EVALUATION OF ONCOLOGICAL PATIENT MOBILITY WHO HAVE PERFORMED OR NOT A PREOPERATIVE PHYSIOTHERAPEUTIC INTERVENTION – OBSERVATIONAL STUDY

Priscilla Galvão de Oliveira¹, Cristina Rosa Souza¹, Ana Paula Alves de Andrade Cabral¹, Aline Teixeira Alves², Liana Barbaresco Gomide Matheus²

¹ University Hospital of Brasilia (UnB), Universidade de Brasília, Brasília, Distrito Federal, Brazil
² University of Brasilia (UnB), Brasilia, Distrito Federal, Brazil

Background: The importance of assessing patient mobility has been described in the literature. Recognition of low mobility on admission or declining mobility status during hospitalization should lead to early involvement by staff, including physiotherapists. It is essential to verify the influence of factors related to the body function and levels of frequency in social participation experienced by these individuals in different environments.

Objectives: To adequately direct the health care that goes beyond the clinical solution and fill in the gaps. It is important to know the functional capacity in the short and long term, after the surgical procedure, so that it is possible to adequately direct the health care that goes beyond the clinical solution of the disease, prolonging the desired functional recovery.

Methods: observational, retrospective study with a quantitative approach. Sociodemographic and clinical data as well as mobility data were obtained from the electronic database of the physiotherapy service of the surgical clinic of the Hospital Universitário de Brasília and confirmed in the electronic medical record available in the Management Application for University Hospitals (AGHU). The mobility assessment was performed using the Johns Hopkins Highest Mobility Scale (JH-HLM).

Results: the study sample consisted of seventy-six patients, most women (76.31%), with a mean age of 56.44 years. In the comparison between the groups, at the time of the postoperative period, there was a significant difference (p = 0.029) in the mobility of the group that underwent preoperative physiotherapy (mean 7.3; median 8; interquartile 6.5-8) and the group who did not undergo preoperative physiotherapy (mean 6.09; median 7; interquartile 5-8).

Conclusion: The group that underwent preoperative physiotherapy had a higher mobility index than the group that did not undergo this intervention.

Implications: Based on the positive result of the physical therapy intervention in the preoperative period on the mobility index of patients, it is possible to implement a structured protocol for monitoring surgical patients at different times during their hospitalization, providing better functional results until discharge.

Keywords: Physical therapy, Oncology, Mobility

Conflict of interest: The authors declare no conflict of interest.

Acknowledgment: Not applicable.

Ethics committee approval: Universidade Federal de São Carlos (CAAE:64919722.9.0000.5504).

https://doi.org/10.1016/j.bjpt.2024.100962