Physiotherapy in the Intensive Care Unit: information for patients and relatives (page 1 of 2)

This leaflet has been designed by the physiotherapy team for patients, relatives and friends of patients in the intensive care unit (Radnor Ward).

By reading this leaflet we hope to help your understanding of what physiotherapy and rehabilitation may involve.

If you have any questions or concerns please talk to the intensive care physiotherapist or the nursing staff who will be happy to help you.

Physiotherapy on Radnor Ward

Physiotherapists work as part of the intensive care team and have specialised skills to treat patients who are critically unwell. Not every patient who is on Radnor will need physiotherapy. Patients will receive individual assessment if and when appropriate.

The role of a physiotherapist in intensive care is to help prevent or treat chest infections. A large part of their role is to help the patient to start mobilising as an essential part of their recovery from critical illness.

Chest physiotherapy

Patients who are ventilated are at risk of developing chest infections as they are unable to cough and clear the build up of secretions. The physiotherapist helps to clear these secretions by using a number of techniques including positioning, gentle shakes on the chest and helping with coughs. Once they are off the ventilator, patients may be given breathing exercises to help clear secretions.

Exercise and mobility

The physiotherapist helps to maintain flexibility in patients who are bed bound by undertaking stretches and regular movement of joints. Early physiotherapy is safe and helps to improve muscle strength, enabling the patient to work towards achieving independence and returning to previous level of mobility at the earliest opportunity.

Regaining independence will take time and regular exercise in order to increase strength, loosen joints and improve balance. Each physiotherapy session will be tailored to suit each patient’s individual needs.

The rehabilitation process entails:

- Setting goals with the patient to monitor progress
- Bed exercises to improve upper and lower limb strength
- Sitting over the edge of the bed to regain balance and, when
appropriate, upper and lower limb exercises will be carried out in this position.

- Spending time in a chair, initially for short periods of time and slowly increasing the time as the patient is able. Ventilated patients can also do this and it is included as part of their daily routine. Spending time in a chair helps to strengthen muscles, and also helps in clearing secretions from the chest, so reducing the risk of a chest infection.
- Starting to practise mobilising, initially just standing, building up to walking as strength, balance and confidence allows.
- Helping the patient to regain independence with their daily routine, such as washing, dressing and feeding themselves.
- As the patient regains strength and stamina staff will encourage the patient to do more of these activities themselves, offering help where needed.

**What can friends and relatives do to help?**

It is common for relatives and friends to be unsure how they can best help the patient in their recovery and many people find it helps to participate in an aspect of care, for example personal grooming or feeding, especially if it looks like hard work. However, we would very much appreciate it if you checked first with a member of staff before helping, as self care may have been a daily goal agreed with the patient.

Once the patient starts to mobilise it would be helpful if appropriate footwear such as supportive slippers could be brought in. If the patient has any splints or specialist footwear which they would normally use, this would also be required to help in their rehabilitation.