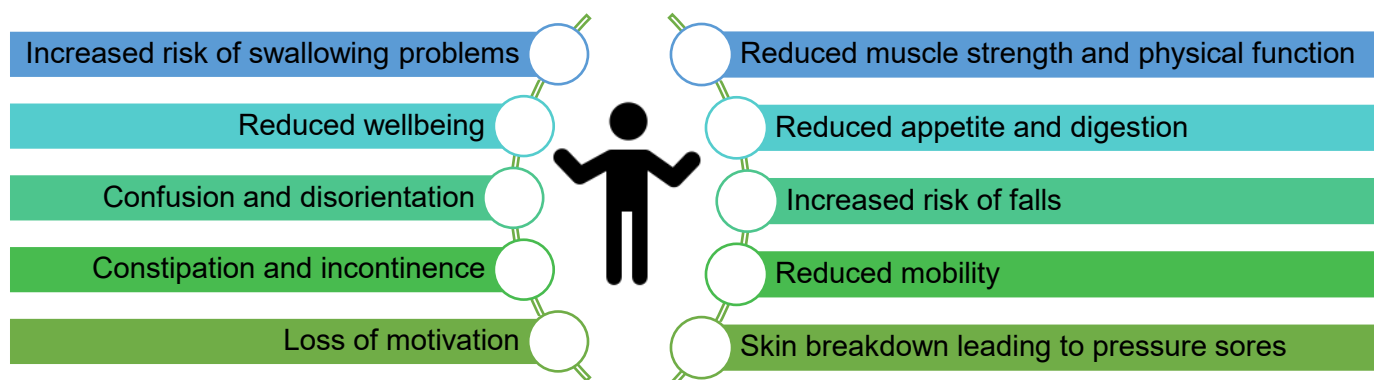


Preventing Deconditioning in Hospital

What is deconditioning?

Deconditioning is the decline in physical and mental functioning due to inactivity or bed rest. It may affect many systems in the body. Deconditioning may happen in hospital as we are often in bed for a lot of the time. This inactivity may cause:



This may mean a longer stay in hospital, away from home. It may lead to getting infections, losing weight, and losing muscle strength. Some people may become more dependent, need more care, and equipment when they leave the hospital.

Deconditioning can happen to anyone and can be irreversible. As we get older, we become more vulnerable. If a person over 80 years of age spends 10 days in bed, they may have 10 years of muscle ageing. Just 24 hours in bed may reduce muscle power by 2.5%. 7 days may reduce muscle power by 5-10% (NHS, 2017). However, by following some of the steps described in this leaflet our risk of deconditioning can be reduced.

The Eat Sleep Move Repeat Campaign

This is our Trust wide campaign to raise the awareness of the risks of deconditioning.



What can I do to help myself?

EAT

When you are unwell, being in hospital can make eating healthily difficult.

These tips may help:

- Eat a varied and balanced diet.
- If you can, eat your meals sat in the chair.
- Clear your table, open a window if able, and wash your hands.
- Ask for help if you need it.
- Tell us whether you use different cutlery or cups. We can get you some to use.
- Tell staff if you have dietary allergies, preferences, or texture needs.
- Ask for a picture menu or help to choose your meals.
- Ask visitors to bring in snacks.
- Please tell us of any unplanned weight loss.
- Stay hydrated by drinking fluids regularly.

SLEEP

We all need to sleep well to get better.

These tips may help:

- Maintain your sleep routine as best as you can.
- Avoid electronics and stimulants like caffeine before bed.
- Try meditation or music before sleeping.
- Use ear plugs.
- Turn off the bedside light.
- Move regularly in the daytime and eat a healthy diet.
- Talk to your doctor or nurse about sleep issues.



MOVE

**Staying active in hospital is important.
These tips may help:**

- Share your daily routine with us. This helps to help you maintain your routine.
- If you are able to, wash in the bathroom and dress in your own clothes.
- Sit out in the chair for your meals.
- If able to, stand and walk around the ward, toilet or drinks trolley.
- Make a drink if you are able to at the drink trolley
- Do chair or bed movements included in this booklet.
- Keep your brain active by reading, talking to others, listening to music and doing puzzles. We may have some on the ward you can do.
- Ask visitors to bring items from home: glasses, hearing aids, clothes, shoes, toiletries, and phones (but lock away when not using them).
- Use the patient TV if available on the ward.



REPEAT

Movement you can do

You may find these movements help you to keep moving while you are in hospital.

These are not prescribed exercises. Please do not continue if you experience pain or discomfort.

Movements in bed:



Movement 1

Start by laying in the bed

Keeping your legs straight - pull your toes and feet up towards you and then push them down again.

Repeat 10 times with each foot



Movement 2

Start by laying in the bed.

Pull your toes and foot up towards you and tighten your thigh muscle to push the back of your knee firmly into the bed.

Hold for 5 seconds. Then relax.

Repeat 10 times with each leg



Movement 3

Start by laying in the bed

Ask staff to place a rolled-up towel under your knee. Tighten your thigh muscle and pull your toes up towards you to straighten the knee and raise your heel off the bed.

Don't lift your knee off the roll.

Hold for up to 5 seconds. Then lower your heel slowly.

Repeat 10 times with each leg

Movement 4:

When you are sitting down or laying on the bed.

Tighten your bottom muscles and hold for 5 seconds, the relax. Repeat 10 times.



Movement 5:

Start by laying on your back with both legs straight (you could ask staff to place a plastic bag or slide sheet under your leg/foot if required).

Gently bend and straighten your knee by sliding your foot up towards you.

Keep your kneecap facing the ceiling throughout the exercise.

Repeat 5 – 10 times with each leg

Do not do this exercise if you have pain or broken skin in your heels.

Movement in the chair (if you are able to sit in a chair)



Movement 1:

Start by sitting upright in the chair with both feet flat on the floor.

Keep one foot flat on the floor and lift the other knee towards your chest.

Alternate like you are marching.

Repeat 8-10 times with each leg



Movement 2:

Start by sitting upright in the chair with both feet flat on the floor.

Lift your toes up off the floor and relax,

Lift your heels up off the floor and relax.

Repeat 5-10 times each leg.



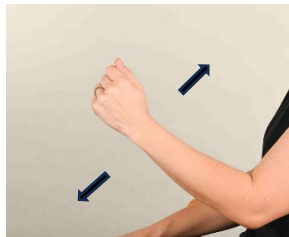
**Movement 3:**

Sitting in an upright position in a chair, with both feet flat on the floor.

Slowly straighten one leg out in front of you as far as feels comfortable. Hold for 5 seconds. Slowly lower back down and place your foot on the floor.

Do the same with the other leg.

Repeat 5- 8 times each leg.

Arm movements:**Movement 1:**

Sitting in an upright position in a chair, with both feet flat on the floor or sitting upright in bed.

Imagine you are holding a hammer (thumb up) and bend your elbow. Hold for 3 seconds.

Slowly lower back down.

Repeat 5 times each arm.

**Movement 2:**

Start sitting in an upright position in the chair with both feet on the floor or upright in bed.

Bring your hands together and clasp your fingers. Move your wrists up and down and try to draw a circle with your knuckles.

Repeat 5 times.

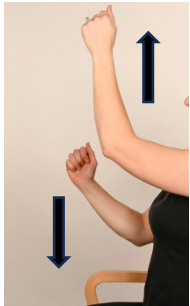
**Movement 3:**

Start by sitting in an upright position in a chair with both feet on the floor or upright in the bed.

Lift your elbows up and out to the side as close to horizontal as you can

Hold for 5 seconds and relax.

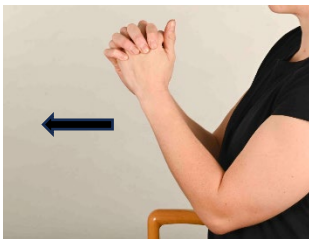
Repeat 5 times.

**Movement 4:**

Start by sitting in an upright position in a chair, with both feet flat on the floor or upright in bed.

Imagine you have a rope in front of you and move your hands up and down as if you are climbing the rope

Repeat 10 times

**Movement 5:**

Start by sitting upright in the chair with both feet on the floor or upright in bed.

Bend your arms towards you and clasp your hands together. Straighten your elbows and push your hands forwards.

Repeat 10 times.

The team on the wards

All of us want to help you be as active as possible. Here is a guide to who's who, and how we can all help you:

- **Dietitians:** diagnose and treat dietary and nutritional issues using current research and guidelines.
- **Doctors:** address illnesses, injuries, and long-term ailments.
- **Healthcare Assistants:** support medical and nursing staff with patient care, treatment, prevention, health promotion, and education.
- **Housekeepers and Orderlies:** maintain the cleanliness on the wards and support with food and drink services.
- **Nurses:** are responsible for providing care, treatment, prevention, health promotion, and education to patients in the ward setting. The matron provides leadership on the ward.
- **Occupational Therapists:** assess and analyse physical, cognitive, environmental, and social aspects that affect daily activities and aim to enable participation in these.
- **Pharmacists:** advice covers all aspects of drug therapy and includes reviewed information to support evidence-based practice and medication therapy selection.
- **Physiotherapists:** assist individuals affected with illness, injury, or disability in reestablishing mobility and functionality by means of physical activity, instruction, and guidance.
- **Podiatrists:** diagnose and treat foot and ankle disorders.
- **Speech and Language Therapists:** specialise in disorders that affect swallowing and communication.
- **Volunteers:** provide support to patients by assisting with meal times, engaging in conversations, games and activities.

Let's get you home

We understand that no one wants to be away from home for longer than needed. The team will begin discussing getting you home from the start of your stay. This will help you and your family prepare for your return home. There are risks associated with being in the hospital and therefore it is important for you to spend as little as time as possible away from home. Sometimes your medical care or rehabilitation can be managed at home. There are community services that we may recommend referring you to who can support your recovery and rehabilitation at home.



Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

This patient information is not intended to substitute professional clinical advice from a healthcare professional.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask you're a member of the team.

References

British Geriatric Society (2017) Deconditioning Awareness. Available at:

<https://www.bgs.org.uk/resources/deconditioning-awareness>

NHS (2017) Time to move: Get up, get dressed, keeping moving.

<https://www.england.nhs.uk/blog/amit-arora/>

NHS (2023) [How to fall asleep faster and sleep better - Every Mind Matters - NHS \(www.nhs.uk\)](https://www.nhs.uk/health-topics/how-to-fall-asleep-faster-and-sleep-better/)

The following clinicians have been consulted and agreed this patient information:

The integrated discharge team acute therapy team

Katherine Howells – Advanced Clinical Practitioner – Dietetics

Sharon Conroy- Advanced Clinical Practitioner – Physiotherapist

Reconditioning Working Group

The Clinical Specialty/Unit that have agreed this patient information leaflet:

Inpatient Therapy and Head of Nursing for Elderly Care

Next review date: November 2026

Responsible clinician: Frances Edmondson – Advanced Clinical Practitioner - Occupational Therapist.

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