



## INTRODUCTION

Older adults as a diverse group of individuals with various sociocultural backgrounds who are more heterogeneous than homogeneous. The later years of life will come to be more widely regarded as years of opportunity for older people and for society, in addition to prevention, care, and various health related activities direct attention is devoted to the promotion of high- level wellness. This will require a major reorientation (*Miller, 2009*).

*According to Tanner (2004) and Yooh; Horne, (2004)* 84% of people over 65 years of age have at least one chronic disease, 62% have two or more chronic conditions. In age 80 years, three fourths of women have two or more chronic conditions, functional impairments and disability (the ability to perform activity of daily living).

Impaired physical mobility is often defined as "potential or actual limitations of independent physical movement within the environment". Coined ambulatory mobility to distinguish physical mobility from the broad concept of mobility. Although walking is a complicated function involving multiple maneuvers, the key components are balance and gait (*Maas et al., 2001; Margaret et al.; 2005 and Gbcon, 2007*).

It was reported by *Mauk, (2006)*. Based on the definition in the world organization (*WHO, 1980*). International classification of impairments, disability and handicaps (ICIDH), a number of impairments (limited range of motion, reduced muscle force) and disabilities (falling, difficulty walking) in older people. Either individually



or in combination, the impairments and disabilities assumed to be contributing factors to a decline in health(even death), function and to the loss of independence.

As mentioned by *Smeltzer & Bare, (2000) and Braunwald et al., (2001)* that the nurse is a vital member of the comprehensive impaired physical mobility care program and educates the impaired elderly and their care givers about a number of issues important for optimal activity and mobility to manage daily living, both functionally and psychosocially. Also, the most effective treatments empower the older adult to be an effective arthritis self-manager. To effectively manage daily living arthritis the older person needs knowledge, resources and psychosocial coping skills, arthritic older and or any causes to impaired physical mobility need to manage pain, movement, self care, management before, during and after exercise and risk factor-modifying activities.

### ***Significant of the study***

The diagnosis impaired physical mobility is distinguished from physical immobilization, which is a total inability to move the body or any of its parts from place to place; to move the body position to another, or physical immobilization is present. Impaired physical mobility and depends ratio in Egypt in 2000 there were 7.6. There will be 7.9 by 2010 and 9.7 by 2020. (*Buckwatter et al., 2001, and United Nations Population Division, 2003*).

Community-dwelling older people who at risk for losing independence. Establishing guidelines and identifying interventions to



alter the risk or to provide public health services to manage increasing dependence. Also, focuses on physical function related to the ability to perform activities of daily living, instrumental activities of daily living and mobility tasks important for independent living without substantial risk of injury (*Mckenzie, 2005*).

Mobility is a multidimensional concept, encompassing physical, cognitive, emotional and social dimensions. A change or deficit in any aspect impacts on all the other dimensions, affecting the ability to interact with the environment to another. Nurses in many settings encounter patients and clients who impaired mobility and are therefore at risk of a number of complications. Nurses have an important role therefore, in actively preventing these complications as well as aimed to promote mobility safely whenever possible. Correct moving and handling techniques are necessary when caring for people with impaired physical mobility (*Baillie, 2005*).