Mobility limitation is defined as a state in which an individual experiences a limitation in independent physical movement or is at risk for experiencing limitations. Although physiotherapy (PT) and occupational therapy (OT) are widely used interventions for many care home residents, particularly those suffering from severe mobility limitations, evidence for their clinical effectiveness is inconclusive. The study by Sackley and colleagues is therefore a useful addition to the evidence base on mobility limitation in older adults.

The authors assessed the clinical effectiveness of PT/OT for improving mobility and functional independence in care home residents in the UK and found no significant benefit from the intervention for older patients with mobility limitations. The intervention took place over 3 months, with follow-up at 3 and 6 months after the intervention—a realistic dose and follow-up time frame for assessing changes in mobility.

Strengths of this trial include the methodological rigor of the study, which used a clustered randomised controlled trial design; the robust statistical approach, including multilevel model analysis and controlling for home effects and preintervention mobility scores as covariates; the use of valid outcome measures (ie, Barthel index, Rivermead mobility index) and the inclusion of staff training among the critical inputs of the intervention.

As the authors acknowledge, limitations of the study include a lack of consideration of the baseline emotional distress level of the participants, which may have influenced the intervention effects; the mix of proxy response and patient’s report in completing outcome measures and the less selective patient group, with varying types of comorbidities, as study participants. In addition, information on the participants included age and gender but not racial or ethnic characteristics, which raises a question about the proportional representation of cultural backgrounds. Outcome measures were assessed by two data collectors; although these data collectors were blinded to study condition, the level of agreement on outcome assessment between the two (ie, inter-rater reliability) was not addressed.

From a nursing practice perspective, this trial should be of interest to gerontological health professionals working in long-term care settings, particularly nurse practitioners, who determine PT/OT referrals for the patient and who should be able to identify high-risk resident groups with great rehabilitation potential. The implication of the findings is that staff and families of nursing home residents need to acknowledge that a PT/OT intervention may not be beneficial for all frail care home residents and that there may be particular groups of residents who achieve greater specific beneficial effects from the intervention, such as those with less cognitive impairment, less emotional distress or a recent acute event such as stroke, which increases the patient’s need for rehabilitation services.

A gap in knowledge remains regarding the optimum PT/OP dose for care home residents experiencing mobility limitation, the detailed confounding effects of baseline level of cognition and depression in mobility interventions, the effects of conventional PT/OT interventions in various settings and age groups (ie, acute vs long-term care, general vs disease-specific groups, young old vs older old) and intervention effects across racial and ethnic groups.

Mobility limitation is a dynamic, multifactorial phenomenon in which a variety of personal and environmental correlates are involved. Although the results of the trial by Sackley and colleagues conflict with those from other studies, a comparison of intervention studies on mobility limitation may be hindered by the diversity of the research participants in terms of age, race, diagnosis and residential setting. Trials on geriatric rehabilitation programmes are clearly needed to conclude the best evidence-based practices for improving mobility and functional independence in frail older populations.

**Competing interests:** None.

**References**


3-month physiotherapy and occupational therapy programme did not improve mobility and independence in older care home residents with limitations in these areas

Hye-A Yeom

_Evid Based Nurs_ 2010 13: 6-7
doi: 10.1136/ebn1004-1

Updated information and services can be found at: _http://ebn.bmj.com/content/13/1/6_

**References**

This article cites 3 articles, 0 of which you can access for free at: _http://ebn.bmj.com/content/13/1/6#BIBL_

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Topic Collections**

Articles on similar topics can be found in the following collections

- Other rehabilitative therapies (36)
- Stroke (225)
- Long term care (69)
- Memory disorders (psychiatry) (127)

**Notes**

To request permissions go to: _http://group.bmj.com/group/rights-licensing/permissions_

To order reprints go to: _http://journals.bmj.com/cgi/reprintform_

To subscribe to BMJ go to: _http://group.bmj.com/subscribe/_

To unsubscribe to this Digest go to: _http://group.bmj.com/subscribe/ Fairfield/Digest_unsubscribe_