



Mobility After Stroke

Mobility is defined as the ability to move one's body. Examples of mobility include moving in or out of bed, transferring to a chair, and walking. A stroke can cause weakness to one side of the body (hemiplegia), changes in sensation and altered muscle tone. This can impact a person's ability to move. Regular mobility is important. It can improve function, decrease pain, enhance mood, and prevent skin breakdown and contractures.

What you should know

✓ There are many factors that can impact mobility including:

The Person's Abilities	The Environment	The Caregiver
Communication Cognition Weakness and muscle tone Balance and posture Coordination Vision and perception Sensation Mood and fatigue Motivation Pain	Lighting Equipment Space Resources available Organizational policies and procedures	Knowledge Skill Confidence Wellness Size/height Familiarity with the person

✓ Practicing safe mobility can:

- Prevent falls
- Prevent injuries to the person with stroke
- Prevent injury to the caregiver

Smart Tips - Always follow the care plan!

General Principles of Safe Mobility

- Plan for extra help if needed. Do not attempt to assist a person alone if you are unsure of what they can do. It is always better to have more help
- Encourage the person to do as much as they can. This will allow the person to feel safer and more in control of the movement, and will minimize the risk of injury
- Do not rush. Move slowly and gently. This will allow the person to participate more successfully and minimize anxiety
- Recognize that the person's energy levels can change throughout the day. This may affect their ability to mobilize, and they may require more assistance if fatigued
- Your goal in assisting with mobility is **not to lift** the person with stroke, but to support them in the mobility activities they can consistently and safely do. Always follow your organizations lift policies

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Before You Start



- Prepare the environment. Ensure the necessary equipment is nearby and in good working order, the space is clear, and the lighting is adequate
- Communicate the plan to the person and any helpers before you start to move. Use simple, clear instructions, and demonstrate the action if needed. Check that they have understood
- The hemiplegic shoulder can easily be injured during mobility. Be mindful of the person's arm during mobility activities and handle very carefully
- Be mindful of any lines (e.g. feeding tube, oxygen)
- Think about your own body mechanics:
 - keep your body close to the person you are helping to move
 - bend your knees
 - keep your back straight
 - avoid twisting

During Mobility



- Position yourself on the person's affected side and as close as possible (front/side). Be sure not to block the direction of movement or the person's vision of the path of movement.
- Continue to communicate with the person. Offer verbal and visual cues for each step of the activity and allow time for them to understand and respond.
- Provide support at the shoulder blade, the hip, or waist to help guide the movement. Never hold onto clothing. Never pull on the person's affected arm.
- See Smart Tips for Stroke Care: Bed Mobility, Transfers and Ambulation After Stroke for additional details on transfers

After Mobility



- Before you leave, ensure that the person is well supported and is in a safe and comfortable position. See Smart Tips for Stroke Care - Positioning In A Chair/Wheelchair After Stroke
- Ensure that all necessary items (e.g. call bell) are within reach
- Check on the person and offer position changes frequently
- Let the team know if there is a change in mobility status

Seek extra support

- ✓ Occupational Therapists and Physiotherapists are experts in mobility and transfers. It may be helpful to involve them in the person's care

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