Sit in your bed in the chair position.
 - 3 times each day
 - 30-60 minutes each time
- Do the exercises pictured.
 - Try to repeat 10 times

Exercises to Meet Your Goals



Ankle Pumps

1. Pump ankles up and down.



Knee Bends

1. Lie on your back.
2. Bend your knee up and down. Bring heel towards buttock by bending the knee up.
3. Straighten your leg down.



Elbow Bends

1. Bend and straighten your elbows.



Ceiling Punches

1. Lie back on your bed.
2. Using your arms one at a time, punch arms up toward the ceiling. Really reach!



Current Ability – Sit at the edge of the bed and/or sit in a chair with help.

Our Care Team Will Help You

- Roll side to side every 2 hours.
- Move out of bed to the chair.
- Use your bedpan or safely move to the commode.
- With personal cares such as bathing, brushing teeth, and eating as needed.
- Open window blinds during the day.
- Schedule sleep.
- Complete the exercises pictured.

Things You Need to Do

- Move your arms and legs while you are in the bed or chair.
- Eat on your own.
- Do personal care such as bathing, brushing teeth, and eating.
- Stay awake during the day and sleep at night.
- Talk with your nurse about how to contact your family members and bring in personal items that will make you feel comfortable to move throughout the unit (example: robe, shoes, glasses).

Goals

- Sit up in chair.
 - 3 times each day
 - 30-60 minutes each time
- Do the exercises pictured.
 - Try to repeat 10 times

Exercises to Meet Your Goals



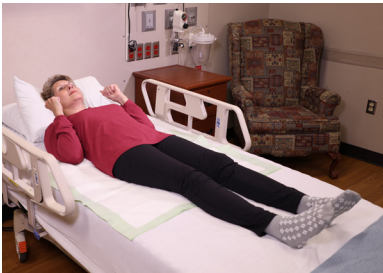
Ankle Pumps

1. Pump ankles up and down.



Knee Bends

1. Lie on your back.
2. Bring heel towards buttock by bending the knee up.
3. Straighten your leg down until it is lying flat on the bed.



Elbow Bends

1. Bend and straighten your elbows.



Ceiling Punches

1. Lie back on your bed.
2. Using your arms one at a time, punch arms up toward the ceiling. Really reach!



Current Ability – Stand and move to a chair.

Our Care Team Will Help You

- Move out of bed to the chair.
- Safely move to the commode.
- Perform personal cares such as bathing, brushing teeth, and eating as needed.
- Open window blinds during the day.
- Schedule sleep at night.
- Complete the exercises pictured.

Things You Need to Do

- Move your arms and legs while you are in the bed or chair.
- Roll side to side when in bed.
- Eat on your own.
- Do personal care such as bathing, brushing teeth, and eating.
- Stay awake during the day and sleep at night.
- Talk with your nurse about how to contact your family members and bring in personal items that will make you feel comfortable to move throughout the unit (example: robe, shoes, glasses).

Goals

- Sit up in chair.
 - 3 times each day
 - 30-60 minutes each time
- Do the exercises pictured.
 - Try to repeat 10 times

Exercises to Meet Your Goals



Air Box

1. Sit in a chair or on the edge of your bed.
2. Punch one arm forward, then the other.
3. Increase your speed.



Arm Lifts

1. Reach to ceiling, one arm at a time.



Knee Straightening

1. Lift your leg to straighten knee, one leg at a time.
2. Bring your leg down.



Seated Marching

1. Sit in a chair.
2. March with your legs, one at a time.
3. Raise your knees high.



Current Ability – Walk with help.

Our Care Team Will Help You

- Open window blinds during the day.
- Schedule sleep.
- Complete the exercises pictured.
- Keep the floor clear of wires and other clutter.
- Maintain your ability to move.

Things You Need to Do

- Move your arms and legs while you are in the bed or chair.
- Sit in your chair often.
- Roll side to side when in bed.
- Eat on your own.
- Complete personal care such as bathing, brushing teeth, and eating.
- Stay awake during the day and sleep at night.
- Talk with your nurse about how to contact your family members and bring in personal items that will make you feel comfortable to move throughout the unit (example: robe, shoes, glasses).

Goals

- Walk with help by starting in your room and progressing into the hallway.
- Sit in your chair with help 3 times each day.
- Coordinate your activities when you eat and are assisted to the bathroom.
- Do the exercises pictured.

Exercises to Meet Your Goals



Repeating Sit to Stand (Use Chair Armrests)

1. Stand up tall.
2. Sit down.
3. Repeat as tolerated while remaining comfortable.



Standing Marching (Use Walker)

1. Standing with walker.
2. March with your knee raised high.



Standing Arm Lifts

1. Stand in front of chair.
2. Bring each hand up toward ceiling and return to resting position.



Standing Air Box

1. Stand in front of chair.
2. Punch each arm forward.
3. Increase your speed as you punch alternating arms if possible.
4. Use walker for support with one hand if needed.



Current Ability – Walks in hall independently.

Our Care Team Will Help You

- Open window blinds during the day.
- Schedule sleep at night.
- Complete the exercises for level 1 through 4.
- Keep the floor clear of wires and other clutter.
- Maintain your ability to move.

Things You Need to Do

- Sit in chair for all meals.
- Eat on your own.
- Independent with all self-care (bathing, brushing teeth, and eating).
- Sit more than lay in bed.
- Stay awake during the day and sleep at night.

Goals

- Walk in your room or hallway.
 - At least 4 times each day
- Sit in your chair.
 - Several times during the day
- Walk 200 feet in the hall before discharge.
- Continue with Level 4 exercises.

Daily Goals Checklist

Completing the activities below will help you heal. Your care team will help you when you are out of bed to keep you safe. Place an X in the box if you completed the activity.

Date ____ / ____ / ____

Day Number _____

Today I:

Morning	
<input type="checkbox"/>	Had a shower
<input type="checkbox"/>	Had bed bath
<input type="checkbox"/>	Brushed my teeth
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Noon	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Evening	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises

Today I feel: _____

Daily Goals Checklist

Completing the activities below will help you heal. Your care team will help you when you are out of bed to keep you safe. Place an X in the box if you completed the activity.

Date ____ / ____ / _____

Day Number _____

Today I:

Morning	
<input type="checkbox"/>	Had a shower
<input type="checkbox"/>	Had bed bath
<input type="checkbox"/>	Brushed my teeth
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Noon	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Evening	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises

Today I feel: _____

Daily Goals Checklist

Completing the activities below will help you heal. Your care team will help you when you are out of bed to keep you safe. Place an X in the box if you completed the activity.

Date ____ / ____ / ____

Day Number _____

Today I:

Morning	
<input type="checkbox"/>	Had a shower
<input type="checkbox"/>	Had bed bath
<input type="checkbox"/>	Brushed my teeth
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Noon	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Evening	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises

Today I feel: _____

Daily Goals Checklist

Completing the activities below will help you heal. Your care team will help you when you are out of bed to keep you safe. Place an X in the box if you completed the activity.

Date ____ / ____ / ____

Day Number _____

Today I:

Morning	
<input type="checkbox"/>	Had a shower
<input type="checkbox"/>	Had bed bath
<input type="checkbox"/>	Brushed my teeth
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Noon	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Evening	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises

Today I feel: _____

Daily Goals Checklist

Completing the activities below will help you heal. Your care team will help you when you are out of bed to keep you safe. Place an X in the box if you completed the activity.

Date ____ / ____ / ____

Day Number _____

Today I:

Morning	
<input type="checkbox"/>	Had a shower
<input type="checkbox"/>	Had bed bath
<input type="checkbox"/>	Brushed my teeth
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Noon	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Evening	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises

Today I feel: _____

Daily Goals Checklist

Completing the activities below will help you heal. Your care team will help you when you are out of bed to keep you safe. Place an X in the box if you completed the activity.

Date ____ / ____ / ____

Day Number _____

Today I:

Morning	
<input type="checkbox"/>	Had a shower
<input type="checkbox"/>	Had bed bath
<input type="checkbox"/>	Brushed my teeth
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Noon	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Evening	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises

Today I feel: _____

Daily Goals Checklist

Completing the activities below will help you heal. Your care team will help you when you are out of bed to keep you safe. Place an X in the box if you completed the activity.

Date ____ / ____ / ____

Day Number _____

Today I:

Morning	
<input type="checkbox"/>	Had a shower
<input type="checkbox"/>	Had bed bath
<input type="checkbox"/>	Brushed my teeth
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Noon	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises
Evening	
<input type="checkbox"/>	Sat in the chair
<input type="checkbox"/>	Sat on the edge of my bed
<input type="checkbox"/>	Ordered my meal
<input type="checkbox"/>	Walked
<input type="checkbox"/>	Completed my exercises

Today I feel: _____



Sanford Health Progressive
Mobility videos are available
by scanning the QR code.

