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pain following participation (6/10 FJA didn't lose workdays compared to 9/10 prior to participation). Stretching exercise components did not reduce pain intensity or days absent from work.

Conclusion(s): This review indicates that isometric exercises and 4-directional resistance machines were the most common exercise programme components. The variation of the definition and outcome measures for neck pain intensity hindered synthesis across the included studies. Further research is recommended to investigate the effective components of exercise programmes and developing a set of core outcome measures for neck pain intensity would allow comparison of data across studies.

Impact: Neck pain is prevalent in 4.95% of the UK population. Investigating the effective components of an exercise programme for reducing neck pain in the military population could assist physiotherapists to employ these techniques in the general population and could have the potential to reduce pain intensity and absence from work.

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P176

The impact of early mobilisation in patients within the Covid-19 high dependency unit



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Purpose: The first wave of the COVID-19 pandemic highlighted muscle deconditioning and reduced exercise tolerance in those recovering from illness. This was recognised in patients discharged from Intensive Care Units (ICU) and High Dependency Unit (HDU) to downstream wards. The Scottish Government's COVID-19 Rehabilitation Framework emphasises the need for rehabilitation to commence as early. With this and anecdotal feedback, gained from COVID-19 follow up clinics, a need for early mobilisation to commence within the COVID-19 HDU at Glasgow Royal Infirmary was recognised. Therefore, a Physiotherapy service was developed to offer early mobilisation and to support nursing staff for the second wave in January 2021. The aim was to measure the impact the Physiotherapy service in COVID-19 had on time to early mobilisation and the impact this had on overall hospital length of stay (LOS). Our primary objectives were to quantitatively record the time to receiving Physiotherapy, LOS in COVID-19 HDU and overall LOS.

The secondary objective was qualitative staff feedback about the service.

Methods: The Physiotherapy Team: This was made up of a Team Lead Physiotherapist and 3 redeployed Rotational Physiotherapists. The service on the unit was from 0830–1630 Monday–Friday. Early Mobilisation was offered to all patients deemed fit enough, and was done by following a standardised Early Mobilisation Protocol.

Quantitative data was pulled retrospectively for patients that were admitted to COVID-19, pre (October–November 2020) and post (January–February 2021) the implementation of the Physiotherapy service, using Trakare and Clinical Portal. Descriptive statistics, age and gender, were also collated for all patients. This was then inputted and stored into a Microsoft Excel Spreadsheet.

Qualitative data was collected by creating a staff questionnaire, this was distributed by the Physiotherapy team and was analysed and checked by an objective reviewer.

Results: There was a total of 150 patients, 75 in the pre intervention cohort (pre) and 75 in the post intervention cohort (post).

Length of stay

The average LOS in CHDU for the pre cohort was 4.65days compared to 4.42days in the post cohort.

The average LOS post discharge from CHDU for the pre cohort was 9.36 days compared to 3.49days in the post cohort.

The difference between pre and post cohort overall LOS is 5.87days.

Time to Early Mobilisation

The average time to early mobilisation in the pre cohort was 4days compared to 1.5 days in the post intervention cohort.

Staff Feedback was overall very positive.

Conclusion(s): The introduction of a Physiotherapy team in CHDU reduces time to early mobilisation and can be said to contribute to a reduction in hospital LOS. Future follow up work on the longer term mobility outcomes would be of benefit to show if earlier mobilisation increases confidence to rehabilitate.

Impact: This data can be compared with other similar units across the country to share practice and experience with COVID-19 patients. The work can also be used to inform decision making when looking at staffing HDU settings. The results positively show the impact that early mobilisation has on patient outcomes and promotes the role of Physiotherapy.

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