

DOES IMMEDIATE AMBULATION INCREASE THE RISK OF PULMONARY EMBOLI OR NEW DEEP VEIN THROMBOSES IN ADULT PERSONS WITH ACUTE DEEP VEIN THROMBOSIS? AN EVIDENCE-BASED REVIEW.

ABSTRACT:

The purpose of this evidence-based review is to evaluate whether an immediate ambulation treatment protocol after diagnosis of acute Deep Vein Thrombosis (DVT) increases the risk of a new DVT or Pulmonary Embolism (PE) in persons also undergoing pharmaceutical management of the DVT. An evidence-based literature review using guidelines modified from the American Academy of Cerebral Palsy and Development Medicine (AACPDMD) was performed using the Medline database. Excluded were all articles that did not deal with adult patients and ambulation after an acute diagnosis of DVT. Eight cohort studies were reviewed, dealing directly with ambulation after an acute diagnosis of DVT. The adverse side effects of bed rest versus ambulation protocols after acute DVT were examined. Two prospective studies reported a significant decrease in adverse effects with ambulation after acute DVT when compared to bed rest. One Randomized Control Trial (RCT) favored the ambulation over bed rest; however the treatment effect was not significant. A retrospective study found less risk associated with longer immobilization (bed rest). Additionally, three randomized controlled trials and one prospective study found no difference in the risk of adverse effects between the bed rest and immediate ambulation treatment protocols. The review of the literature suggests that there are safety risks associated with both bed rest and ambulation after acute DVT diagnosis.

KEY WORDS: deep vein thrombosis, evidence-based review, pulmonary embolism, ambulation, physical therapy