Hospitals in America are seeing a rise in the number of inpatient cardiac surgeries, increasing from 5,939,000 in 2000 to 7,588,000 in 2010 (Mozaffarian et al., 2015). As more patients require cardiac surgery, occupational therapy services are needed in the intensive care unit (ICU) to facilitate patients’ return to their daily lives. Due to the nature of cardiac surgery, patients’ physical, cognitive, and psychosocial well-being may be affected. Occupational therapists use a holistic approach to healthcare by addressing the entire person. This supports the inclusion of psychosocial assessments for physical, cognitive, and psychosocial factors in the ICU during recovering. Addressing these three factors may promote overall health and well-being, as well as increase participation in meaningful occupations.

In the trial, 84% of patients reported decreases in anxiety, depression, and satisfaction with daily living. In addition, 83% of patients undergoing cardiac surgery had communicated improved occupational performance. These findings suggest that occupational therapy can play a significant role in improving patients’ well-being and quality of life after cardiac surgery.

### Cognitive Factors

Early identification of mild cognitive impairment (MCI) in patients that undergo cardiac surgery should occur prior to discharge from acute care. In a longitudinal study that followed 261 patients post coronary artery bypass graft (CABG), the incidence of cognitive decline was 53% at discharge, 36% at six months after surgery, 24% at six months after surgery, and 42% at five years after surgery (Neves et al., 2016). Accordingly, McGonigle, Nordlund, Nordlund, Aren, and Rubberg (2003) found that patients post CABG experienced impairments in attention and brain behavior during an on-the-road test. Aylik, Albayrak, Guzeloglu, Baysak, and Hazan (2013) found that patients post CABG experienced noncompliance with respiratory exercises, which decreased difficulty learning management of inhalers as a result of MCI. Both studies demonstrate the significant impact MCI has on safety.

### Physical Factors

The inclusion of early mobilization in occupational therapy intervention for patients post cardiac surgery in the ICU is supported by current literature. Studies show early mobilization may reduce the effects of muscle atrophy by maintaining or improving patients functional participation, endurance, and muscle strength (Citerio et al., 2015; Fan, 2012; Nordon-Craft et al., 2012). The progression of early mobilization in the ICU may be guided by Metabolic Equivalent of Task, vital signs, and Perfusion (Joo et al., 2007; Preston & Flynn, 2010; Savage, Toth, & Ades, 2007).

### Stenral Instability may result in pain that limits patients’ ability to perform daily tasks (El-Ansary, Waddington, & Adams, 2007; Kun & Kubin, 2009; Oubrecht et al., 2006; Tuyt, Mackney, & Johnstone, 2012). To address this concern, consider the inclusion of thoracic exercises and preventative sternal precautions to facilitate proper healing of the sternum and return 41% of patients with heart failure as cognitively impaired that were not classified as having MCI by the MMSE.