## Flex Therapist CEUs

## Early Mobilization in Mechanically Ventilated Patients

<ol> <li>Those who received occupational and physical therapy interventions in the ICU within days of starting mechanical ventilation were more likely to be functionally independent at hospital discharge than those started later.</li> <li>1.5</li> <li>3.1</li> <li>5.9</li> <li>7.4</li> </ol>
2. A recent prospective cohort study reported that the presence of was an important barrier to receipt of mobilization within the first 14 days of mechanical ventilation.
A. Neuromuscular weakness affecting the legs
B. A temporary pacemaker
C. An oral endotracheal tube D. A femoral arterial or venous catheter
3. Compared to usual care, all of the following were improved at hospital discharge for those receiving cycling started 14 days after ICU admission, except for:
A. 6-minute walk distances
B. Leg strength
C. Short Form 36 physical function scores D. Katz ADL scores
4. On average, the ICU patients enrolled in this study received interventions with all of
the following characteristics, except for:
A. 5 cycling sessions
B. 20-minute duration
C. 1 km per session
D. 9 km total distance
5. While receiving low-dose vasoactive drug infusion, all of the following were

documented for a single, 20-minute passive cycling session started within the first 72

A. No safety concerns B. No increase in pain intensity C. No increase in cardiac output D. No increase in oxygen consumption
6. A retrospective study of cycling incorporated into routine physical therapy interventions in a medical ICU, found that cycling that began within 4 days of MICU admission resulted in a high rate of device dislodgment.
A. True B. False
7. Cycling particularly targets, which are most vulnerable to muscle atrophy and weakness during bed rest.
A. Hip extensors
B. Hip flexors C. Gluteus maximum
D. Adductor magnus
8. Cycling may offer a rehabilitation option for all of the following ICU patients, except:
A. Those on active spinal precautions
B. Those who must be bed-bound C. Those who have approximately 75 degrees knee flexion
D. Those that have no orthopedic restrictions
9. Early mobilization is recommended as a front-line non-pharmacological intervention to reduce the incidence and duration of in critically ill patients.
A. Sepsis
B. Uncontrolled pain C. Delirium
D. Myocardial ischemia
10. Some mobilization protocols require patients to be interactive, which may delay the time to start rehabilitation during the early critical time period for muscle size and strength losses.
A. True
B. False

hours of mechanical ventilation, except for:

11. This study originally excluded patients from cycling if they had, but new evidence was found in support of the safety of mobility activities for those patients.
A. Neuromuscular weakness affecting the legs B. A temporary pacemaker C. An oral endotracheal tube D. A femoral catheter
12. This study suggests that it is safe and feasible for hemodynamically stable mechanical ventilation patients to receive early cycling in the ICU.
A. True B. False

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