Walking to Recovery - The Effects of Postsurgical Ambulation on Patient Recovery Times

Clinical Summary Sheet

AUTHORS
Trent William Stethen

PUBLICATION OR PRESENTATION
University of Tennessee Honors Thesis Projects.
University of Tennessee, Knoxville Trace: Tennessee Research and Creative Exchange

AIM
The study evaluated the efficacy of ambulation technicians on the patient length of stay (LOS) at the hospital.

METHODS
The sample size was 132 patients, of which 69 patients had received abdominal surgery. The non-abdominal surgeries included thoracic and oral surgeries. Analyses was done on the full 132 patient group as well as the 69 abdominal surgery patient cohort for comparison. The three scores that were tallied were an ambulation, a refusal, and a missed opportunity. The optimum daily ambulation was three times per day.

The patient was tallied to have ambulated if he had done so three times per day without refusals or missed opportunities. A refusal was anytime the patient refused the technician’s offer to help the patient ambulate. A missed opportunity was when the patient was absent from his or her room when the ambulation technician arrived, less than three ambulation attempts were recorded for a day, or the patient’s ambulation data was not recorded for a day.

RESULTS
Results showed that patients who missed at least one full day of ambulation (32 patients out of 132) during their hospital stay increased their median LOS from almost 57 hours (2.5 days) to a median of 120 hours (5 days) \( p < 0.001 \). Patients who refused at least one ambulation attempt from the ambulation technician (88 patients out of 132) increased their median LOS from 1.7 days to 6.3 days \( p < 0.001 \).

In the 69 patient cohort who had undergone abdominal surgeries, median length of stay increased from 59 to 104 hours for missing one day of ambulation. Patients who refused at least one ambulation attempt from the ambulation technician increased their median LOS from 37 to 115 hours (1.5 to 4.8 days). These findings support assertions that rapid postsurgical ambulation and ambulation technicians are beneficial for both patients and hospitals in the current healthcare setting.