First Questionnaire

Characteristics of the hospital

Dear coordinator, in this form there are questions about the hospital where you work. The information obtained will be used exclusively to draw up a general profile of the ICUs in Rome.

The email address that you will be asked to enter below is used by the system in order to send you a reply receipt at the end of the questionnaire.

All questions require a single answer except for questions 20, 21 and 22 for which you will be able to indicate more than one option. Question 23 is optional.

All data entered in this questionnaire will be categorized and analysed anonymously.

1. **Email address**
2. **Indicate the hospital and the department in which you are working**
3. **Indicate the type of hospital**
    A. Public
    B. Private accredited with the National Health Service
4. **How many beds are there in the entire hospital?**
    A. < 250
    B. 250 – 400
    C. 401 – 700
    D. >700

Department and staff

5. **What is your department's specialty?**
    A. Cardiac surgery
    B. Cardiology
    C. General
    D. Postoperative
    E. Neurosurgery
    F. Respiratory
    G. Thoracic
    H. Organ transplants
    I. Stroke Unit

J. OTHER (specify)

6. Is this a first or second level ICU?

A. First level

B. Second level

7. How many beds does your ICU have?

8. Do you treat patients in Invasive Mechanical Ventilation (IMV)?

A. Yes

B. No

9. Do you treat patients in Non-Invasive Ventilation (NIV)?

A. Yes

B. No

10. How many physicians (including residents) is your department's team composed of?

11. Please specify the number of residents.

12. How many nurses is your department's team composed of?

13. Are there physiotherapists who work in your department (even sporadically or exclusively after a request)?

A. Yes (go to next question)

B. No (go directly to question number 20)

Physiotherapists

14. How many physiotherapists work in your ICU?

15. How do the physiotherapists work with the team of ICU?

A. They are members of the ICU team

B. They work in ICU only after a physician’s request

C. They are not members of the ICU team and they work independently

D. OTHER (specify)

16. How often do physiotherapists work in your department?

A. Daily

B. 6 days a week

C. 5 days a week

D. 4 days a week

E. 3 days a week

F. 2 days a week

G. 1 day a week

H. OTHER (specify)

17. How long does their overall daily activity in the ward last? By activity we mean all the time necessary to read the medical and nursing records, evaluate the patient, set up a treatment plan, perform the treatment, fill in the rehabilitation record.

A. More than 6 hours
B. About 6 hours
C. Between 3 and 6 hours
D. About 3 hours
E. Between 3 and 1 hour
F. About 1 hour

18. **Is the presence of physiotherapists in the ICU guaranteed in the afternoon? The presence in the afternoon should be considered as an additional shift to the morning shift (double shift) and not a replacement.**

A. Yes
B. Yes, every day except Sunday
C. Yes, every day except Saturday and Sunday.
D. No
E. OTHER (specify)

19. Is the presence of physiotherapists in the ICU guaranteed on weekends?

A. Yes, both Saturday and Sunday
B. Yes, but only on Saturdays
C. No
D. OTHER (specify)

Activities and Skills

The following 3 (20, 21, 22) are multiple choice questions. The activities listed below are only a small part of those that are carried out daily in the ICU. You can indicate more than one option per question and you can indicate the same option for more than one question. Moreover, it is not necessary at the end of the 3 questions to have indicated each option at least once: if some of the listed activities are not carried out by physicians, nurses or physiotherapists, they do not have to be indicated.

1) Adaptation to Non-Invasive Ventilation (NIV)
2) Aerosol therapy

3) Airway suctioning
4) Assisted cough
5) Auscultation
6) Ventilator circuit replacement
7) Check of ventilator circuit
8) Check of ventilator settings before mechanical ventilation
9) Decannulation
10) Decisions on airway humidification
11) Weaning decision making
12) Getting patient out of bed
13) Airway clearance with Positive Expiratory Pressures (e.g. PEP-mask)
14) Airway clearance techniques
15) Arterial blood gas
16) Estubation
17) Assisting the patient to walk
18) Sedation management
19) Pain management
20) Active mobilization
21) Passive mobilization
22) Monitoring of ventilator settings during mechanical ventilation
23) Oxygen therapy
24) Pulmonary function tests Functionality (e.g. Spirometry, MIP, MEP, Sniff...)
25) Tracheostomy cannula cleaning
26) Active respiratory gas humidification during mechanical ventilation
27) Continuous lateral rotation therapy
28) Chose proper interface for Non-Invasive Mechanical Ventilation (NIV)
29) Setting of the Mechanical Fan
30) Spontaneous Breath Trial (SBT) during weaning from mechanical ventilation
31) Use of Ambu bag
32) NONE OF THE PREVIOUS OPTIONS

20. Which of the activities listed above are carried out by physicians?

21. Which of the activities listed above are carried out by nurses?

22. Which of the activities listed above are carried out by physiotherapists? If you previously replied that physiotherapists do not work in the ICU, please indicate option number 32 ("NONE OF THE PREVIOUS OPTIONS") and continue.

Notes

You can freely write any notes, clarifications, opinions and considerations.

23. Write here

Second Questionnaire

Early physiotherapy of the critical patient

Dear physicians, nurses and physiotherapists, in this form there are questions regarding the early physiotherapy of the critical patient. The information obtained will be used exclusively to draw a general profile of what are considered the effects, obstacles and facilities related to this practice in the ICUs of Rome.

The email address that you will be asked to enter below will be used by the system to send you a reply receipt at the end of the questionnaire.

All questions require a single answer except for questions 7, 8 and 9 for which it will be possible to indicate more than one option. Question 10 is optional.

All data entered in this questionnaire will be categorized and analysed anonymously.

24. Email address

25. Indicate the structure and the department in which you are working

26. What is your profession?

A. Physician
B. Resident
C. Nurse
D. Physiotherapist

Early physiotherapy effects

The term early physiotherapy means the beginning of physiotherapy treatment within 48 hours from ICU admission.

27. Do you consider the regular presence of the physiotherapist within the interdisciplinary team of the ICU necessary?

A. Yes
B. No

28. Do you think that an early physiotherapy program may have positive effects on the clinical course of the critical patient?

A. Yes
B. No

29. Are you aware of the effects of early physiotherapy reported in the literature?

A. Yes
B. No

30. Which of these do you think are the effects of an early physiotherapy program?

1) Improvement of mental health conditions
2) Prevention of bed sores
3) Enhancement of physical abilities
4) Reduction of time on mechanical ventilation
5) Reduction of airway infections
6) Facilitation of weaning from mechanical ventilation
7) Prevention of physical deconditioning
8) Prevention of ICU Acquired Weakness (ICUAW)
9) Reduction of length of stay in the ICU
10) Reduction of length of stay in hospital
11) Improvement of physical health condition
12) Improvement of quality of life
13) Reduction of mortality
14) Improvement of efficiency and quality of ICU
15) Reduction of department costs
16) Reduction of costs for the territorial health services
17) Reduction of caregiving burden
18) Improvement of ventilation and gas exchange
19) Prevention of muscle deconditioning
20) Prevention of muscle contracture and retraction
21) Prevention of deep vein thrombosis
22) Reduction of the occurrence of delirium
23) Facilitation of weaning from mechanical ventilation
24) Prevention of bone demineralization
25) Reduction of tracheotomy
26) Improvement of glycemic control
27) Reduction of ICU readmission
28) Reduction reintubation
29) NONE OF THE PREVIOUS OPTIONS
30) OTHER (specify)

Obstacles to early physiotherapy

31. In your opinion what factors could make the practice of early physiotherapy in the ICU difficult?

1) Clinical instability
2) Respiratory instability
3) Cardiovascular instability
4) Severity of illness
5) Administration of particular drugs (e.g. inotropes)
6) Risk of dislocation of catheters, tubes and cables
7) Intubation
8) Venous and/or femoral arterial accesses
9) Cognitive impairment
10) Lower Glasgow Coma Scale
11) Anxiety
12) Mental confusion
13) Psychomotor agitation
14) Delirium
15) Coma
16) Patient refusal
17) Lack of motivation
18) Inadequate analgesia
19) Discomfort
20) Excessive fatigue
21) Need to rest
22) Palliative care and/or imminent death
23) Obesity
24) Inadequate nutritional status
25) Severe weakness
26) Prolonged immobility after ICU admission
27) Orthopedic disease or limitation
28) Continuous Renal Replacement Therapy (CRRT)
29) Extra-Corporeal Membrane Oxygenation (ECMO)
30) Disinformation of patients and family members about the benefits of treatment
31) Lack of medical recommendations

32) Lack of medical authorization
33) Lack of knowledge of the benefits of the treatment by the staff
34) Continuous deep sedation
35) Insufficient knowledge of scientific evidence
36) Discordant views about the benefits of early physiotherapy
37) Inadequate staff training
38) Lack of experience
39) Difficulties in identifying suitable patients for treatment
40) Increase in workload
41) Apprehension towards the patient
42) Staff refusal
43) Increase of costs
44) Low priority to early physiotherapy
45) Limited staff
46) Absence of physiotherapists
47) Lack of nurses
48) Patient safety during mobilization
49) Staff safety during mobilization
50) Lack of material and equipment
51) Lack of space in the ward
52) Lack of founds
53) Poor administrative support
54) Few patients to justify an early physiotherapy program
55) Absence of computerization of medical records
56) Fragmentation of care
57) Absence of protocols
58) Absence of guidelines
59) Delays in the patient's clinical assessment
60) Other daily activities
61) Lack of time
62) Lack of leadership to promote early physiotherapy
63) Lack of work coordination
64) Lack of well-defined roles and responsibilities
65) Poor communication between staff

66) Lack of interdisciplinary collaboration
67) Quick discharge from the ICU
68) NONE OF THE PREVIOUS OPTIONS
69) OTHER (specify)

Early physiotherapy facilities

32. What strategies do you think could facilitate early physiotherapy in the ICU?

1) Organize interdisciplinary briefings
2) Daily screening of patients by physiotherapists
3) Propose gradual and progressive activities with continuous monitoring of vital signs
4) Establish safety ranges for the patient's vital signs and for the values reported by the devices
5) Avoid excluding patients from treatment a priori on the basis of exclusion criteria but assess them on a case-by-case basis
6) Assess pain and ensure analgesic coverage especially before treatment
7) Prefer non-narcotic pain management
8) Assess nutritional status
9) Use protocols and/or guidelines to guide, standardize and secure treatment and facilitate clinical decisions
10) Daily assessment and start treatment soon as possible
11) Daily assessment of delirium
12) Minimize the administration of benzodiazepines
13) Modify environmental stimuli by favoring spatio-temporal orientation and sleep
14) Listening, understanding, educating and encouraging the patient
15) Improve and ensuring a good quality of sleep
16) Set the treatment with the aim of ensuring the highest quality of life for the patient
17) Secure catheters, tubes and cables before mobilization.
18) Choose, if possible, catheter access that does not impede patient movement.
19) Involving the media in the education of the community
20) Create protocols for sedation management
21) Perform daily sedation assessments
22) Set as target a mild sedation
23) Daily interruption of sedation
24) Prefer the administration of drugs for sedation in boluses rather than continuous infusion

25) Avoid the use of long half-life drugs
26) Recruit physiotherapists to create stable leadership
27) Invest in staff training
28) Organize educational campaigns and refresher courses
29) Cross-training of staff with interdisciplinary lessons
30) Learn how to quickly identify suitable patients for treatment
31) Provide free access to biomedical databases for literature consultation
32) Learning from scientific evidence the benefits, and therefore the importance, of early physiotherapy
33) Recognizing that current treatment models preclude early physiotherapy
34) Identify counterproductive practices and agree on the need to change the modus operandi
35) Creating an early physiotherapy program to achieve shared goals
36) Buy new devices including portable monitors and mechanical ventilation equipment
37) Recruit more physiotherapists and other rehabilitation specialists
38) Train staff in the appropriate use of the available material
39) Organize the hospital into functional departments to develop a method of interdepartmental patient management from admission to discharge
40) Involve the organizational, administrative and managerial staff
41) Digitize medical records for quick access to patient information
42) Creation of a mobility team
43) Create protocols and guidelines to ensure a quick and safe start of treatment
44) Planning of discharge
45) Improve work coordination
46) Define roles, duties and responsibilities of each professional
47) Stimulate communication, confrontation and interdisciplinary cooperation by setting shared objectives to be achieved
48) NONE OF THE PREVIOUS OPTIONS
49) OTHER (specify)

Notes

You can freely write any notes, clarifications, opinions and considerations.

33. Write here

Tables

Perceived obstacles to early physiotherapy.

Obstacles to EP	Physicians n (%)	Nurses n (%)	Physiotherapists n (%)	TOTAL n (%)
PATIENT				
Clinical instability	5 (62.5)	10 (90.9)	5 (50)	20 (69)
Cardiovascular instability	3 (37.5)	8 (72.7)	6 (60)	17 (58.6)
Delirium	4 (50)	6 (54.5)	6 (60)	16 (55.2)
Intubation	4 (50)	7 (63.6)	5 (50)	16 (55.2)
Orthopedic diseases or limitations	5 (62.5)	5 (45.5)	5 (50)	15 (51.7)
Respiratory instability	3 (37.5)	7 (63.6)	5 (50)	15 (51.7)
Psychomotor agitation	4 (50)	5 (45.5)	5 (50)	14 (48.3)
Inadequate analgesia	4 (50)	3 (27.3)	6 (60)	13 (44.8)
Risk of dislocation of catheters, tubes and cables	3 (37.5)	5 (45.5)	5 (50)	13 (44.8)
Patient refusal	4 (50)	5 (45.5)	4 (40)	13 (44.8)
Severity of illness	2 (25)	7 (63.6)	4 (40)	13 (44.8)
Cognitive impairment	4 (50)	5 (45.5)	3 (30)	12 (41.4)
Prolonged immobility after ICU admission	3 (37.5)	4 (36.4)	4 (40)	11 (37.9)
Coma	2 (25)	5 (45.5)	3 (30)	10 (34.5)
ECMO	4 (50)	3 (27.3)	3 (30)	10 (34.5)
Disinformation about the benefits of treatment	4 (50)	1 (9.1)	5 (50)	10 (34.5)
Low Glasgow Coma Scale	2 (25)	4 (36.4)	3 (30)	9 (31)
Mental confusion	2 (25)	4 (36.4)	3 (30)	9 (31)
Venous and/or arterial femoral catheters	2 (25)	3 (27.3)	4 (40)	9 (31)
Need to rest	3 (37.5)	3 (27.3)	3 (30)	9 (31)
Palliative care and/or imminent death	3 (37.5)	3 (27.3)	2 (20)	8 (27.6)
Severe weakness	3 (37.5)	2 (18.2)	3 (30)	8 (27.6)
CRRT	2 (25)	3 (27.3)	2 (20)	7 (24.1)
Lack of motivation	3 (37.5)	1 (9.1)	3 (30)	7 (24.1)

Obstacles to EP	Physicians n (%)	Nurses n (%)	Physiotherapists n (%)	TOTAL n (%)
Administration of particular drugs (e.g., inotropes)	2 (25)	2 (18.2)	2 (20)	6 (20.7)
Inadequate nutritional status	1 (12.5)	3 (27.3)	2 (20)	6 (20.7)
Discomfort	1 (12.5)	2 (18.2)	3 (30)	6 (20.7)
Anxiety	1 (12.5)	1 (9.1)	3 (30)	5 (17.2)
Excessive fatigue	1 (12.5)	2 (18.2)	2 (20)	5 (17.2)
Obesity	1 (12.5)	1 (9.1)	2 (20)	4 (13.8)
CULTURE				
Low priority to EP	5 (62.5)	5 (45.5)	8 (80)	18 (62.1)
Lack of experience	6 (75)	4 (36.4)	7 (70)	17 (58.6)
Continuous deep sedation	6 (75)	5 (45.5)	5 (50)	16 (55.2)
Insufficient knowledge of scientific evidence	6 (75)	2 (18.2)	6 (60)	14 (48.3)
Inadequate staff training	6 (75)	2 (18.2)	6 (60)	14 (48.3)
Lack of knowledge of the benefits of treatment by the staff	5 (62.5)	3 (27.3)	6 (60)	14 (48.3)
Lack of medical recommendations	2 (25)	3 (27.3)	7 (70)	12 (41.4)
Lack of medical authorization	3 (37.5)	2 (18.2)	7 (70)	12 (41.4)
Discordant views about the benefits of EP	2 (25)	2 (18.2)	4 (40)	8 (27.6)
Increase of costs	4 (50)	1 (9.1)	2 (20)	7 (24.1)
Increase of workload	4 (50)	1 (9.1)	1 (10)	6 (20.7)
Staff refusal	2 (25)	2 (18.2)	2 (20)	6 (20.7)
Apprehension towards the patient	2 (25)	1 (9.1)	2 (20)	5 (17.2)
Difficulty in identifying suitable patients for treatment	1 (12.5)	1 (9.1)	2 (20)	4 (13.8)
HOSPITAL				
Absence of physiotherapists	6 (75)	6 (54.5)	5 (50)	17 (58.6)
Lack of founds	3 (37.5)	5 (45.5)	6 (60)	14 (48.3)
Limited staff	3 (37.5)	4 (36.4)	4 (40)	11 (37.9)

Obstacles to EP	Physicians n (%)	Nurses n (%)	Physiotherapists n (%)	TOTAL n (%)
Absence of computerization of medical records	4 (50)	3 (27.3)	4 (40)	11 (37.9)
Lack of material and equipment	2 (25)	2 (18.2)	3 (30)	7 (24.1)
Patient safety during mobilization	3 (37.5)	1 (9.1)	3 (30)	7 (24.1)
Poor administrative support	3 (37.5)	1 (9.1)	3 (30)	7 (24.1)
Lack of nurses	3 (37.5)	1 (9.1)	1 (10)	5 (17.2)
Lack of space in the ward	3 (37.5)	1 (9.1)	1 (10)	5 (17.2)
Few patients to justify an EP program	2 (25)	1 (9.1)	2 (20)	5 (17.2)
Staff safety during mobilization	2 (25)	1 (9.1)	1 (10)	4 (13.8)
Fragmentation of care	1 (12.5)	1 (9.1)	2 (20)	4 (13.8)
MANAGEMENT				
Absence of protocol	6 (75)	3 (27.3)	8 (80)	17 (58.6)
Absence of guideline	6 (75)	2 (18.2)	7 (70)	15 (51.7)
Lack of well-defined roles and responsibilities	4 (50)	4 (36.4)	5 (50)	13 (44.8)
Poor communication between staff	3 (37.5)	5 (45.5)	4 (40)	12 (41.4)
Lack of work coordination	3 (37.5)	3 (27.3)	5 (50)	11 (37.9)
Other daily activities	3 (37.5)	3 (27.3)	4 (40)	10 (34.5)
Lack of interdisciplinary collaboration	2 (25)	3 (27.3)	3 (30)	8 (27.6)
Lack of time	3 (37.5)	2 (18.2)	3 (30)	8 (27.6)
Lack of leadership to promote EP	3 (37.5)	1 (9.1)	4 (40)	8 (27.6)
Delay in the patient's clinical assessment	1 (12.5)	3 (27.3)	3 (30)	7 (24.1)
Quick discharge from the ICU	1 (12.5)	1 (9.1)	1 (10)	3 (10.3)

CRRT, continuous renal replacement therapy; ECMO, extracorporeal membrane oxygenation; EP, early physiotherapy.

Strategy to overcome the obstacles to early physiotherapy.

Facilitations to EP	Physicians n (%)	Nurses n (%)	Physiotherapists n (%)	TOTAL n (%)
PATIENTS				
Interdisciplinary briefing	6 (75)	10 (90.9)	9 (90)	25 (86.2)
Avoid excluding a priori but assess patents case-by-case	6 (75)	9 (81.8)	7 (70)	22 (75.9)
Listen and encourage the patient	3 (37.5)	7 (63.6)	7 (70)	17 (58.6)
Use protocols and/or guidelines	5 (62.5)	6 (54.5)	6 (60)	17 (58.6)
Establish safety ranges for the patient's vital signs	5 (62.5)	6 (54.5)	6 (60)	17 (58.6)
Ensure analgesic coverage before treatment	4 (50)	6 (54.5)	6 (60)	16 (55.2)
Daily screening of patients by physiotherapists	3 (37.5)	6 (54.5)	6 (60)	15 (51.7)
Gradual and progressive activities	4 (50)	5 (45.5)	5 (50)	14 (48.3)
Daily evaluation of delirium	3 (37.5)	5 (45.5)	6 (60)	14 (48.3)
Daily assessment and start treatment soon as possible	3 (37.5)	6 (54.5)	4 (40)	13 (44.8)
Secure catheters, tubes and cables before mobilization	4 (50)	5 (45.5)	4 (40)	13 (44.8)
Choose a catheter access that does not restrict patient movement	3 (37.5)	4 (36.4)	6 (60)	13 (44.8)
Ensuring the highest quality of life for the patient	4 (50)	4 (36.4)	5 (50)	13 (44.8)
Minimize the administration of benzodiazepines	4 (50)	3 (27.3)	5 (50)	12 (41.4)
Modify environmental stimuli favoring spatio-temporal orientation and sleep	1 (12.5)	5 (45.5)	5 (50)	11 (37.9)
Improve and guarantee a good quality of sleep	2 (25)	4 (36.4)	5 (50)	11 (37.9)
Assess nutritional status	1 (12.5)	6 (54.5)	3 (30)	10 (34.5)
Prefer non-narcotic pain management	3 (37.5)	3 (27.3)	4 (40)	10 (34.5)
Involving the media in the education of the community	1 (12.5)	3 (27.3)	3 (30)	7 (24.1)
CULTURE				
Invest in staff training	6 (75)	7 (63.6)	9 (90)	22 (75.9)

Facilitations to EP	Physicians n (%)	Nurses n (%)	Physiotherapists n (%)	TOTAL n (%)
Learn about of benefits of EP	4 (50)	7 (63.6)	5 (50)	16 (55.2)
Create protocol for sedation	5 (62.5)	5 (45.5)	6 (60)	16 (55.2)
Organize refresher courses	4 (50)	5 (45.5)	7 (70)	16 (55.2)
Cross-training of staff with interdisciplinary lessons	3 (37.5)	5 (45.5)	7 (70)	15 (51.7)
Recruit physiotherapists to create stable leadership	4 (50)	5 (45.5)	5 (50)	14 (48.3)
Set as target a mild sedation	4 (50)	4 (36.4)	5 (50)	13 (44.8)
Creating an EP program to achieve shared goals	3 (37.5)	5 (45.5)	5 (50)	13 (44.8)
Learn how to quickly identify suitable patients for treatment	4 (50)	3 (27.3)	6 (60)	13 (44.8)
Perform daily sedation assessments	3 (37.5)	4 (36.4)	5 (50)	12 (41.4)
Provide free access to biomedical databases for literature consultation	4 (50)	3 (27.3)	5 (50)	12 (41.4)
Identify counterproductive practices and change the modus operandi	2 (25)	4 (36.4)	4 (40)	10 (34.5)
Recognizing that current treatment models preclude EP	1 (12.5)	4 (36.4)	3 (30)	8 (27.6)
Daily interruption of sedation	2 (25)	2 (18.2)	4 (40)	8 (27.6)
Avoid the use of drugs with long half-life	2 (25)	2 (18.2)	4 (40)	8 (27.6)
Prefer sedation by boluses rather than continuous infusion	1 (12.5)	2 (18.2)	2 (20)	5 (17.2)
HOSPITAL				
Involve organizational, administrative and managerial staff	3 (37.5)	6 (54.5)	6 (60)	15 (51.7)
Train staff in the appropriate use of the available material	5 (62.5)	4 (36.4)	5 (50)	14 (48.3)
Recruit more physiotherapists and other rehabilitation specialists	2 (25)	5 (45.5)	4 (40)	11 (37.9)
Create functional departments for interdisciplinary management of patient	3 (37.5)	4 (36.4)	4 (40)	11 (37.9)

Facilitations to EP	Physicians n (%)	Nurses n (%)	Physiotherapists n (%)	TOTAL n (%)
Digitize medical records for quick access to patient information	3 (37.5)	3 (27.3)	5 (50)	11 (37.9)
Buy new devices including portable monitors and ventilation equipment	3 (37.5)	2 (18.2)	3 (30)	8 (27.6)
MANAGEMENT				
Stimulate communication, confrontation and interdisciplinary cooperation	3 (37.5)	4 (36.4)	5 (50)	12 (41.4)
Creation of a mobility team	3 (37.5)	4 (36.4)	4 (40)	11 (37.9)
Improve work coordination	2 (25)	4 (36.4)	5 (50)	11 (37.9)
Create protocols and guidelines to ensure a quick and safe start of treatment	1 (12.5)	4 (36.4)	5 (50)	10 (34.5)
Define roles, duties and responsibilities of each professional	3 (37.5)	3 (27.3)	4 (40)	10 (34.5)
Planning of discharge	2 (25)	3 (27.3)	4 (40)	9 (31.0)

EP, early physiotherapy.