Title: Early Mobility in the ICU setting: Bridging the gap from literature into practice

Course Description:

Early mobility in the ICU setting is becoming a standard practice, with the literature showing initiation of physical therapy early is associated with positive outcomes.

It is therefore essential that physical therapists practicing in ICUs are comfortable with mobilizing patients and have a good knowledge base of the many different barriers they may encounter. These barriers generally include lines, hemodynamics, respiratory status, medications and complications associated with being in the ICU among others. This presentation is intended to provide participants with an understanding of the benefits of early mobility in the ICU and how to manage this in the clinical setting.

The format of this presentation will include a summary of the recent literature, common barriers to mobility and case studies. We will be discussing patients in both medical and surgical ICUs that cover a wide array of diagnoses.

Course Learning Objectives (3-5 objectives recommended):

- The audience will demonstrate an understanding of the literature that supports early mobility in the ICU
- The audience will be able to recognize common barriers to mobility in an ICU
- The audience will be able to problem solve ways to mobilize a patient in the ICU
- The audience will be able to discuss the risks and benefits of early mobility in the ICU.

Instructional Level: Intermediate

Instructional Format (indicate approx. percentage) x Lecture

Tentative Outline of time and content:

Introduction: Time: 830-915 (45 min)

- Physical Therapy in the Intensive Care Unit (ICU)
- Overview of
  - Diagnoses commonly seen
  - Critical Illness Polyneuropathy/myopathy
  - ICU acquired weakness
- Risk vs. Benefit of Early Mobility: Literature review
- Multidisciplinary nature: How we achieve this goal of early mobility

Perceived Barriers to Early Mobility: Time: 915-1045 (1.5 hr)

- Mental status/delirium:
- Pain:
- Lines and Tubes:
- Ventilators:
- Hemodynamics:

Case study: 1050-1130 (40 min)

- Case study including examination and intervention of early mobility and coordination of the multidisciplinary team.

Approved by the APTA of MA Board of Directors: Feb 2011
• Question And Answers

**Key References: Minimum of 5 current references (less than 5 years old):**


**Attach current CV of each speaker:**

**Jamie Arbiv, PT, DPT** is an inpatient physical therapist practicing at Massachusetts General Hospital since 2006. Jamie received her Clinical Doctorate of Physical Therapy from the University of Buffalo in New York in 2006. Jamie has worked on many different services throughout her time at MGH, now currently practicing in a Surgical and Trauma Intensive Care Unit.

**Vanessa Arone, PT, DPT** has been practicing at Massachusetts General Hospital since 2008. Vanessa received her Clinical Doctorate of Physical Therapy from the MGH Institute of Health Profession in 2010. Vanessa has worked with many patient populations at MGH including, medical, burns, and currently works in a Surgical and Trauma Intensive Care Unit.

**Elizabeth Perreault, PT, DPT** has been practicing at MGH since 2011. Elizabeth received her Doctorate of Physical Therapy from Boston University in 2011. Elizabeth has worked with various patient populations during her time at MGH including surgical patients in the vascular surgery and trauma units and currently works with patients in the Medical Intensive Care Unit.