Fact Sheet:

Product(s):	• Active Mobilisation System (AMS)	Statistical Significance (if applicable)
Indication(s)	• Patients with pressure ulcer (PU) risk and pain in a neurological and neurosurgical ward of an acute hospital	
Name of the clinical trial / Publication	Gentle pressure relief	
Author(s)	Annette Reichmann, Dr. Johanna Feuchtinger	
Center(s) of the clinical trial:	University Hospital Freiburg	
Country	Germany	
Year of publication	2018	
Journal	Die Schwester, Der Pfleger	
Journal Impact Factor (JIF)	n.a.	
Study- / Publication design	Case Observation	
# Patients treatment group # Caregivers during Online survey	16	
# Patients Control group	Ø	
# Patients Placebo group	Ø	
Methods within treatment group	• 5 weeks, an average of 6 days of use per patient • 14 patient interviews on body awareness and self-mobility through: - Lickert-Scale - Mayring Model	
Methods in Control group	Ø	
Methods in Placebo group	Ø	
Primary Outcomes	• 14 out of 16 patients at risk for PUs without nosocomial PU • 12 out of 16 patients with pain and pleasant experience of gentle lulling • No patient lost his body awareness • In 14 out of 16 patients, residual mobility was well preserved	
Secondary Outcomes	• 14 of the interviewed patients did not hear noise coming from the AMS • 15 out of 16 patients rated the technology as good to very good	
Abstract	At the University Hospital of Freiburg, the AMS was tested for five weeks. A neurological and a neurosurgical ward were selected for the pilot, as the patients in care are often subject to movement restrictions, suffer from pain and have a PU risk. The AMS was tested within the framework of the Nursing Practice Center Freiburg (PPZ) funded by the Federal Ministry of Education and Research (BMBF). This initiative serves the purpose of reviewing and evaluating technical innovations, which provide relief for caregivers.	

	The manufacturer provided two systems per station for piloting. As part of the project, the focus was on patients' experience of AMS. For this reason, the inclusion and exclusion criteria have been defined for the pilot phase: Patients should be so restricted in their movement that they need positional support for PU prophylaxis and pain relief through care. In addition, the patients needed to be cognitively aware and able to provide information in order to be able to agree to participate in the pilot and, on the other hand, to be able to describe their experience. Patients with shoulder, back or pelvic instability were excluded from the pilot.	
Summary	As identified by the pilot study, the AMS may be a suitable tool for PU prophylaxis. Especially promising are the findings regarding an improvement in the situation of patients with pain, which suggest further research. Relief for care staff could not be proven within the study. The short study period does not allow a reliable prediction.	
Limitations of the Study / Publication	The results of the pilot study are limited due to the small number of cases. Due to the small number of patients (n = 15) and the uncontrolled study design, the results observed are to be classified as Level V, Case Series, according to recommendations of the Agency for Healthcare Research and Quality (AHRQ).	
The study / Publication can be used for:	Healthcare professionals treating neurological and neurosurgical patients with PUs and / or at risk for PU and / or with pain.	
Main statements:	• Although 14 of the 16 patients were diagnosed as having a PU risk, no patient developed PUs. • In 12 out of the 16 patients pain was present in addition to restricted mobility. The pilot study showed that especially these patients experienced the gentle lulling movement of the AMS to be very pleasant, since pressure was taken from the painful parts of the body without the need for a separate or active positioning. • The evaluation of the test indicates that none of the patients lost their body awareness while using the AMS. In 14 of the 16 patients the remaining own mobility could be well preserved. • Twelve of the 14 interviewed patients did not detect any noise emanating from the AMS. The two patients who heard a noise perceived this only for a short time and did not find it annoying. • Except for one patient, all patients rated the technology as very good to good. • Surprising was the positive effect of AMS in patients with pain. Maintaining	

		body awareness and own motion, as well as no or barely audible noise, may provide benefits to AMS over air systems for patients with underlying neurological disease or before / after neurosurgery.	