South London and Maudsley NHS
NHS Foundation Trust

Physiotherapy on PICU

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When searching for physio & PICU I first found evidence for;

1. Peads ICU
2. Then reference to service who can access physio but do not have it as a main component
3. Eventually I found 1 reference to physio & PICU related to clinical practice, unfortunately it was the flyer for today's event!

Aims

- What does Physio do in Mental Health?
- Why is Physiotherapy on PICU?
- What are the outcomes / evidence?
- Who should be referred?

With that in mind it is important to first establish what physio in mental health is and then look at what we have come to learn about PICU

Physio in Mental Health?

– UK model

- Degeneration
- Neurological conditions
- Physical disability
- Injury
- Pain

– Mental Health Specific

- Metabolic disorders
- Opportunities & experience

– N. European model

- Basic Body Awareness Therapy (BBAT)
- Psychomotor Therapy
- Engagement
- Social Inclusion

UK model also includes providing opportunities and experiences

Words you didn't know that Physios used…

- Schema
- Distorted Body Image
- Fear Avoidance
- Behaviour
- Stress & Anxiety
- Frustration
- Esteem
- Grade Motor Imagery
- Virtual Body
- Modulation
- Neuro Tags

Schema relates to using transferable skills to try and manipulate the best response out of the patient, physical schema can become intertwined with emotions which are called neuro tags.

Pain science show how distorted body image is very prevalent and proves the mind can change we perceive our bodies, how we feel and the environment around us, quote three Lorimer Moseley papers. Linking to Graded Motor Imagery.

Linked fear avoidance and changes in behaviour

Stress & Anxiety lowers the threshold for action potentials & therefore sensitises our interpretation of the physical world.

Esteem is lined with memory, motivation, participation, social interaction, social support structures

Esteem is helped by having physical, achievable and tangible goals.

Things you didn't know they did…

- Basic Body Awareness Therapy
- Mindfulness
- Hydrotherapy
- Relaxation
- Pilates / Yoga
- Acupuncture
- Manual techniques
- Soft tissue / massage
- Myofascial release
- Cranial Sacral Therapy
- Alexander Technique
- Graded Motor Imagery

- Posture
- Social inclusion
- Return to work / Ergonomics
- Exercise therapy
- Electrotherapy
- Screening for physical dysfunction
- Sport & Activity specific programs

- and so much more…

A quick list taken from 3 physios asked in the department.

Lots of complimentary included. Difference is physio cherry picks the best bits of all of them to provide the best individualised care and therefore should be preferable to spending money on complimentary including Osteopaths and Chiropractors.

Physio on PICU

- Anecdotal evidence (for & against)
- 2 audits of acute services
  - N = 59 (41 & 18)
  - 68.5% required physio input (64% & 83%)
  - 38% required urgent input whilst in acute setting (21% & 55%)
- Hypothesis
  - Address co-morbidities
  - Address psychotropic medication side effects
  - Identify physical needs
  - Provide an outlet for aggression, frustration & violence
  - Identify & Treat Injuries
  - Interface with the acute trust
  - Engagement & Communication
  - Wellbeing

Anecdotal – physio say there are many untreated people, Drs say the environment on acute and PICU units is not appropriate for physio.

Therefore

Two audits, large one across 4 sites, small one a full cross section of one site.

Both found patients should receive physio input in the acute setting.

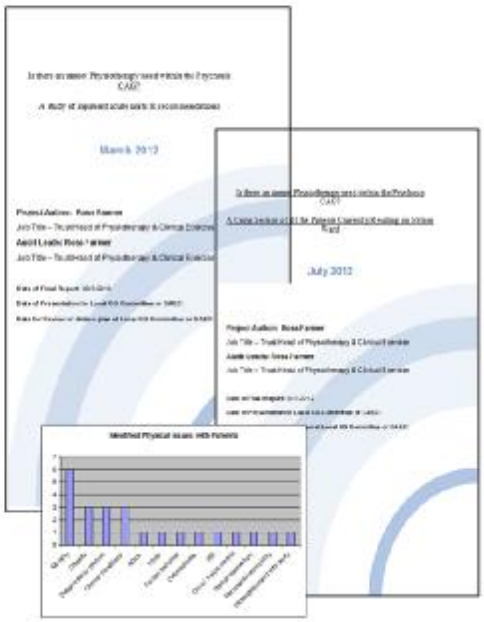
Developed hypothesis on what physio can offer;

Identify physical needs – services users are unlikely to successfully access mainstream services and therefore we should address these needs while we have them.

Communication – people learn through auditory, visual or tactile / kinaesthetic means. We offer this alternate method of communication.

Key areas identified

- From Audit
  - Mobility
  - Obesity
  - Degenerative postures / physical condition
  - Chronic Conditions
- New ways of working
  - Engagement
  - Social Inclusion
  - Stress, Anxiety & Frustration release
  - Self Esteem and Goal Setting

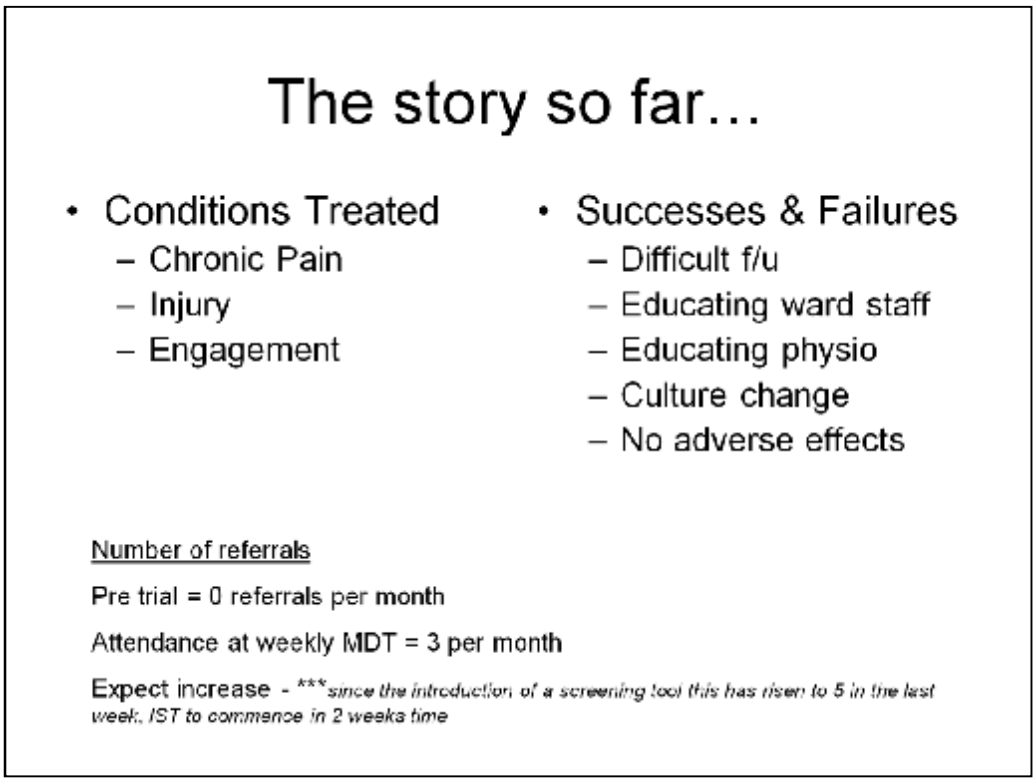


PICU Trial

- 8/12 trial
- Named ward physio
- IST
- Screening Tool
- MDT meeting

Outcome Measures

- No. of referrals
- Types of referral
- Ave. No. f/u
- Ave. length of sessions
- Staff feedback
- Service user outcomes



This activity does not include the possibility of group work or general activity sessions.

Case Study

- 34 F, Bipolar affective disorder
- Currently manic with psychotic symptoms (ICD 10, F 31.2)
- Current relapse likely due to substance misuse
- Poor engagement with community teams and limited psychological resilience
- Unable to recognise thoughts as delusions & acts upon them
- Neglects diet, pain & personal hygiene
- Referred to physio – sore feet

- C/O
  - 1 year bilat foot pain
  - Non-specific pattern (aggs / eases)
  - No Hx of trauma
  - P&N's bilat
- O/E
  - Bilat hammer toes
  - Dry skin, corns
  - FROM ankles
  - No pain on palp
  - Lx hyperextension
  - Full Lx flex, all Lx = P
  - -ve slump test

My differential diagnosis;

After c/o - peripheral & central sensitisation 2nd to Lx instability

Physio Intervention

- Interfaced with ortho, physio, neurology
  - ? Upper motor neurone
  - ? Cord compression
  - ? Tx pathology
  - ? PID

Problems Identified

- Poor pain control – Pain review = Gabapentin
- Poor body awareness / literacy – Lx / Pelvic disassociation
- Hypermobility – pilates / core control
- Manual techniques – desensitise peripheral nervous system
- Acupuncture – pain relief
- Foot care – advise on activity levels and footwear, referral to chiropody
- DNA previous MRI - reorganised

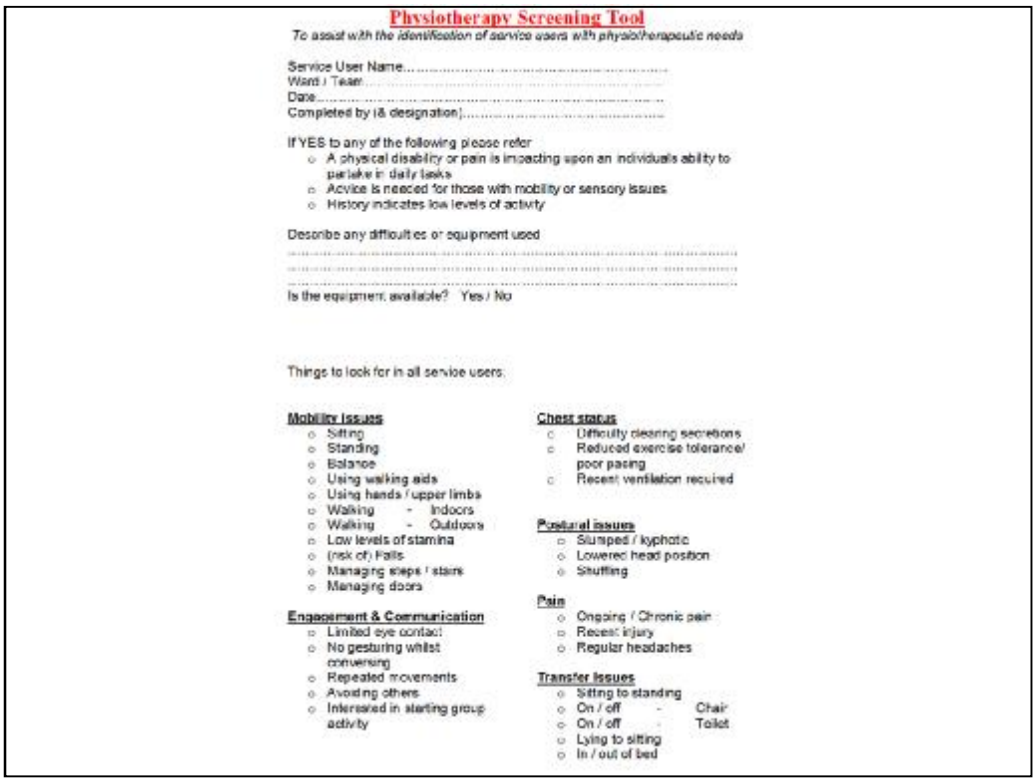
Progress

- Good rapport built with therapist
- Enjoys manual therapy
- Clearer pattern of pain
- Better controlled pain
- Improved body literacy
- Educated / reassurance on her condition

- Calmer and engaging with treatment

We removed 2 important exacerbates of mental health state;

1) Pain
2) Uncertainty of condition



Physiotherapy Screening Tool

To assist with the identification of service users with physiotherapeutic needs

Service User Name:.....
Ward / Team:.....
Date:.....
Completed by (& designation):.....

If YES to any of the following please refer
- A physical disability or pain is impacting upon an individuals ability to partake in daily tasks
- Advice is needed for those with mobility or sensory issues
- History indicates low levels of activity

Describe any difficulties or equipment used
.....
.....
.....

Is the equipment available? Yes / No

Things to look for in all service users:

Mobility Issues
- Sitting
- Standing
- Balance
- Using walking aids
- Using hands / upper limbs
- Walking - Indoors
- Walking - Outdoors
- Low levels of stamina
- (risk of) Falls
- Managing steps / stairs
- Managing doors

Engagement & Communication
- Limited eye contact
- No gesturing whilst conversing
- Repeated movements
- Avoiding others
- Interested in starting group activity

Chest status
- Difficulty clearing secretions
- Reduced exercise tolerance/ poor pacing
- Recent ventilation required

Postural issues
- Slumped / kyphotic
- Lowered head position
- Shuffling

Pain
- Ongoing / Chronic pain
- Recent injury
- Regular headaches

Transfer Issues
- Sitting to standing
- On / off - Chair
- On / off - Toilet
- Lying to sitting
- In / out of bed

Note chest – patients may be returned to PICU after sedation on ITU without first going to a medical ward, worth doing a chest Ax

Also, ECT requires multiple anaesthetics per week for several weeks – potential risk of chest infection when combined with being restricted in movement on the ward.

Engagement & Communication as we offer different & tactile approaches.

When to refer…

- Engagement
- Communication
- Activity / Participation
- Risk of falls / Mobility
- Activities of Daily Living
- Obesity / General activity levels
- Degenerative / Negative postures
- Pain / Injury
- Disability / Long term conditions e.g. Stroke / COPD
- D/C planning, levels of physical care required

- If in doubt…

Contact Information

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Questions?