

**A**LTHOUGH IMMOBILITY is not a disease in the traditional sense, with a specific identifiable cause and a specific cure, it has a powerful influence on the outcome of many diseases in elderly patients. Understanding the effects of immobility gives us an opportunity to make a real difference for many of our patients.

We have all had the experience of "curing" a case of pneumonia in an elderly patient only to find that he or she never returns to his or her previous level of overall function and independence. Fortunately, as this article points out, much of that functional decline is potentially preventable.

How can we prevent the complications of immobility? First, we must remember to assess mobility in elderly patients. After some disappointing outcomes, I have learned to spend extra time both asking elderly patients about their functional abilities at home and getting them on the emergency department stretcher to stand and walk as part of the initial examination. Finally, we must mobilize the patient as early as possible. This includes passive mobility for the very ill, early ambulation for those who are able, and resistive exercise when appropriate.

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