Post-Op Exercise Important Even For Critically Ill Patients

A new report from critical care experts at Johns Hopkins shows the benefits of reducing the use of prescription sedatives by half so that mild exercise programs can be introduced to critically ill patients in the ICU. Curtailing use of the drowsiness-inducing medications not only allows patients to exercise, which is known to reduce muscle weakness linked to long periods of bed rest, but also reduces bouts of delirium and hallucinations and speeds up ICU recovery times by as much as two to three days, the paper concludes.

Mild exercise, the experts say, with sessions varying from 30 minutes to 45 minutes, should be performed by patients under the careful guidance of specially trained physical and occupational therapists and can include any combination of either leg or arm movements while laying flat in bed, sitting up or standing, or even walking slowly in the corridors of the ICU.

Indeed, the Johns Hopkins team has since evaluated a number of additional physical rehabilitation therapies, such as cycling in bed using a specially designed peddling device, or stimulating contractions of the leg muscles with overlying electrical pads.

Patients can often exercise while still attached to life support equipment, such as a mechanical ventilator that helps them breathe, the group shows.

In its latest exercise report, to be published in the journal *Archives of Physical Medicine and Rehabilitation*, the Johns Hopkins team closely monitored the progress of 57 patients admitted to The Johns Hopkins Hospital's medical intensive care unit (or MICU) in 2007. Members of the MICU team checked the patients' records daily for several months before and after the physical rehabilitation project began. Each patient was mechanically ventilated for at least four days, with half receiving no more than one exercising session before the enhanced exercise plan started, while half received at least seven physical therapy sessions after the plan's implementation.

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