

EARLY MOBILIZATION AND WARM COMPRESS APPLICATION IN
REDUCING PAIN AND *RANGE OF MOTION* IMPROVEMENT IN
POSTOPERATIVE PROXIMAL 1/3 LEFT TIBIAL FRACTURE PATIENTS
AT Dr. SAIFUL ANWAR REGIONAL GENERAL HOSPITAL

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ABSTRACT

Tibial plateau fracture is one of the most common lower-extremity fractures caused by blunt trauma, such as traffic accidents or sports injuries. Postoperative patients often experience limited mobility due to pain, decreased muscle strength, and fear of movement, which can lead to physical mobility impairment. If left untreated, this may result in complications, including contractures, muscle atrophy, joint stiffness, and dependency in performing daily activities. Nurses play a vital role in addressing this issue through early mobilization. This study aims to analyze the implementation of early mobilization and warm compress application in a patient after surgery for a closed left tibial plateau fracture with impaired physical mobility. A case study design was employed over four days on one patient post-ORIF for a left tibial plateau fracture. Data collection techniques included interviews, observation, physical examination, and documentation. The established nursing diagnosis was physical mobility impairment related to reluctance to mobilize. The main interventions provided were early mobilization, warm compress application, and relaxation technique education. Nursing evaluation revealed improvements in muscle strength, increased joint *Range of Motion* (ROM), reduced pain and edema, and enhanced independent activity. The nursing problem was resolved, and the patient was discharged. Early mobilization is effective in improving physical mobility in post-fracture surgery patients and can be adopted as a standard nursing intervention.

Keywords: tibial plateau fracture, impaired physical mobility, early mobilization, warm compress.