**PHYSICAL FUNCTION AMONG BURN PATIENTS AT DISCHARGE FROM AN INTENSIVE-CARE BURN UNIT (P115)**

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**Introduction:** BICU in Linköping is one of two national intensive-care burn units in Sweden, with ability to treat up to six patients with severe burn injuries. The unit also treat patients during the post-intensive care. Physiotherapy during the intensive-care phase focus on active and passive range of motion exercises, breathing exercises and functional positioning. During the post-intensive care, physiotherapy give high priority to mobilisation, functional exercises and directed range of motion exercises for skin and joint motion.

The aim of this study was to describe physical function, at time for discharge from BICU, among patients with burn injuries treated during 2013-2014.

**Method:** Inclusion criteria: Treated for at least 7 days at the BICU ward as in-patients, having a burn injury engaging one/several joints and affecting range of motion or strength, having underwent surgery with skin graft stable enough to participate in the physical examination, age >7 years.

Sample: 29 patients (21 men), mean age 46 (±17 (SD)) years, treated in average as in-patients for 28 (±12) days. Patient burn TBSA% as follows (n) 5 (<10%), 20 (10-30%) and 3 (>30%). Injuries were located to multiple body parts in different combinations.

Outcome: At discharge, patients rated present physical function and physical function before injury, on a ten-point scale (0=worst imaginable physical function/unable to perform desirable activities, 10=best imaginable physical function/fully able to perform desirable activities). Traditional functional tests were undertaken (see results)

**Results:** At discharge, patients rated their physical function as (median) 50% of their physical function before injury. Loss of physical function varied based on TBSA, and patients with TBSA >30% had lost (median) 60% of their physical function while those with TBSA <10% had lost 40%.

Functional tests showed that the majority could manage 15 seconds of toe- (96%) or heel-stand (89%), but one third had difficulties with one-leg-stand (32%) or performing a squat to stool level (20 cm) (46%). Approximately one of four had difficulties performing full shoulder abduction (26%), shoulder flexion (26%), or reaching with one/both hands to the neck (28%) or back (36%). Most patients (86%) were not able to complete the timed-stands test within estimated values for normal performance.

**Conclusion:** Although most patients could manage many of the functional test at discharge, there were limitations in balance, muscle strength and shoulder range of motion that might restrict performance of daily activities. Difficulties with performance of the timed-stands-test could be due to multiple factors and a complex task demanding high level of motor function. Further investigations are needed to explore changes over time.