MAKE MORE INFORMED DECISIONS for the benefit of patients & your practice.
Patient Mobility  *Mobility Challenges On The Rise.*

Today’s healthcare reality presents care professionals with an increasingly complex mix of mobility issues. As a result, patient falls are the most commonly reported incidents in hospitals.¹

The elderly population will more than double between now and the year 2050, to 80 million. Most of this growth should occur between 2010 and 2030.²

Elderly Patients

- More than half the U.S. population over 65 has some form of disability.³
- One in four Americans aged 65+ falls each year.⁴
- Falls are the number one cause of fatal & non-fatal injuries among older adults.⁵
- The financial toll for older adult falls is expected to increase as the population ages and may reach $67.7 billion by 2020.⁶

financial toll

$67.7
billion by 2020
Patient Mobility  Obesity Impacts Mobility

Mobility challenges of bariatric patients can put both the patient and the caregiver at greater risk of injury.

Bariatric Patients

- Approximately two-thirds of U.S. adults are either overweight or obese.7

- U.S. obesity rates are significantly higher among some racial and ethnic groups. Non-Hispanic Blacks or African Americans have a 51% higher obesity prevalence and Hispanics have a 21% higher obesity prevalence than Non-Hispanic Whites.8

- Obesity is widely acknowledged as a risk factor for osteoarthritis. Obesity and osteoarthritis collectively reduce mobility. And obesity in the elderly is a particular concern, with a prevalence of 35% in the United States.9

Excessive body weight places added strain on bones and joints, often making even basic movements painful or difficult to perform.
Patient Mobility Challenges Take Many Forms

Patient mobility challenges are not limited solely to the elderly and obese.

Additional At-Risk Patient Populations

– Patients recovering from physical injury, including broken legs, shoulders and arms, can have difficulty with basic, weight-bearing and balance-related movements.

– Physical changes during pregnancy can make simple movements, like sitting and standing, challenging.

– Patients undergoing physically taxing treatments, such as chemotherapy or radiation therapy are often fatigued, which can diminish their mobility. At the same time, their need for frequent examinations only increases their risk potential.
**Patient Mobility** *Putting Caregivers At Risk Of Injury.*

When it comes to patient handling, your patients aren’t the only ones at risk.

---

**Patient-Handling Caregivers**

- According to statistics, the cumulative weight lifted by a health caregiver in one, typical 8-hour shift is 1.8 tons.\(^{11}\)

- In the U.S., 48% of nurses complain of chronic back pain.\(^{12}\)

- For nurses, the average back injury results in 5 lost working days.\(^{13}\)

- Recent statistics indicate that chronic back pain costs the industry an estimated $26 billion annually.\(^{14}\)

---

Manually assisting a patient onto an exam table or other elevated treatment or procedure surface carries a 75% risk of injury.\(^{10}\)

Back pain & injury costs the industry an estimated $26 Billion annually.
Patient Mobility  Limitations of Traditional Fixed-Height Exam Tables.

No matter how good the quality of the solution, traditional fixed-height exam tables have certain inherent limitations when it comes to addressing the needs of patients with mobility challenges.

Step can be difficult for patients to reach.

Lack of patient grab bars can be challenging for patients with poor balance or diminished motor skills.

Working with fixed-height tables often can require a patient lift team, which is inefficient, diminishes patient dignity and independence, and increases the degree of patient interaction and potential of injury for both the patient and staff.
Patient Mobility  Product Innovations
Can Help You Address Today’s More
Complex Mobility Challenges.

Ergonomic advancements help set new care standards for patients with mobility challenges and the caregivers entrusted with their care.

A nationally recognized health system experienced a patient injury during a transfer to a fixed-height exam table. As a result, the health system is now specifying more power tables in an effort to proactively prevent transfer-related “Never Events.”
Patient Mobility  *ADA-Compliant Seat Height.*

*The American Disabilities Act* recognizes the importance of patient transfers to and from wheelchairs. Since the average wheelchair seat height is 18”, the ADA recommends that seat heights for exam tables be 17”-19” as well.

ADA-compliant 18” (45.7 cm) low seat height allows true, level transfers from wheelchairs – providing patients a greater sense of balance and confidence during transfers.

Delivering this capability with seat back in upright position offers the patient another point of contact for support, making it far less likely for them to lose their balance during transfers.
Patient Mobility  Safety Grab Bars & 3-Sided Support.

Maintaining a patient’s dignity and independence – even in the face of mobility challenges – can substantively improve patient satisfaction ratings... which can directly impact reimbursement levels.

Safety grab bars that rotate nearly 180° allow caregivers to adjust bars for each patient’s particular mobility needs.

The safety grab bars can work in unison with an upright seat back to create 3-sided support – a new standard for confident, well-supported patient transfers.

This combination also helps encourage independent transfers, preserving patient dignity while minimizing the amount of physical caregiver interaction required.
Patient Mobility
Precise Positioning Is Critical.

Patients with mobility challenges can have trouble positioning themselves where needed once seated. And in the case of traditional, fixed-height exam tables, caregivers typically have to physically position the patient, increasing the risk of caregiver injury.

Once seated, infinitely adjustable foot controls allow a caregiver to position the patient precisely where needed, without direct physical interaction.

A powered backrest can be easily adjusted to complete the patient positioning process, once again, with no direct physical interaction required.

“Return-to-chair feature quickly and conveniently puts exam table in position for exit transfer with one touch of the controls.”
Patient Mobility  Higher Weight Capacities Now Available.

Some power exam tables are now available in capacities up to 700 lbs. This increased capacity allows you to safely and reliably position a broader range of the bariatric population, while improving your clinical throughput.

No specialized equipment is needed to safely position patients up to 700 lbs.

SafeGlide™ leg extension supports increased patient weights, while allowing caregivers to position the extension with minimal effort.

No additional FTEs are required to help position these patients.
Patient Mobility  Step Up to Power Table
Performance for Less.

For practices that simply cannot afford to incorporate traditional power tables in all their exam rooms, more economical options are available.

Unlike traditional, fixed-height exam tables, power exam tables qualify for significant tax credits, making these innovative options even more cost-effective.

Reimbursement dollars are tied to patient safety and satisfaction ratings. By enhancing patient comfort, confidence and dignity, power exam tables improve a patient’s overall experience, helping you maximize reimbursement.
Patient Mobility
Enhance Caregiver Access.

For practices that require greater flexibility, design innovations present new opportunities to address patient mobility issues.

Unique design offers unmatched ergonomic patient access at the head of the table.

Superior patient access enables caregiver to work around patient mobility issues efficiently.

Convenient access helps ensure the comfort of both the patient and the care provider.
### Patient Mobility  Discover How Much More Brewer Brings to the Table.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Access® High-Low</th>
<th>FLEX™ Access® High-Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA-Compliant Seat Height</td>
<td>18” height facilitates wheelchair transfers</td>
<td>18” height facilitates wheelchair transfers</td>
</tr>
<tr>
<td>Safety Grab Bars &amp; 3-Sided Support</td>
<td>Unmatched support for confident transfers</td>
<td>Available as an option</td>
</tr>
<tr>
<td>Infinitely Adjustable Foot Control</td>
<td>Allows precise patient positioning</td>
<td>Minimizes physical demands on caregiver</td>
</tr>
<tr>
<td>Powered Backrest</td>
<td>Easily adjusted  (Models 6800/6801 &amp; 6500/6501)</td>
<td>(Models 5800 &amp; 5801)</td>
</tr>
<tr>
<td>Return-To-Chair</td>
<td>One-touch control  (Models 6800/6801 &amp; 6500/6501)</td>
<td>(Models 5800 &amp; 5801)</td>
</tr>
<tr>
<td>700-lb Weight Capacity</td>
<td>(Models 6800 &amp; 6801)</td>
<td>Accommodates broader patient range</td>
</tr>
<tr>
<td>SafeGlide™ Leg Extension</td>
<td>Enhances safety</td>
<td>Easy to slide in and out</td>
</tr>
<tr>
<td>Enhanced ergonomic access</td>
<td></td>
<td>Efficiently work around mobility issues</td>
</tr>
<tr>
<td>Cost Competitive w/Fixed-Height Table</td>
<td></td>
<td>Power table performance for less</td>
</tr>
</tbody>
</table>
Cited Sources


3. Health Research for Action, “From Hospital to Home: A Strategic Assessment of Eldercare in the San Francisco Bay Area.”

4. According to the U.S. Centers for Disease Control and Prevention.

5. According to the U.S. Centers for Disease Control and Prevention.

6. According to the U.S. Centers for Disease Control and Prevention.

7. Gallup Healthways Well-being Index 2009. (63.1%)


11. Tuohy-Main, Kate, “Why manual handling should be eliminated for resident and carer safety.” Geriaction, 1997, 15 (10)


13. Siddharthan, Kris; Nelson, Aubrey; Tiesman, Hope; Chen, FangFei. “Cost Effectiveness of a Multifaceted Program for Safe Patient Handling.”