Supplemental Table 1. Classification of active and passive physical therapies and occupational therapies

Physical Therapy				
Passive Therapies	Active Therapies			
Splinting	Active range of motion			
Positioning	In-bed mobility			
Passive Range of Motion	Side-of-bed sitting			
	Strengthening exercises			
	Transfers			
	Out-of-bed sitting			
	Righting and balance skills			
	Pre-gait skills			
	Ambulation			
Occupational Therapy				
Passive therapies	Active therapies	Feeding skills		
Splinting	Active range of motion	Oral stimulation		
Positioning	Bed mobility Pre-feeding skills			
Passive Range of Motion	Transfers			
Sensory stimulation	Activities of daily living skills			
	according to patient			
	care plan developed			
	during assessment			
	including toileting,			
	dressing and			
	grooming			
	Independent activities of			
	daily living skills			
	including meal prep,			
	executive functioning			
	when planning to			
	complete a task,			
	object retrieval for			
	completion of			
	functional activity, and			
	leisure activities			
	(video games, board			
	games and crafts)			
	Visual skills			

Supplemental Table 2. Total number of adverse safety events during study period

Event	Pre-implementation	Post-implementation
Loss of vascular access	0	0
Dislodgement of endotracheal tube	0	0
Fall	0	0
Persistent change in vital signs		
requiring discontinuation of therapy	4	2
session		
Pressure ulcer during ICU admission	2	2
Deep venous thromboembolism	2	1
during ICU admission		

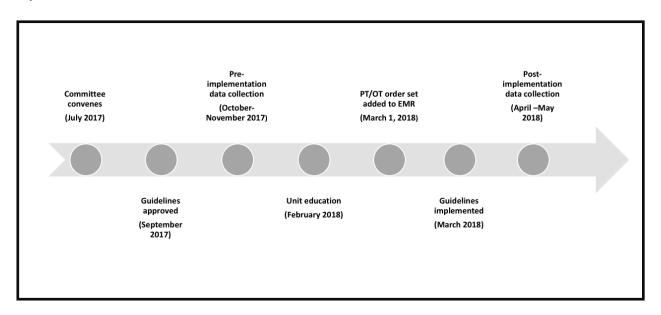
ICU: Intensive Care Unit

Supplemental Figure 1. Clinical classification category based on severity of illness for ICU-based mobility activities.

Category	Respiratory	Cardiac	Neurological	Goals of Care and Treatment Recommendations
Level 1	Natural airway or tracheostomy without positive pressure	No inotrope/ pressor or antihypertensive infusions	Baseline neuro status	Goals: Independence with all functional skills; minimal therapist assistance Education/ Passive/ IB Active / OOB Active
Level 2	High-flow/RAM cannula Home IMV/NIMV settings Weaning on IMV/NIMV support with ETT Continuous albuterol	On 1 therapy and weaning VAD OK	Stable but altered mental status (GCS 9-15) No ICP treatment Refractory status epilepticus, chronic	Goals: Towards independence with all functional skills; some therapist assistance Gucation/ Passive/ IB Active/ OOB Active
Level 3	 PIP ≤ 35 PEEP ≤ 8 FiO₂ < 0.7 No escalation / worsening on ECMO, CRRT, HFOV, NO, prone 	On 1 or more stable therapies (not weaning) VAD OK	Coma (GCS < 9) ICP < 20 & no or decreasing ICP treatment Uncontrolled agitation, pain, delirium Refractory status epilepticus, acute	 Goals: Improve strength, endurance, and tolerance for mobility; therapist assistance required Education/ Passive/ IB Active/ OOB Active Treating ICU team to approve initial session
Level 4	New tracheostomy PIP > 35 PEEP > 8 FiO ₂ > 0.7 New nitric oxide New prone position New HFOV O ₂ sat < 90% or > 10% outside patient norm Unstable airway Open chest/abdomen	Escalating therapy Anti-arrhythmics Hypertensive crisis (systemic or pulmonary) Uncontrolled bleeding	New coma (GCS <9) Intracranial hypertension (ICP>20 mmHg) ICU-only treatment (pentobarbital) Unstable fracture/spine	 Goals: Improve & maintain muscle length; positioning for skin integrity Education/ Passive only if treating team approves (each session) No IB/OOB active treatments recommended

IB: In bed; OOB: out of bed; IMV: invasive mechanical ventilation; NIMV: non-invasive mechanical ventilation; VAD: ventricular assist device; GCS: Glasgow coma scale; ICP: intracranial pressure; PIP: Peak inspiratory pressure; PEEP: Peak end expiratory pressure; FiO2: fraction of inhaled oxygen; ECMO: extracorporeal membrane oxygenation; CRRT: continuous renal replacement therapy; HFOV: high frequency oscillatory ventilation; NO: nitric oxide; ICU: intensive care unit

Supplemental Figure 2: Timeline of Intensive Care Unit mobility guideline development and implementation



EMR: Electronic medical record