



Their findings confirm evidence of benefit in short-term outcomes from interventions delivered in the early stages of critical illness while in the ICU. These included moderate-to-high quality evidence of the beneficial effects of physical therapy, including early mobilisation, cycle ergometry and electrical muscle stimulation, on critical illness polyneuropathy/myopathy, quality of life, mortality and healthcare utilisation. Two reviews looked at electrical muscle stimulation, where the evidence was low quality for the effects on muscle strength, muscle structure and critical illness polyneuropathy/myopathy. The varied study designs and intervention protocols makes a precise therapeutic prescription impossible, they write. They found no evidence to conclude benefit from interventions delivered post-ICU discharge, due to the lack of studies.

### **Recommendations for Future Trials**

Connolly and colleagues recommend that future studies include long-term follow-up as well as short-term assessment. Further studies are needed on physical rehabilitation interventions delivered post-ICU discharge. They also recommend that early rehabilitation is clearly defined so that effects of interventions can be interpreted. Adverse events should also be reported. They state that electrical muscle stimulation requires further evidence on effectiveness and studies are needed to measure functional outcomes of physical rehabilitation interventions.

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