**TURNMOB: Passive mobilization for bedbound stroke patients**

Chest infections and pneumonia are common complications in patients who are bedbound after stroke. A study in Mexico involving 223 patients showed that regular passive movement started within 48 hours of hospital admission can help to reduce pneumonia.

This treatment was given by family members who had been instructed by therapists in what to do and how to do it. The key actions are:

1. Passive mobilization of the 4 limbs through each segment’s entire range of motion, sustaining the position for 10 seconds, for 10 series, every 6 hours

This is relatively easy to do, does not require moving the patient out of the bed or chair, or strength. The important thing here is to keep within the normal range of movement of each joint and not to persist is the patients shows signs of pain. It is also important to place the limb back in the normal position afterwards.

1. Moving the patient from the lying on the back position to lying on the right or the left every 2 hours for 2 weeks.

While this seems easy, you may hurt your back, cause bed sores through chafing the skin of your relative , cause chronic arm pain through pulling the arm, or cause pain by not positioning the patient in a comfortable position. You may also risk pulling out tubes and cannuals. Therefore this should only be undertaken after proper instruction.

You should discuss this with the doctor treating your relative or the therapist before you start.

Cuesy PJ, Sotomayor PL, Piña JOT. Reduction in the Incidence of Poststroke Nosocomial Pneumonia by Using the “Turn-mob” Program. J Stroke Cerebrovasc Dis 2010;19:23-28.