Guest Editorial

Role of Physical Therapy in Intensive Care Unit

Physical therapists have a key role to play in the treatment and recovery of patients admitted to intensive care. This editorial will address the significance of physical therapy for the patients needing intrusive mechanical ventilation, including a review of widely used treatments. Evidence encourages the adoption of early and organized intervention services to improve recovery rate and successful early mobilization in order to prevent deteriorating complications and functional limitations. The techniques for this purpose may include early retraining of both peripheral and respiratory muscles. 1 Neurological and Musculoskeletal acute diseases are widespread, depending upon their severity they may lead to considerable deterioration of physical activity and life quality. Although the etiology of intensive care unit developed disability is multifactorial, both direct (i.e. serious disorder neuromyopathy) and indirectly (i.e. disuse atrophy and immobility) symptoms of severe illness lead to it. It is difficult to diagnose disability developed in ICU during the initial phase of life-threatening illness because of deep sedation, delirium, encephalopathy which impairs the physical examination of strength of patient. The basic effect of early rehabilitation in the severely ill chronic condition is not yet tested in clinical trials. A variety of clinical findings however advocate intensive therapy of severely ventilated patients. Further, there is a need for multi-center, randomized trials to assess possible short-term and long-term effects from early mobility, including power to reduce the need for longer respiratory support and/or chronic disease development and other novelties, to demonstrate the safety, feasibility and potential benefit of early mobility in critical illnesses. Moreover, in medical or other ICUs, the efficacy, efficiency and barriers while advocating early mobility therapy in chronic illness was not previously addressed hence leaving a large research gap. 2 After a patient referred to an Intensive Care Unit (ICU), diagnosed with respiratory dysfunction and other symptoms, it could lead to needless immobilization consequently increasing the risk of post immobilization complications. Nevertheless, no study reported whether the exercise or movement therapy was continued later on or not after relocation of patient from ICU to hospital ward. 3 This limitation in literature highlight the need to conduct randomized trials addressing the rehabilitation efficacy on patients admitted in ICU of a hospital.

References:

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