

Patient information

Physiotherapy Following Critical Care

Introduction

You have been in critical care as a result of a serious injury or illness. Recovery from this is often a slow process, sometimes taking up to 12 to 18 months before you feel able to return to a normal lifestyle.

Returning to ward

Returning to the ward is the first big step to being discharged home and may at first seem quite daunting. However the decision to move you to a ward will be made only when the whole multidisciplinary team feel you are ready.

The ward environment will seem very different to that of critical care. Differences you may notice are:

- Fewer nurses
- More patients
- Different day-to-day routine
- Change in visiting hours

One very important thing at this stage is to remember **not to worry**. Although there are fewer nurses on the ward you will still be seen by many members of the multidisciplinary team, these include:

- Physiotherapist
- Critical care follow up nurses
- Doctors
- Ward staff
- Occupational therapist
- Pharmacist

You may also see a social worker who, if needed, will help plan for your discharge home.

You can talk to any of the team members regarding concerns or worries you may have once you have returned to the ward.

Physiotherapy

During your stay in critical care you will have started a programme of rehabilitation with the physiotherapist, aimed at getting your muscles stronger and then getting you back on your feet. There may be a different physiotherapist working on your ward, who will continue to monitor your respiratory system and help with any ongoing breathing problems. They will also continue the rehabilitation to help you regain independence and return home.

Following a stay in critical care it is very common to feel increasingly tired even doing the slightest activity. In some people this tiredness lasts several weeks, however this should gradually improve as you get stronger. It is estimated that you can lose up to 2% of muscle strength per day spent in critical care and your joints may become stiff and achy. The exercise programme provided by your physiotherapist will help with this as well as increasing your strength.

You will find that the physiotherapy sessions may vary in length and content depending on your level of fatigue on the day. Pacing yourself is very important.

As well as the physical exercises your physiotherapist can offer advice regarding returning to normal activities and ways of adapting tasks to make them more manageable at the start.

Circulation exercises

As you are not as mobile as normal, it is important that the blood is kept pumping right around the body. Circulation exercises not only get the blood pumping down to your toes but can also help prevent clots from forming. You will probably already be wearing special stockings which are also designed to help prevent blood clots.

1 Circle your ankles in both directions



2 Pull your toes up towards you and push them away



3 Squeeze the cheeks of your bottom together, hold for 10 seconds and repeat 3 times.

Basic exercises

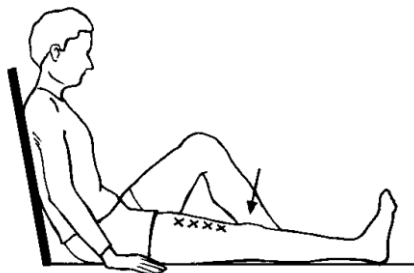
The following exercises are designed to help you regain movement and to improve muscle strength. As you progress and become stronger your physiotherapist will alter the exercises to allow you to continue to improve your strength.

The basic exercises below should be done at least 2 – 3 times per day.

Static Quads:

This exercise is designed to help strengthen the muscles on the top of your thigh (the quadriceps). These muscles are very important in standing as they help to straighten your knee.

1. Get into a comfortable position in the bed, preferably sitting up as much as possible.
2. Imagine that you have a sponge under your knee and try to press your knee down into the bed to squeeze the sponge.
3. Hold this for 10 seconds repeat 3 times on each leg.



Inner range quads:

This exercise is a progression on the previous exercise, it is again designed to work the quadriceps. (Start with 5 second holds then progress to 10 second holds as you feel able).

- 1 Again get into a comfortable position in the bed.
- 2 Place a rolled up towel under you knee.
- 3 Push your knee down into the towel and try to lift your ankle off the bed thus straightening your knee.
- 4 Hold for 5 – 10 seconds and repeat 3 times on each leg.

Upper limb exercises

- 1 Clasp your hands together and raise both hands above your head as high as you can.
- 2 Ensure that you keep your shoulders down and do not allow them to move towards your ears.
- 3 Repeat 5 to 10 times (again starting with 5 repetitions and building up to 10 repetitions).
- 4 Keep your fingers and hands moving, try picking up an object (you may initially need to pick up objects with both hands).
- 5 Bend and straighten your elbows, aim to touch your nose, then the top of your head.

Aim to do 5 of each on each side, then build up to 10.

Discharge Home

Planning to go home may begin whilst you are still in critical care and will continue when you reach the ward. It is important for the multidisciplinary team to establish what your home set-up is so we can set goals aimed at getting you back to your previous function. This information is also important as it will help us establish if there is any equipment or aids that we can provide in order to make things easier for you once you return home.

Initially when you first get out of bed you may be given a walking aid to provide you with some additional support. You may be discharged home still using a walking aid and we may refer you to the Community Physiotherapy Team (with your permission) in order to continue your progress at home. Your physiotherapist may give you a programme of exercises to continue with at home, slowly building up the difficulty.

Going home is a big step which will be taken only when all of the multidisciplinary team are happy that you are ready and when you are happy about the arrangements that have been made.

When you leave critical care you will be followed up on the ward initially by one of the critical care team. You will also be given the opportunity to come to a follow up clinic 2 months after discharge. A physiotherapist may be present and will help with any advice and ongoing problems with your walking and general activities.

If appropriate you will be referred on discharge to a group run at the hospital known as the FIT group. This group is aimed at helping you improve your strength and stamina and will also provide advice and education to help you return to normal activities. It should help with having the confidence of how and when to progress your activities. Depending on the length of time you are in hospital it may be discussed about attending the group whilst you are still an inpatient if you are able. It will also provide an opportunity to ask questions and access other services once you have left the hospital.

General Advice

- 1 Allow yourself regular rest periods throughout the day. Some patients find a short afternoon sleep may help.
- 2 Build up exercise gradually but try to do some every day.
- 3 Pace your activities throughout the day.

For example have a wash, brief rest, then get dressed, brief rest then get your breakfast.

If you do too much in one go you will probably find you cannot do very much for the rest of the day (especially when you first go home).

- 4 If you are worried about something at home, contact the follow up sister to avoid it becoming a big worry.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>