Physiotherapy in Intensive Care: Towards an Evidence-Based Practice
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Setting the Scene:
The aim of this article is to review the evidence regarding the effectiveness of physiotherapy for patients in the ICU and provide a framework for evidence-based practice.

What did they do?
In most hospitals in developed countries, physiotherapy is seen as an integral part of the management of patients in ICUs. The precise role that physiotherapists play in the ICU varies considerably from one unit to the next, depending on factors such as the country in which the ICU is located, local tradition, staffing levels, training, and expertise. The referral process is one example of this variation, whereby in some ICUs, physiotherapists assess all patients, whereas in other ICUs, patients are seen only after referral from medical staff. The most common techniques used by physiotherapists in the ICU are positioning, mobilization, manual hyperinflation (MH), percussion, vibrations, suction, cough, and various breathing exercises. Some physiotherapists routinely treat most, if not all, ICU patients with a combination of these techniques, regardless of the patient’s underlying pathophysiologic condition, with the intention of preventing pulmonary complications, whereas other physiotherapists use such techniques selectively when they believe they are specifically indicated. As the cost associated with the management of ICU patients is very high, the requirement for all those who work in ICUs, including physiotherapists, to provide evidence-based practice is mandatory.

Takeaway Message:
Although recommendations can be made concerning evidence-based practice for physiotherapy in the ICU, these are limited because of the lack of data evaluating the effectiveness of physiotherapy in this setting. There is an urgent need for further research to be conducted to justify the role of physiotherapy in the ICU.