

# Barriers, Perceptions and Knowledge of Early Mobilization Practice Post Cardiovascular Surgeries Across Indian Physiotherapists Working in Intensive Care Units: Observational Cross-Sectional Survey Study

Denis C Juma<sup>1</sup>, S Sridevi<sup>2</sup>, N Venkatesh<sup>3</sup>, T Senthil Kumar<sup>4</sup>

<sup>1</sup>Post Graduate student, MPT Cardiopulmonary Sciences, Faculty of Physiotherapy,<sup>2,3</sup>Professor: Faculty of Physiotherapy,

<sup>4</sup>Associate Professor: Faculty of Physiotherapy, Sri Ramachandra Institute of Higher Education and Research, Chennai, India.

E-mail Id: devibsmoorthy@sriramachandra.edu.in

## Abstract

*Introduction:* Early mobilisation (EM) post cardiovascular surgeries is paramount to attaining positive effects, as EM is shown to have physical, mental and emotional benefits in restoring a patient's condition. Despite the benefits, safety, and feasibility, clinicians, including Physiotherapists, do not commonly use early mobilisation in intensive care units.

*Methods:* An observational descriptive Cross-Sectional Survey to study barriers, knowledge and perceptions of early mobilisation practised post-cardiovascular surgery patients among Indian Physiotherapists working in ICU/PCCU was carried out from February 2024 to April 2024.

*Results:* The rate of responses was 84.2%. Most respondents (48.5%) checked early ambulation as crucial, as it should be a top priority in the care of critically ill patients and should be initiated as soon as the patient's cardiac-pulmonary function stabilised. More than half of the respondents (52.5%) were familiar with clinical trials and/or literature that evaluate early mobilisation to post-cardiovascular surgery in ICU/PCCU, while 47.5% were not. Regarding training, over one-third of the respondents (37.6%) do not feel sufficiently trained or informed to mobilise non-invasive mechanical ventilated post-cardiac surgery clients in the ICU/PCCU. The most important barriers identified were medical or surgical instability (69 (68.3%)), prior order required from consultants/surgeons or physicians (60 (59.4%)), absence of written guidelines or protocols (45 (44.6%)), excessive sedation (44 (43.6%)), inadequate equipment (42 (41.6%)) and limited staffing (Physiotherapists).

*Conclusion:* Barriers to practice early ambulation or mobilisation in critical care units still exist.