Physiotherapy on the Intensive Care Unit

Information for patients, their family and carers
A team of Specialist Physiotherapists works in the Intensive Care Units within the Oxford University Hospitals NHS Trust.

Physiotherapists are an important part of the intensive care team. This leaflet has been written to let you know about the role of these therapists in your care.

What is our role?

The role of Physiotherapy is split into two broad areas:
• Respiratory care
• Rehabilitation.

Both roles are provided by the same team.

Respiratory care

Every day our lungs produce sputum. This helps to trap bacteria and prevent infections. The amount of sputum produced increases when you have a chest infection, pneumonia or chronic lung disease.

This excess fluid build-up can cause difficulties with your breathing and can result in further complications, such as an increased risk of infection and increased shortness of breath.

Physiotherapists help remove this fluid using various techniques:
• **Mobilisation (moving around)**: this encourages you to cough and increases the volume of air within your lungs. We aim to get you moving as early as possible, as this helps to reduce the chance of you becoming reliant on breathing machines.

• **Positioning**: we can help you to get into positions that mean gravity can aid your clearance of sputum.

• **Manual techniques**: these involve the therapist’s hands applying pressure to your chest to aid the clearance of sputum.
• **Breathing machines**: these help you take a deep breath so that you can produce an effective cough.

• **Suction**: this involves insertion of a small catheter (tube) into your lungs to directly remove sputum when you are unable to cough.

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**Rehabilitation**

Every day that you remain in bed you can lose 1-3% of your muscle mass. This makes returning to your previous levels of activity and ability to move around after discharge from intensive care a lengthy process. Research evidence shows that the earlier you start moving the better, as this reduces the effects of remaining in bed for a long period of time.

The Physiotherapists will assess if it is possible for you to exercise from the first day of your admission to intensive care. It will be safe to exercise even if you have a breathing tube, broken bones or still feel drowsy or slightly sleepy. Movement and exercise is a very important part of your recovery process.

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**What are the exercises?**

The exercises that we use are:

• sitting on the edge of the bed with assistance
• using pedals in your chair or bed
• weights
• standing and walking practice.

If you are too weak to be able to stand and walk, we have machines that can help you with the movement.

We are happy to involve your family in the rehabilitation process, but will only do this after checking with you first.
Weaning

If you spend a long period of time on a breathing machine (ventilator), your breathing muscles may become weak; this will make it difficult for you to breathe on your own and cough.

As part of our rehabilitation approach we will help you to strengthen these muscles. We will work closely with the Doctors and Nurses to make a daily plan to reduce your reliance on the breathing machine.

Contact details

Your Physiotherapist whilst staying on Intensive Care is

Contact number/bleep

Your Physiotherapist whilst staying on the Ward is

Contact number/bleep

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk

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