

# Body weight-supported bedside treadmill training facilitates ambulation in ICU patients

*an interventional proof of concept study*

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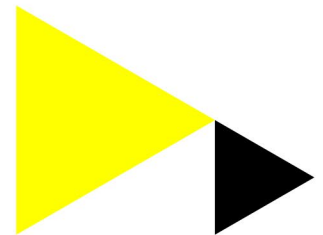
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# Body weight-supported bedside treadmill training facilitates ambulation in ICU patients: An interventional proof of concept study

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## Background

- Intensive Care Unit-acquired weakness (ICU-AW) is associated with short- and long- term physical impairments and impaired functional status.
- Early mobilisation and ambulation of patients admitted to the ICU improve functional recovery.
- Severe weakness in combination with tubes, lines and machinery are practical barriers for the implementation of ambulation of critically ill patients.

## Objective

- To explore the feasibility of Body Weight- Supported Treadmill Training (BWSTT) at the bedside in the ICU.

## Methods

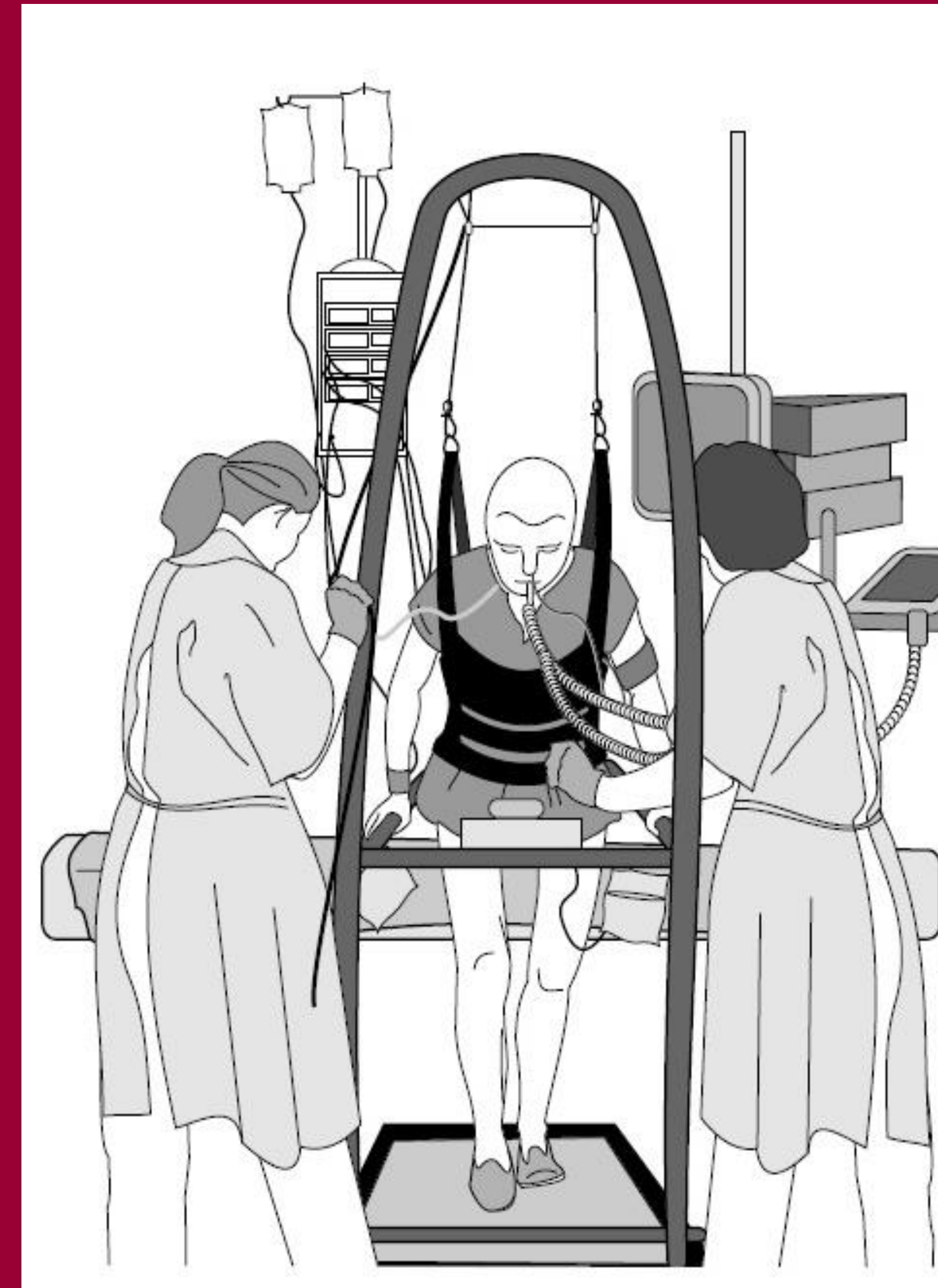
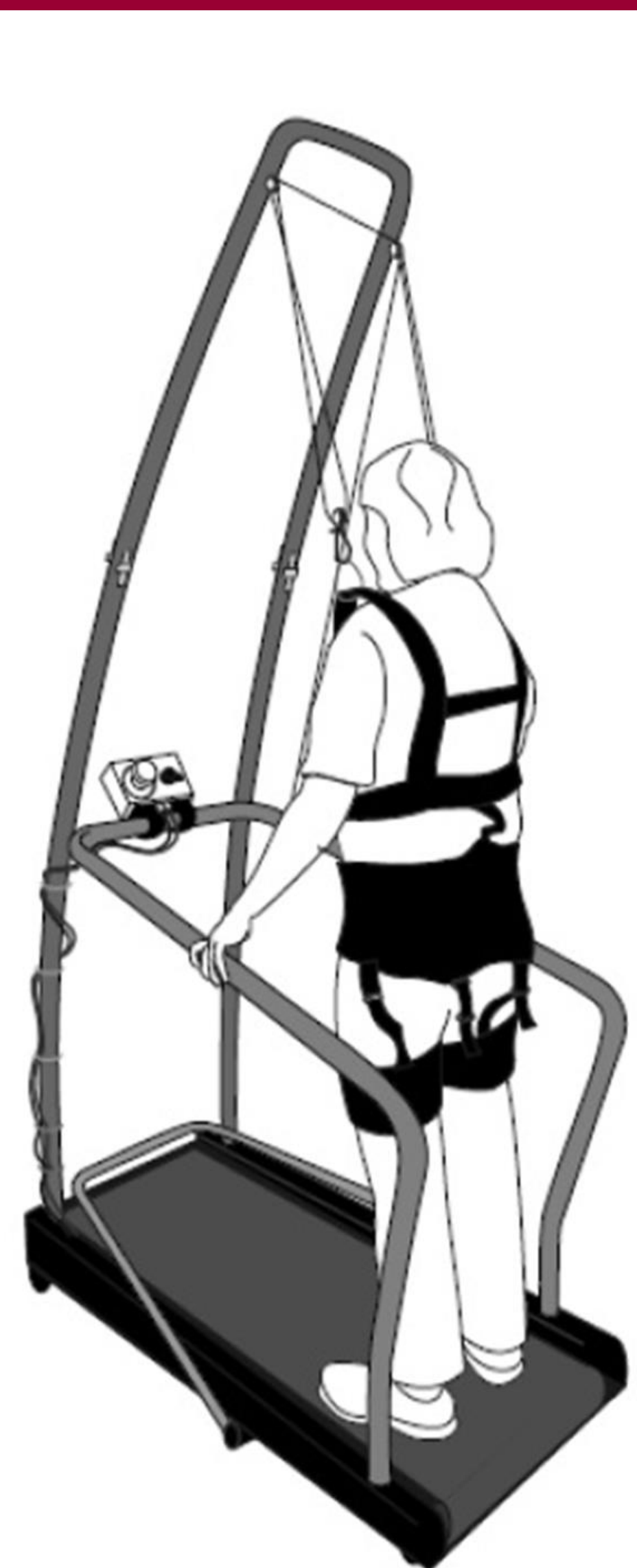
- Single centre interventional study
- Tertiary 34-bed mixed medical-surgical ICU of the Academic Medical Center, University of Amsterdam, the Netherlands

### Inclusion criteria:

- Adult ICU-patients, mechanically ventilated for  $\geq 48$  hours
- No contra-indication for mobilisation or activation
- Able to follow instructions
- Muscle strength m. quadriceps MRC  $\geq 2$
- Independent sitting balance

## Intervention

- The BWST enables ambulation at the bedside within the range of ventilator tubes, lines and monitoring equipment.
- In patients with insufficient motor control or muscle strength for ambulation, a harness is used in combination with a weight bearing construction.



## Measurements

- Feasibility was evaluated according to:
  - Eligibility
  - Successful number of BWSTT
  - Number of staff needed
  - Adverse events
  - Number of patients that could not have walked without BWSTT
  - Patient satisfaction and anxiety

## Results

Patients characteristics at the first time of BWSTT		
	median (IQR) or n	n=20
Age, years	69.5 (52.8 – 77.5)	
Male	12 (60%)	
<b>Medical category</b>		
• Medical	9 (45%)	
• Non-elective surgery	4 (20%)	
• Elective surgery	7 (35%)	
APACHE II	18 (15 – 20)	
Time in ICU to first BWSTTT, days	23.0 (10.0 – 56.3)	
Mechanical ventilation, days	10.0 (7.1 – 31.5)	
MRC sum score	40 (32.5 – 47.5)	
ICU-AW (MRC < 48)	15 (75%)	
Functional Ambulation Categories (FAC range 0-5)	0.0 (0.0 – 1.0)	
Functional Ambulation Categories 0	13 (65%)	
<b>Characteristics of ICU treatment devices during BWSTT</b>		
Continuous monitoring	20 (100%)	
Patients with mechanical ventilation	4 (20%)	
Patients with tracheostomy	8 (40%)	
<b>Surgical wounds</b>		
-Sternotomy	6 (55%)	
-Abdominal	3 (27%)	
-neck	2 (18%)	
Patients with infusion lines or drains	20 (100%)	

## Results

- BWSTT was performed in:
  - 20 patients and 54 sessions
  - 53 sessions were successfully performed
- Two numbers off staff needed
- BWSTT is feasible and safe:
  - Median treatment time 25 minutes
  - No adverse events
  - Patients are not anxious
  - Patients are very satisfied
  - All patients were not able to walk or would have walked shorter distance without the BWST

## Conclusion

- BWSTT is feasible and safe and facilitates early ambulation with critically ill patients in the ICU.
- To perform BWSTT less staff is needed compared to ambulation without BWSTT.

## References

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