

Role of the physiotherapist in Critical Care

The physiotherapists work in as an important part of the 'Critical Care Team'. Some people find this surprising as physiotherapy is often associated with sports injuries.

However physiotherapists work within many areas of healthcare, so do not be alarmed if they come to assess you/your relative early.

The physiotherapists are part of the daily multi-professional handover; every patient on the unit will be assessed at the earliest appropriate time by a physiotherapist. The physiotherapists will then visit patients on the ITU at least once a day and more if needed.

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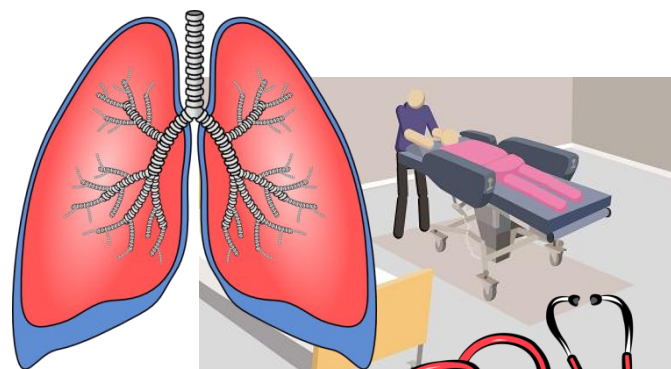
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A guide for patients & relatives



What is the role of the physiotherapist on Critical Care?

The physiotherapists' role within Critical Care can be separated into two key areas—respiratory and rehabilitation.

What is respiratory physiotherapy?

Every day our lungs produce 100mls of fluid called sputum. Sputum traps the dirt particles that we breathe in. This is normally coughed and cleared during the day to clean the lungs.

Patients on Critical Care may require mechanical ventilation to help their breathing. This is necessary to allow the body to heal—however; it stops patients from coughing and clearing the daily sputum load. This is made worse if the patient has pneumonia or a chest infection, as more sputum is produced.

Physiotherapists help patients to clear this excess sputum, reducing the chance of chest infections and treating infections when they occur.

How does the physiotherapist do this?

- ✚ **Early activity** such as getting into the chair, or walking. This encourages deep breaths and coughing.
- ✚ **Positioning** patients to allow gravity to help the sputum to drain from the lungs.
- ✚ **Manual techniques** such as shaking and vibrations. These are applied to the ribs to try to loosen and clear the sputum.
- ✚ **The 'BIRD'** is a device that blows air into the lungs to encourage a deep breath.
- ✚ **The Cough Assist** is a device to assist patients with a weak cough.
- ✚ **Suction** which involves placing a small tube into the lungs to suck out the excess sputum.

What is rehabilitation physiotherapy?

Patients on ITU can become weak very quickly, losing up to 2% of muscle mass every day. This will lead to immobility and result in a prolonged length of stay. They can also experience joint stiffness, muscle tightness and reduced fitness—this can lead to long term disability.

Physiotherapists' play a vital role in maintaining and improving muscle strength and joint movement.

How will the physiotherapist do this?

- ✚ **Stretches** for hands or feet to prevent muscle and joint stiffness (sometimes splints will be applied)
- ✚ **Improving the way you sit to stand-** for example, by practising sitting on the edge of the bed (postural control)
- ✚ **Being tilted** into a chair position in bed or into to standing allowing weight bearing can strengthen muscles and bones
- ✚ **Standing, walking practice & functional tasks**
- ✚ **Bed exercises-** assisted or independent exercises can improve strength, joint stiffness and coordination. Exercises can be progressed with the addition of resistance bands.
- ✚ **Static pedals-** the cycling motion can improve strength, joint stiffness and circulation.

How will the physiotherapist help with weaning?

If you are on the ventilator for a long time, your respiratory muscles get weak. Weaning means reducing the ventilator's support so that patients can breathe for themselves.

As physiotherapists play a vital role in regaining muscle strength, they work closely with the ICU team and Rehab Co-ordinator to make a 'weaning plan'.

Will muscle wasting last forever?

Some patients will return to normal—however others may develop long term weakness. It is difficult to predict how long it will take you to get better.

Is there anything I can do?

- ✚ **Massaging your relatives' hands and feet**—this can help to keep the skin moist, reduce swelling and improve sensation.
- ✚ **Stretching out their fingers and feet**—this will help to keep the joints mobile.
- ✚ Talking to the physiotherapist/ Rehab Coordinator about any **hobbies or interests** that may help us to tailor our rehabilitation programme.
- ✚ **Carrying out the exercises** prescribed by the physiotherapist.

How will I know if they are getting better?

The ITU team will try to keep you up-to-date with your relative's progress- you can ask to arrange to meet one of the Consultants for an update. The physiotherapists also complete daily functional scores. This enables us to monitor people's physical recovery- we encourage you to discuss this with the physiotherapists so that you can track their progress.

Being discharged to the ward-

Moving to the ward is a positive step in the recovery process. Patients will find that they are expected to do more for themselves and physiotherapy sessions will reflect a return of independence assisted by the nursing staff and possibly occupational therapists. It is difficult to place a time scale on recovery as everyone recovers at a different rate. It also depends on a number of factors; such as age, previous level of fitness, degree and nature of the illness and the effort put into rehabilitation- this can take several months and can continue in the community setting.