EARLY WALKING AND MOBILIZATION DURING HOSPITALIZATION OF PATIENTS WITH CHRONIC DISEASE: A SYSTEMATIC REVIEW AND META-ANALYSIS OF EXPERIMENTAL STUDIES

Olga Cortes, RN, MScN, PhD; Sandra Delgado, RN
Research Department, Fundacion CardioInfantil Instituto de Cardiología, FCI-IC, Bogotá, D.C, Colombia

PURPOSE
To determine the impact of mobilization or walking on the recovery of functional capacity and other events in hospitalized adults with chronic disease.

METHODS I
1. Systematic review and meta-analysis.
2. Data Sources included were MEDLINE, CINAHL online, HealthStar, EMBASE, Registered Clinical Trials in the Cochrane Library, LILACS, and manual review.
3. Studies were reviewed between 2000-2012

METHODS II
4. Included Studies:
   * RCTs, in any language
   * Comparing older adults hospitalized with chronic disease
   * Patients randomized to walking or control group

METHODS III
Evaluated study eligibility and quality of the studies
Assessed:
* Standardized mean differences (SMD) or random effects model (random effect)
* Heterogeneity (I² analysis)

Outcomes were: improved mobility (measured by multiple scales), long stay, falls, and pulmonary thromboembolism.

RESULTS
RESULTS: Reduction in hospital length of stay

CONCLUSION
Our meta-analysis showed an improvement in patients who were exposed to mobilization/walking during hospitalization and a reduction in hospital stay.
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RATIONALE

1. Physical activity (PA) prevents decline and maximize functional independence of in-hospital patients with chronic disease.

2. Benefits of in-hospital early mobilization (EA) strategies need to be assessed and implemented.

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   * standardized mean differences (SMD) or random effects model (random effect)
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Outcomes were: improved mobility (measured by multiple scales), long stay, falls, and pulmonary thromboembolism.

RESULTS

RESULTS: Improvement in mobility (minute walk scale)

RESULTS: Reduction in-hospital length of stay

CONCLUSION

Our meta-analysis showed an improvement in patients who were exposed to mobilization/walked during hospitalization and a reduction in hospital stay.