Role of the physiotherapist in the Intensive Care Unit

Six physiotherapists work on the Intensive Care Unit (ICU) and are an important part of the ICU team.

Some people find this surprising as physiotherapy is often associated with sports injuries. However, physiotherapists work within many areas in healthcare, so do not be alarmed if they come to assess you or your relative.

The physiotherapy team will visit at least once a day and more if needed.

Contact information

Respiratory Physiotherapy Team
Therapy Department
Chelsea and Westminster Hospital
369 Fulham Road
London
SW10 9NH

T: 020 3315 5689 (bleep 0145)
E: caw-tr.CWRespiratoryPhysiotherapy@nhs.net

Notes

Patient Advice & Liaison Service (PALS)

If you have concerns or wish to give feedback about services, your care or treatment, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception.

Alternatively, you can send us your comments or suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website www.chelwest.nhs.uk/pals.

We value your opinion and invite you to provide us with feedback.

T: 020 3315 6727
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Information for patients and relatives

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Speak to your clinician
What is the role of the physiotherapist in ICU?

The physiotherapist’s role within ICU 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 in ICU 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 sputum 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’: This is a device that blows air into the lungs to encourage a deep breath.

• Suction: By placing a small tube into the lungs to suck out the excess sputum.

What is rehabilitation physiotherapy?

Patients on ICU can become weak very quickly, losing up to 2% of muscle daily. 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 or splints for hands or feet: To prevent muscle and joint stiffness.

• Bed and chair bike: These bikes can passively move the legs to reduce joint stiffness and improve circulation, or they can be used actively to improve strength.

• Electrical stimulation: Electrodes to contract the muscle electronically, keeping it strong.

• Improve the way you sit to stand: For example, by practising sitting on the edge of the bed (postural control).

• Being tilted into standing using a tilt table: To strengthen muscles and bones.

• Standing and walking practice

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 patients can breathe for themselves.

As physiotherapists play a vital role in regaining muscle strength, they work closely with the ICU team to make a ‘weaning plan’.

Will this 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 about any hobbies or interests: This may help us to tailor the rehabilitation programme.

• Exercises: Carrying out the exercises prescribed by the physiotherapist.

How will I know if they are getting better?

The ICU team will keep you up to date with your relative’s progress. The physiotherapists also complete a daily functional score called the CPAx.

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.