



Physical Therapy after ICU: Consensus Statement



An international group of experts has proposed a framework for physical therapy for critical illness survivor following discharge from hospital. The framework covers a continuum of rehabilitation across all phases of post-ICU recovery. It includes consensus recommendations on essential discharge information, goals, a core outcomes set and physical therapy interventions. The framework is published in *Critical Care*.

See Also: [Study: Effects of Inspiratory Muscle Training](#)

The experts recommend what screening information needs to be ascertained in hospital, as well as education for the patient and family about post-intensive care syndrome.

Hospital Discharge

The group agreed that hospital discharge information should include 15 items:

Essential

- 1) Functioning level pre-illness
- 2) Physical, mental and cognitive course of recovery during hospital stay
- 3) Current psychological, cognitive and physical state

Very Important

- 4) Severity of illness
- 5) Psychiatric symptoms pre-ICU
- 6) Physiological response to exercise
- 7) Co-morbidities
- 8) Diagnosed ICU-acquired weakness
- 9) Delirium in hospital
- 10) ICU and hospital length of stay (the panelists felt that this was an easier measure to report at discharge than details on mechanical ventilation and sedation)
- 11) Complications during hospital stay

Important

- 12) Specific patient and/or family characteristics
- 13) Days of immobility
- 14) environmental factors
- 15) Type of surgery (if applicable)

As these data are not usually provided at discharge, the experts recommend further testing to see if it is feasible to collect this information. As scoring of items was on relevance rather than practicality, the framework will need to be tested in clinical practice, say the experts.

The core outcome set should include exercise capacity, skeletal muscle strength, function in activities of daily living, mobility, quality of life and pain. Recommended physical therapy interventions include functional exercises, circuit and endurance training, strengthening exercises, education on recovery, and nutrition.

Recommendations

The expert group recommends that a screening tool for post-intensive care syndrome (PICS) should be a priority. In addition, they write that psychometric properties of the propose core outcome measures be established for physical therapy practice outside hospital. For interventions, feasibility studies and randomised controlled trials are needed. They write that future research should focus on validation of core measurement tools for cognitive, mental, and physical function in critical illness survivors at different times in their recovery.

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