

Intensive therapy: advances and updates on the performance of the physical therapist

The work of the physical therapist in the Intensive Care Unit (ICU) is recent and has been undergoing transformations over the years. Historically, the role of physical therapy in this field was to treat the respiratory complications arising from hospitalization and immobilization in bed through breathing exercises. With increasing presence and favorable results, the physical therapy was gradually gaining credibility and visibility.

Among the main achievements of the physical therapists in the ICUs, we can cite the gain of autonomy in the handling of the mechanical ventilator and the strengthening of the partnership with the multidisciplinary team. The health and welfare professionals provide better conditions of gain or maintenance of functional independence for the patient in hospitalization, and consequently, higher quality of life during and after his/her hospitalization. Therefore, the teamwork is crucial.

The physical therapist of intensive care aims to improve the patients' functional capacity, as well as to restore the respiratory and physical independence, decreasing the risk of complications associated with staying in bed. New techniques and resources are used for preparing the patient for the spontaneous breathing and the eagerly-awaited ICU discharge¹. As part of the integral physical therapy, we can highlight the passive early mobilization and active assisted exercises. The patient must be removed from bed even during the intubation period. The removal of the patient from mechanical ventilation

should be made as early as possible, as well as the ICU discharge².

Before the continuous physical therapy in intensive care, many patients return to their daily lives with serious motor impairments and dependent on others to perform their daily activities. Currently, we can prevent these worsenings, which are very harmful to patients, especially after prolonged hospitalization¹. The ICUs having continuous availability of physiotherapy services have patients with shorter average time in mechanical ventilation and reduced time in ICU, as well lower total and personnel costs, compared with ICUs where the physical therapy services are available during the standard time of 12 hours/day^{2,3}.

In addition to the early mobilization, other techniques have been used to provide higher motivation during physical therapy. One of them is the use of video games, which help in motor and respiratory physical therapy during the patient's stay in the ICU. The games motivate patients and assist the physical therapist, for a more ludic and pleasant therapy. Therefore, the patient spends his/her time in the relatively hostile environment of ICU in a more pleasant way^{2,3}.

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REFERENCES

- Clini E, Ambrosino N. Early physiotherapy in the respiratory intensive care unit. Respir Med. 2005;99(9):1096-104. doi:10.1016/j.rmed.2005.02.024.
- Hall JB. Creating the animated intensive care unit. Crit Care Med. 2010;38(10):S668-75. doi:10.1097/ CCM.0b013e3181f203aa.
- Rotta BP, Silva JM, Fu C, Goulardins JB, Pires-Neto RC, Tanaka C. Relação entre a disponibilidade de serviços de fisioterapia e custos de UTI. J Bras Pneumol. 2018;44(3):184-9. doi:10.1590/ s1806-37562017000000196.