Early Mobilization and Rehabilitation in the ICU: Cutting Edge of Clinical Research and Practice

Carol L. Hodgson^{1), 2), 3), 4), 5)}

 Head of the Division of Clinical Trials and Cohort Studies, School of Public Health and Preventive Medicine, Monash University
Deputy Director of the Australian and New Zealand Intensive Care-Research Centre, Monash University
Specialist ICU Physiotherapist, The Alfred
Honorary Professorial Fellow, The George Institute for Global Health
Honorary Professorial Fellow, Critical Care Research, University of Melbourne

The quality of survival for patients after intensive care unit (ICU) admission is a major health challenge that has been described as the defining challenge for critically ill in the 21st century. ICU survivors may have delayed and compromised functional recovery, which can persist for months or years. Preliminary evidence suggests critically ill patients admitted to ICU who are expected to require prolonged mechanical ventilation may benefit from early activity and mobilisation. However, the type of activities, the timing of the intervention and an effective dose remains unclear. Preliminary evidence shows that active mobilisation commenced early (within 3 days) of invasive mechanical ventilation may be effective. Further, there is emerging evidence that a higher level of mobilisation may improve 6-month health status. The Treatment of Invasively Ventilated Adults with Early Activity and Mobilisation (TEAM III study; ClinicalTrials.gov Identifier: NCT03133377) is a phase III randomised controlled trial in patients who are expected to receive mechanical ventilation for more than 48 hours. TEAM III will evaluate in such patients whether, compared to standard care, early mobilisation and rehabilitation commenced in ICU increases the number of days alive and out of hospital at day 180 (DAOH₁₈₀) following randomization. The study will be completed in 2022.