

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

- A. True
  - B. False
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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**
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**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**
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**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**
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**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**
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**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**
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**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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