**AN EXPLORATION OF PHYSIOTHERAPY SERVICE PROVISION TO PATIENTS’ WITH INTENSIVE CARE UNIT (ICU) ACQUIRED WEAKNESS: AN OBSERVATIONAL STUDY**

**Introduction:** As ICU survival improves, the sequelae of critical illness are increasingly recognised; including ICU acquired weakness (ICUAW). However little is known about standard physiotherapy provision to this group. **Objectives:** Determine the incidence of ICUAW. Describe physiotherapy treatment to patients’ with ICUAW in ICU and on the acute wards. Identify differences in care provision and patient outcomes compared with observational data from 2014. **Methods:** Prospective, single centre observational study conducted in a tertiary ICU from 27/1/2018 to 31/5/2018. Patients’ who were mechanically ventilated for >48hours and expected to stay in ICU another >24hours were screened for ICUAW using the Medical Research Council sum-score (MRC-ss). Outcomes included: muscle strength (MRC-ss), physical function (physical function in intensive care test-scored (PFIT-s)), number/type of physiotherapy interventions. Comparisons were made with 2014 data. **Results:** Incidence of ICUAW: 22% (n=11) compared with 25% in 2014 (n=22). Participants were 55% male, mean(SD) age 61.9(12.0), ICU length of stay (LOS) 15.5(8.3), median[IQR] hospital LOS 24.0[16.0-49.0] and APACHE II 15.0[12-25] 2018 and 26.0[21.0-28.2] 2014. Their mean(SD) MRC-ss and PFIT-s scores were 39.0(6.4), 3.3(1.4) (2018) at awakening and 44.3(6.4), 4.1(1.2) at ICU discharge. MRC-ss (awakening) median[IQR] (2014) was 33.3[22.7 – 42.5]. No significant changes in MRC-ss/PFIT-s were observed between awakening and ICU discharge (2018). Participants received a mean(SD) physiotherapy sessions/awake day (ICU) 2.0(1.5) (2018), median [IQR] 0.9[0.6-1.0] (2014) and median[IQR] 0.6[0.3-1.0] on the ward (2018). Most common interventions were sitting on the edge of bed (35%) and hoisting out of bed) 34% (ICU), walking (24%) and standing (22%) (wards). 46% (2018), 9% (2014) of participants were discharged directly home. **Conclusions:** ICUAW incidence was comparable to 2014. However the 2018 cohort was less unwell and had higher awakening MRC-ss. This could potentially account for the higher percentage of participants’ discharged home and non-significant improvement in MRC-ss/PFIT-s scores observed, despite increased physiotherapy interventions.