

# Physical Activity & Movement—PAM



## ASSESSMENT & CLINICAL PRACTICE

1	A dedicated physical activity and movement program should be implemented to aid in the recovery of critically ill patients <b>Grade A</b>
2	Early physical activity and movement is feasible and safe for critically ill patients and should be incorporated into usual practice <b>Grade A</b>
3	All patients admitted to the ICU should be screened on a daily basis for inclusion in PAM program. This assessment should be documented in the patient's medical record. Where feasible this screening should occur within 24 hours of admission <b>Grade C</b>
4	The program, based on the patient's current activity level, should be developed in consultation with a multidisciplinary team <b>Grade C</b>
5	In addition to the physical benefits, PAM should be implemented to support patients' psychosocial needs and reduce concerns such as anxiety, depression and sleep disorders/disturbances that may impact the patient after discharge from the ICU <b>Grade C</b>
6	The minimum human resources for safely ambulating the ventilated patient must be 3 staff members, one of whom is experienced and will act as team leader. The actual number of staff will be based on pre-mobility assessment. A medical officer with accreditation in advanced airway skills must be available on site <b>Grade C</b>
7	The equipment that may be required includes a portable ventilator and/or manual resuscitator bag, portable suction and oxygen, IV pole, monitoring equipment, a walking frame and a wheelchair to follow <b>Grade C</b>
8	The development of a dedicated multidisciplinary team is essential for the successful implementation and maintenance of a physical activity and movement plan <b>Grade C</b>

## TREATMENT PROGRESSION FOR PAM

### STAGE 1: Active, resisted & bed exercises once patient is awake & obeys commands

If able to complete Stage 1 & able to lift both arms > 90degrees (shoulder flexion against gravity)

### STAGE 2: Sit on the edge of the bed (SOEOB) Supported or unsupported

If able to do Stage 2 but cannot do straight leg raise try tilt table &/or SOOB passively  
If able to do Stage 2 (SOEOB) unsupported & can perform straight leg raises

### STAGE 3: Stand transfer to SOOB

If able to stand transfer with minimal assistance— progress to stage 4

### STAGE 4: Marching on the spot

If able to stand tolerate stage 4— progress to stage 5

### STAGE 5: Ambulation with or without assistance

## PAM Assessment tool

