

Patient ID **1** **(site #)** **(patient #)** **Patient Initials** **(F, L)** **PT Initials** **(F, L)** **Date** (dd/mm/yyyy) / / 201
Day of Week **Study Day** **(1 - 28)**

PT THERAPY: WORKSHEET

1. Was routine PT done today? [4.2 Q7]

- ☐ Yes (**submit Form 5R**)
☐ No (check one) → ☐ Patient discharged from ICU before 1200pm
☐ No (check all) → ☐ Not offered ☐ Patient refused ☐ Cycling prioritized ☐ Other (specify) _____

2. Was cycling done today? [4.2 Q8]

- ☐ Yes (**submit Form 5C**)
☐ No (check one) → ☐ N/A (patient randomized to routine PT only) ☐ Patient discharged from ICU before 1200pm
☐ Patient randomized too late in the day ☐ Patient marched on the spot for 2 consecutive days
☐ No (check all within "Therapist not available", "Patient not available", "Patient declined", "Other reasons", and "Exemption criteria met")

Therapist not available

- ☐ Workload
☐ Bike not available
☐ No CYCLE trained PT available

Patient not available

- ☐ Out of ICU
☐ Family declined _____
☐ While in ICU (procedure, test, etc.)

Patient declined

- ☐ Tired ☐ Having a bad day
☐ Non-verbal behaviours indicating disinterest
☐ Other reason patient declined (specify) _____

Other reasons

- ☐ Other patient activity prioritized (specify) _____
☐ Other (specify) _____

Exemption criteria met (insert ALL criteria from ALL screening attempts; if #10 occurs multiple times, specify all reason(s))

- ☐ → A) _____ B) _____ C) _____ D) _____ E) _____ F) _____

(#10 specify) _____

(#10 specify) _____

- | | |
|---|--|
| 1. Increase in inotropes/vasopressors (2h) | 8. Uncontrolled pain |
| 2. Active MI, or unstable/uncontrolled arrhythmia per ICU team | 9. Changes in goals to palliative care |
| 3. MAP <60 or >110 (2h) or out of range for this patient per ICU team | 10. Team perception that therapy is not appropriate despite absence of above criteria [e.g., active haemorrhage from any site, acute peritonitis, new pelvic, groin, or extremity wound precluding therapy, new known or suspected muscle inflammation (e.g. rhabdomyolysis)] (SPECIFY ABOVE) |
| 4. HR <40 or >140 (2h) | |
| 5. SpO ₂ <88% (2h) or out of range for this patient per ICU team | |
| 6. Neuromuscular blocker (4h) | |
| 7. Severe agitation RASS or SAS >2 or equivalent (2h) | |

3. Total # of screening attempts for cycling today? [4.3 Q10] (#) ☐ N/A (patient randomized to routine PT)

4A. Therapy duration (min) [4.3 Q11A]

- ☐ No PT received Session 1 time _____ (min) →
☐ N/A Session 2 time _____ (min) →
☐ N/A Session 3 time _____ (min) →

4B. Therapy received [4.3 Q11B]

(check ALL)

- ☐ Routine PT ☐ Cycling
☐ Routine PT ☐ Cycling
☐ Routine PT ☐ Cycling

4C. Safety Events [4.3 Q11C]

(If "Yes" submit Safety Events Form 6)

- ☐ No ☐ Yes
☐ No ☐ Yes
☐ No ☐ Yes

5. Patient highest level of activity from all therapy sessions (routine PT and cycling) [4.3 Q12]

- | | | |
|--|--|--|
| <input type="checkbox"/> No PT received | 0) Passively moved by staff (includes passive cycling only) | 6) Marching on the spot (at bedside; ≥ 2steps/foot) |
| <input type="text"/> <input type="text"/> (0 - 11) | 1) Any activity in bed, but not moving out of or over edge of bed (includes cycling) | 7) Walking with assistance of 2 or more people (≥5m) |
| | 2) Passively moved to chair (no standing or sitting at edge of bed) | 8) Walking with assistance of 1 person (≥5m) |
| | 3) Actively sitting over side of bed with some trunk control (may be assisted) | 9) Walking independently with gait aid (≥5m) |
| | 4) Standing | 10) Walking independently without gait aid (≥5m) |
| | 5) Transferring from bed to chair | 11) Walking up and down stairs |

6. Cognitive screening for PT ICU awakening assessment (Ax) done today? [4.3 Q13]

Instructions: Ask the patient to perform all 5 commands; check ALL successfully completed commands.

Cognitive Score

/5

- ☐ Open your eyes
☐ Look at me
☐ Open your mouth and stick out your tongue
☐ Nod your head
☐ Raise your eyebrows when I count to 5

- ☐ No PT received
☐ Not done, patient unable to follow commands
☐ No, continue screening
☐ Yes, cognitive screening score ≥ 3/5 and **not appropriate** for PT ICU awakening Ax (**continue screening**)
☐ Yes, cognitive screening score ≥ 3/5 and **appropriate** for PT ICU awakening Ax (**initiate PT ICU Awakening Ax (Form 7)**)
☐ Not done, PT ICU awakening Ax in progress/ complete

7. Was data collected for the Variability Sub-Study Form 15 today? [4.3 Q14]

☐ N/A (site not participating in sub-study)

- ☐ N/A, (patient randomized to routine PT only)
☐ N/A, (cycling patient) patient has AICD or pacemaker
☐ N/A, (cycling patient) **no cycling session received** (e.g. weekend, stat holiday, only received routine PT activities)
☐ No, but should have been done - **cycling session received** but sub-study data not collected (reason) _____
☐ Yes, **cycling session received** and sub-study data collected (**submit Form 15**)



CYCLE Pilot RCT #141 Plate #035

Study
Day

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Patient
ID

		1			
(site #)		(patient #)			

Patient
Initials

F	L

Date

				2	0	1	
				(dd/mm/yyyy)			

SAFETY EVENTS (Form 6)

Complete this form if any safety events occurred during cycling or routine PT

Cycling therapy safety events - Did any of the following occur during cycling therapy? (check ALL that apply)

****stop session if any of these events occur****

1. ☐ ****Suspected new unstable / uncontrolled arrhythmia**
2. ☐ ****Concern for myocardial ischaemia**
3. ☐ ****Unplanned extubation**
4. ☐ Bleeding at femoral catheter site attributed to in-bed cycling
5. ☐ New bruising at femoral catheter site attributed to in-bed cycling
6. ☐ Other (specify) _____
7. ****Session termination requested**
 - ☐ ****Physiotherapist** (specify) _____
 - ☐ ****Patient** (specify) _____
 - ☐ ****Proxy** (specify) _____
 - ☐ ****ICU Physician** (specify) _____
 - ☐ ****Other** (specify) _____
8. What were the consequences of the safety event(s)?
 - ☐ None
 - ☐ Cycling therapy stopped
 - ☐ Other (specify) _____

Routine PT safety events - Did any of the following occur during routine PT? (check ALL that apply)

****stop session if any of these events occur****

1. ☐ ****Suspected new unstable / uncontrolled arrhythmia****
2. ☐ ****Concern for myocardial ischaemia****
3. ☐ ****Unplanned extubation****
4. ☐ Bleeding at femoral catheter site attributed to routine PT activities
5. ☐ New bruising at femoral catheter site attributed to routine PT activities
6. ☐ Other (specify) _____
7. What were the consequences of the safety event(s)?
 - ☐ None
 - ☐ Routine PT stopped
 - ☐ Other (specify) _____