Active assist range of motion exercise: A patient’s joint receiving partial assistance in movement from an outside force.

Active range of motion: Movement of a joint by the individual performing the exercise.

Ambulation: The ability of a patient to safely walk independently, with assistance from another person, or with an assistive device, such as a cane, walker, or crutches.

Assistive device: An object or piece of equipment designed to help a patient with activities of daily living, such as a walker, cane, gait belt, or mechanical lift.

Bed mobility: The ability of a patient to move around in bed, including moving from lying to sitting and sitting to lying.

Body mechanics: The coordinated effort of muscles, bones, and the nervous system to maintain balance, posture, and alignment during moving, transferring, and repositioning patients.

Fowler’s position: A position where the patient is supine with the head of bed placed at a 45- to 90-degree angle. The bed can be used to slightly flex the hips to help prevent the patient from migrating downwards in bed.

Functional mobility: The ability of a person to move around in their environment, including walking, standing up from a chair, sitting down from standing, and moving around in bed.

Gait belt: A 2-inch-wide (5 mm) belt, with or without handles, that is fastened around a patient’s waist used to ensure stability when assisting patients to stand, ambulate, or to transfer from bed to chair.

Lateral positioning: A position where the patient lies on one side of the body with the top leg over the bottom leg.
position helps relieve pressure on the coccyx.

**Mechanical lift**: A hydraulic lift with a sling used to move patients who cannot bear weight or have a medical condition that does not allow them to stand or assist with moving. It can be a portable device or permanently attached to the ceiling.

**Mobility**: The ability of a patient to change and control body position. Mobility exists on a continuum ranging from no impairment (i.e., the patient can make major and frequent changes in position without assistance) to being completely immobile (i.e., the patient is unable to make even slight changes in body or extremity position without assistance).

**Orthostatic hypotension**: Low blood pressure that occurs when a patient changes position from lying to sitting or sitting to standing that causes symptoms of dizziness or light-headedness. Orthostatic hypotension is defined as a drop in systolic blood pressure of 20 mm Hg or more or a drop of diastolic blood pressure of 10 mm Hg or more within three minutes of sitting or standing.

**Passive range of motion exercises**: Movement applied to a joint solely by another person or a passive motion machine. When passive range of motion is applied, the joint of an individual receiving exercise is completely relaxed while the outside force moves the body part.

**Prone positioning**: A position where the patient lies on their stomach with their head turned to the side.

**Range of motion (ROM) exercises**: Activities aimed to facilitate movement of specific joints and promote mobility of extremities.

**Semi-Fowler's position**: A position where the head of the bed is placed at a 30- to 45-degree angle. The patient's hips may or may not be flexed.

**Sims positioning**: A position where the patient is positioned halfway between the supine and prone positions with their legs flexed.

**Sit to stand lifts**: Mobility devices that assist weight-bearing patients who are unable to transition from a sitting position to a standing position by using their own strength. They are used to safely transfer patients who have some muscular strength, but not enough strength to safely change positions by themselves. Some sit to stand lifts use a mechanized lift whereas others are nonmechanized.

**Slider board**: A board (also called a transfer board) used to transfer an immobile patient from one surface to another while the patient is lying supine (e.g., from a stretcher to hospital bed).

**Supine positioning**: A position where the patient lies flat on their back.

**Timed Get Up and Go Test**: A mobility assessment by nurses that begins by having the patient stand up from an armchair, walk three yards, turn, walk back to the chair, and sit down. As the patient performs these maneuvers, their posture, alignment, balance, and gait are analyzed as the patient’s mobility status is assessed.

**Transferring**: The action of a patient moving from one surface to another. This includes moving from a bed into a chair or moving from one chair to another.
**Trendelenburg position:** A position where the head of the bed is placed lower than the patient’s feet. This position is used in situations such as hypotension and medical emergencies because it helps promote venous return to major organs such as the brain and heart.

**Tripod position:** A position where the patient sits in a chair with their elbows on their knees or at the side of the bed with their arms resting on an overbed table. This position is often naturally assumed by patients with breathing difficulties.

**Vertigo:** A sensation of dizziness as if the room is spinning.