

# Flex Therapist CEUs

## ICU - Early Mobilization Factors

### **Early mobilization of critically ill patients in the intensive care unit: A systematic review and meta-analysis**

**1. Intensive care unit-acquired weakness is potentially aggravated by long periods of bed rest due to routinely managed sedation and immobility.**

- A. True
  - B. False
- 

**2. The most recent Pain, Agitation / Sedation, Delirium, Immobility, and Sleep Disruption guideline suggests that rehabilitation or mobilization can be safely initiated in critically ill adults when all of the following statuses are stable, except:**

- A. Cardiovascular
  - B. Respiratory
  - C. Neurological
  - D. Immune
- 

**3. Regardless of the different techniques and periods of mobilization used, early mobilization of critically ill patients statistically significantly increased which of the following?**

- A. The number of people who were able to stand
  - B. Ventilator-free days after returning home
  - C. Walking speed at hospital discharge
  - D. Adverse event rates
- 

**4. Critically ill patients commonly develop severe muscle weakness due to all of the following, except:**

- A. Hypercatabolism
  - B. Lowered immunity
  - C. Deep sedation
  - D. Immobility
- 

**5. According to the present meta-analysis, early mobilization:**

- A. Increased the MRC sum score while at the ICU.
- B. Increased the MRC sum score at hospital discharge.

- C. Decreased the incidence of ICU-AW after hospital discharge.
  - D. Early mobilization increased the MRC sum score while at the ICU and at hospital discharge and also decreased the incidence of ICU-AW after hospital discharge.
- 

**6. No differences in peripheral muscle strength measured using handgrip force and quadriceps force were observed between groups in the current study.**

- A. True
  - B. False
- 

**7. At ICU / hospital discharge, this meta-analysis showed that early mobilization increased the:**

- A. Walking distance at hospital discharge
  - B. Physical function score on the ICU test
  - C. Functional status score on the ICU test
  - D. Berg Balance Scale scores
- 

**8. This meta-analysis found that early mobilization increased the number of ventilator-free days during hospitalization and the duration of MV.**

- A. True
  - B. False
- 

**9. Early mobilization was shown to improve:**

- A. ICU mortality rates
  - B. Hospital mortality rates
  - C. 28-day mortality rates
  - D. Early mobilization did not improve ICU, hospital, or 28-day mortality rates
- 

## **Early Mobilization of Patients in Intensive Care: Organization, Communication and Safety Factors that Influence Translation into Clinical Practice**

**10. Which of the following is one of the most commonly reported barriers to delivering early mobilization?**

- A. Staff training
  - B. Cooperation among the healthcare team
  - C. Patient safety
  - D. Time constraints
-

**11. All of the following were the most frequently reported safety events, except for:**

- A. Oxygen desaturation
  - B. Cardiac arrest
  - C. Hemodynamic changes
  - D. Removal or dysfunction of intravascular catheters
- 

**12. In considering the decision to mobilize a patient, the primary criteria should be assessed based on:**

- A. The status of the patient at the time of planned mobilization.
  - B. The changes in condition in the preceding hours.
  - C. The direction of trends in the preceding hours.
  - D. The potential consequences of an adverse event in an individual patient.
- 

**13. A prospective, observational study of mobilization practice in mechanically ventilated patients found the main reported barrier to mobilization was pain.**

- A. True
  - B. False
- 

**14. This study suggests that patient-related factors, rather than unit culture, may be the main barrier to early mobilization in ICUs.**

- A. True
  - B. False
- 

**15. The proportion of patients that walked in the ICU was almost doubled in the intervention group who received a median duration of \_\_\_\_\_ early goal-directed mobilization.**

- A. 10 min/day
  - B. 20 min/day
  - C. 30 min/day
  - D. 60 min/day
- 

**16. In particular, \_\_\_\_\_ limited the number of early mobilization interventions.**

- A. Disengaged team members
  - B. Femoral lines
  - C. Lack of staffing or availability
  - D. Sedation management
-

**17. ICU-based physical rehabilitation did not appear to improve physical outcomes at 6 months compared to standard physical rehabilitation.**

- A. True
  - B. False
- 

**18. Active identification of barriers to early mobilization and strategies to avoid issues should be included as part of an early mobilization plan.**

- A. True
  - B. False
- 

**19. Keeping time to mobilization and daily amount constant, a secondary analysis showed a \_\_\_\_\_% improvement in odds of a favorable outcome for stroke patients with each episode of out-of-bed activity per day.**

- A. 4
  - B. 9
  - C. 13
  - D. 22
- 

**20. Increasing the amount of time doing out-of-bed activity increased the odds of a favorable outcome among stroke patients.**

- A. True
  - B. False
- 

**Clinical attitudes and perceived barriers to early mobilization of critically ill patients in adult intensive care units**

**21. All of the following have been found to be the main interdisciplinary barriers to the performance of early mobilization, except for:**

- A. The need of a larger number of professionals
  - B. Unclear expectations
  - C. Insufficient working hours
  - D. The staff's culture regarding mobilization, including a lack of resources, prioritization, and leadership
- 

**22. Most physicians agreed on the early mobilization of patients:**

- A. Under mechanical ventilation
- B. Receiving vasoactive drugs

- C. Under mechanical ventilation and/or receiving vasoactive drugs
  - D. Neither under mechanical ventilation nor receiving vasoactive drugs
- 

**23. The majority of physicians stated that they would agree to change MV parameters and reduce sedation to enable the early mobilization of patients.**

- A. True
  - B. False
- 

**24. What was the main barrier to early mobilization mentioned by the participating physicians?**

- A. Risk of musculoskeletal self-injury
  - B. Excessive stress at work
  - C. The unavailability of physical therapists
  - D. Excessive sedation
- 

## **Teamwork enables high levels of early mobilization in critically ill patients**

**25. Critically ill patients run the greatest risk of developing neuromuscular abnormalities.**

- A. True
  - B. False
- 

**26. Which of the following is a contraindication for early mobilization?**

- A. Vasopressor use
  - B. Endotracheal intubation
  - C. Life support devices like ECMO
  - D. Spine or pelvis instable fracture
- 

**27. FiO<sub>2</sub> less than 0.60 is considered safe for initiating active mobilization.**

- A. True
  - B. False
- 

**28. In order to achieve the optimal number of daily physical therapy activities, the estimated ideal ratio of senior physiotherapists to patients is:**

- A. 1.0
  - B. 1.7
  - C. 2.4
  - D. 3.1
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