

ABSTRACT

Radius and ulna fractures treated with Open Reduction Internal Fixation (ORIF) frequently cause acute pain, which can hinder mobilization and delay the recovery process. One non-pharmacological intervention that can be used to reduce pain is Pain Scale-Based Progressive Early Mobilization, a gradual early mobilization program adjusted to the patient's pain level. This study aimed to analyze the implementation of Pain Scale-Based Progressive Early Mobilization in reducing pain intensity among patients following upper extremity ORIF surgery.

This study employed a case study design involving Mr. K, a patient with a right radius and ulna fracture who experienced the nursing problem of acute pain. The study was conducted using procedures based on evidence-based nursing practice. The case study was carried out over a period of 3 × 24 hours, from February 9 to February 11, 2026. Data were collected through nursing assessment, observation, history taking, and interviews. The study was conducted at RSUD Mardi Waluyo Blitar.

The results showed a gradual reduction in pain intensity, with the pain score decreasing from 7 on the first day to 6 on the second day and 3 on the third day. In addition, the patient's mobility improved, and pain expressions were reduced. It can be concluded that Pain Scale-Based Progressive Early Mobilization was effective in reducing pain intensity among patients following upper extremity ORIF surgery. Nurses are expected to optimize the implementation of pain scale-based progressive early mobilization as a non-pharmacological intervention to reduce pain in post-ORIF patients.

Keywords: *progressive early mobilization, acute pain, ORIF, radius and ulna fracture.*