

Mobility assessment tool may help predict early postoperative outcomes for older adults

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A quick, reliable and cost-effective mobility assessment tool may help to identify elderly patients at risk for adverse post-surgery outcomes, according to Wake Forest Baptist Medical Center researchers.

In their study of 197 men and woman over age 69 who underwent elective, non-cardiac, inpatient surgery at Wake Forest Baptist over a 20-month period, the researchers found that the participants' preoperative scores on the Mobility Assessment Tool: Short Form (MATsf) were predictive of early postoperative complications, longer hospital stays and discharges to nursing homes.

"Preoperative assessment of patient characteristics that may lead to adverse postoperative outcomes is important to patients, their families and their surgeons, especially with <u>older adults</u>, in whom complications are more likely," said Leanne Groban, M.D., professor of anesthesiology at Wake Forest Baptist and lead author of the study, published in the April issue of the journal *Anesthesiology*.

"Mobility is a powerful indicator of overall health in the elderly, and our results indicate that self-reported mobility, as measured by the MAT-sf, can complement existing assessment tools in determining which patients are at risk of adverse postoperative outcomes."

The MAT-sf features animated video clips of 10 common physical activities, each followed by questions about the participant's ability to perform the particular task. In addition to the MAT-sf, participants in



the study also underwent four other commonly employed preoperative risk assessments. After controlling for factors such as the participants' age, sex and body mass index and their scores on the other tests, the researchers found that low (poor) scores on the MAT-sf were associated with short-term complications, later time to discharge and increased nursing home placement to a greater degree than any of the other indicators.

"The traditional risk assessments may be too comprehensive, too focused on single organ systems or too impractical to be effective in this setting," Groban said.

The next steps, she said, are to validate these findings in a larger, multicenter study and to test whether preoperative strength and balance training might limit undesirable postoperative outcomes in older adults with mobility limitations.

"Studies such as this will help determine future clinical pathways aimed at reducing adverse outcomes while improving patients' functionality and speeding their return to independence," Groban said.

Provided by Wake Forest University Baptist Medical Center

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