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ABSTRACT of observational study

Functional mobility of intensive care survivors at the time of discharge from acute care.

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Speaker bio (165 words)

Shane is an Associate Professor in the School Physiotherapy at The University of Notre Dame Australia coordinating the program’s cardiorespiratory stream. He is a Specialist Cardiorespiratory Physiotherapist (as awarded by the Australian College of Physiotherapists, 2009). Shane graduated from Sydney University (1990) going on to complete a research MSc (1999), a PhD (2005), both with Curtin University, and the Graduate Certificate in University Teaching (2007) at UNDA. Shane also works as a senior physiotherapist in ICU on weekends at Fremantle Hospital. From 2007-2010 he was on the Physiotherapists’ Registration Board of Western Australia, and in 2010 transitioned to the inaugural WA Board of the Physiotherapy Board of Australia. He has been on the Australian Physiotherapy Council Accreditation Committee since 2007. In 2009 he commenced on the APA Board of Directors. Shane sits on the Australian College of Physiotherapists Board of Censors and chairs the International Confederation of Cardiorespiratory Physical Therapists.

Questions: In patients intubated and ventilated for \(\geq 168\) hours who survive their acute care stay, what proportion are able to ambulate independently at the time of hospital discharge? What was the delay between intensive care admission and the attainment of functional milestones?

Design: Comprehensive retrospective review of medical records. Participants: All 2590 patients admitted to the intensive care unit at Sir Charles Gairdner Hospital during 2007-08 were screened; of these, 190 met study criteria. Outcome measures: Ambulation status at time of hospital discharge and timing of when each patient first sat out of bed, stood and ambulated. Results: The prevalence of patients ambulating independently prior to their intensive care admission was 95% (95% CI: 92 to 98%), decreasing to 28% (95% CI: 22 to 34%) at the time of discharge from acute care. A further 18% (95% CI: 13 to 24%) were independent with a walking aid. A total of 68% (95% CI: 61 to 75%) of the patients sat out of bed during their intensive care stay. The delay between admission to the unit and first time sitting out of bed, standing and walking was 13 ± 8 days (n=183), 19 ± 19 days (n=163), and 23 ± 22 days (n = 155), respectively. Conclusion: A prolonged stay in intensive care compromises the capacity to ambulate of half of all patients who survive their acute care admission. For those who were able to ambulate at discharge, ambulation was initiated more than 3 weeks following admission to the unit.