**Supplemental Table 32. GLOSSARY for Rehabilitation/mobilization interventions**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
|  |
| **Intervention** | **Explanation/Definition** |
| Active range of motion (AROM) | Independent movement of a joint without any external assistance given to the muscles surrounding the joint. |
| Activities of daily living (ADL) | Commonly-performed activities that are required for functioning independently within a community setting. Basic ADLs include self-care tasks, such as bathing/showering, dressing, bowel and bladder management, feeding and mobility. Instrumental ADLs may include engaging in housework, shopping, taking medications, managing finances, and using public transport.  |
| Ambulation | Walking |
| Bed mobility | Ability to move independently while lying in bed, including changing position in bed.  |
| Breathing exercises | The combination of relaxed diaphragmatic breathing and thoracic expansion exercises to increase lung volume, commonly performed with a forced expiratory maneuver to assist in expelling secretions.  |
| Cognitive [rehabilitation] therapy | Interventions to reestablish or to compensate for cognitive deficits as a result of damage or changes to the brain cells and/or chemistry.  |
| Cycle ergometry | Performance of exercise using an upright or in-bed/supine stationary bicycle. |
| Functional exercises | Exercises directed at improving a particular task-specific activity. |
| Marching in place or marching on the spot | Alternate lifting of the feet while standing in place. |
| Mobilization | A type of intervention within rehabilitation that facilitates the movement of patients and expends energy, with a goal of improving patient outcomes. [1] Citation: Amidei C: **Mobilisation in critical care: a concept analysis**. *Intensive & critical care nursing : the official journal of the British Association of Critical Care Nurses* 2012, **28**(2):73-81. |
| Neuromuscular electrical stimulation (NMES) | The use of electrical currents, delivered via electrodes placed on the skin on top of targeted muscles, to elicit muscle contraction via activating intramuscular nerve branches. |
| Occupational therapy (OT) | A type of rehabilitation therapy that aims to enable people to participate in the activities and roles that they want to, need to, or are expected to do, or to modify the activities and roles or the environment to better support these goals.  |
| Physical therapy or physiotherapy (PT) | A type of rehabilitation therapy that aims to maintain, enhance or restore maximum movement and physical function that is impaired or threatened by aging, injury, pain, disorders, diseases, conditions, or environmental factors. |
| Pre-gait activities | Activities and positional movements used to prepare a person for walking; such activities include: sitting, rolling, kneeling, and exercises. |
| Passive range of motion (PROM) | Movement of a joint through its range of motion without effort or assistance from the patient. |
| Pulmonary rehabilitation | A broad program of exercise, education, and support to help patients with chronic lung disease learn to breath and function at the highest level possible. |
| Rehabilitation | “A set of interventions designed to optimize functioning and reduce disability in individuals with health conditions” [2]Citation: World Health Organization. (2017). Rehabilitation: key for health in the 21st century (WHO/NMH/NVI/17.3). *Retrieved from* [*http://www.who.int/disabilities/care/KeyForHealth21stCentury.pdf?ua=1*](http://www.who.int/disabilities/care/KeyForHealth21stCentury.pdf?ua=1) |
| Resistance exercises, active resistance training, or progressive resistance training | Any form of exercise that causes the muscles to contract against external resistance with the expectation of increases in strength, tone, mass, and/or endurance. |
| Transfers  | Transitional movements between one physical position to another, such as movement from sit to stand and from lying to sitting on the edge of the bed. |
|  |
| **Outcome Measures** |
| **Measure** | **Explanation/Definition** |
| Manual Muscle Test | A standardized physical examination of strength for specific muscle groups in the arms and legs. The examiner places their hands on a patient's arm or leg, and tries to move the arm or leg while asking the patient to resist the examiner. This examination is often scored using the Medical Research Council scale (see below). |
| Medical Outcomes Study Short Form-36 (SF-36) survey | A self-report questionnaire of health status or health-related quality of life.  |
| SF-36 Physical Function (PF) domain | Physical Function domain is one of the 8 subscales of the SF-36 survey (see above). This domain comprises 10 questions related to physical functioning and activities. Scores range from 0 to 100 and can be scored using standardized values (mean of 50, standard deviation of 10). Higher scores indicate better health status. |
| Medical Research Council (MRC) scale and MRC Sum score | The MRC scale is a 6-point ordinal scale for scoring manual muscle testing (see above). The MRC scale provides scores for each muscle group assessed, ranging from 0 (no visible or noticeable contraction of muscle) to 5 (maximum strength). The total MRC score from 3 specific muscle groups in each arm and each leg are summed to create the MRC Sum score (range: 0 to 60), with a score <48 frequently referred to as “intensive care acquired weakness.”  |
| Physical Function Intensive Care Test Scored (PFITs) | A performance-based assessment in which the participant performs four tasks: 1) sit to stand level of assistance, 2) marching on the spot cadence, 3) shoulder flexion strength, and 4) knee extensor strength. Each of the 4 items is scored from 0-3, with a total maximum score of 12. This ordinal score can be converted to an interval score out of 10.  |
| Timed Up and Go (TUG) | A performance-based assessment for evaluating mobility, and both static and dynamic balance. This assessment measures the time (in seconds) for a patient to rise from a chair, walk three meters, turn around, walk back to the chair, and sit down. Any mobility aid normally used by the patient can be used during this test.  |

 |

**References**

1. Amidei C: **Mobilisation in critical care: a concept analysis**. *Intensive Crit Care Nurs* 2012, **28**(2):73-81.

2. World Health O: **Rehabilitation: key for health in the 21st century**. In*.*: World Health Organization; 2017: 6.