

# COMPLEX NEEDS OF PATIENTS FOLLOWING COVID-19: AN INTEGRATED APPROACH

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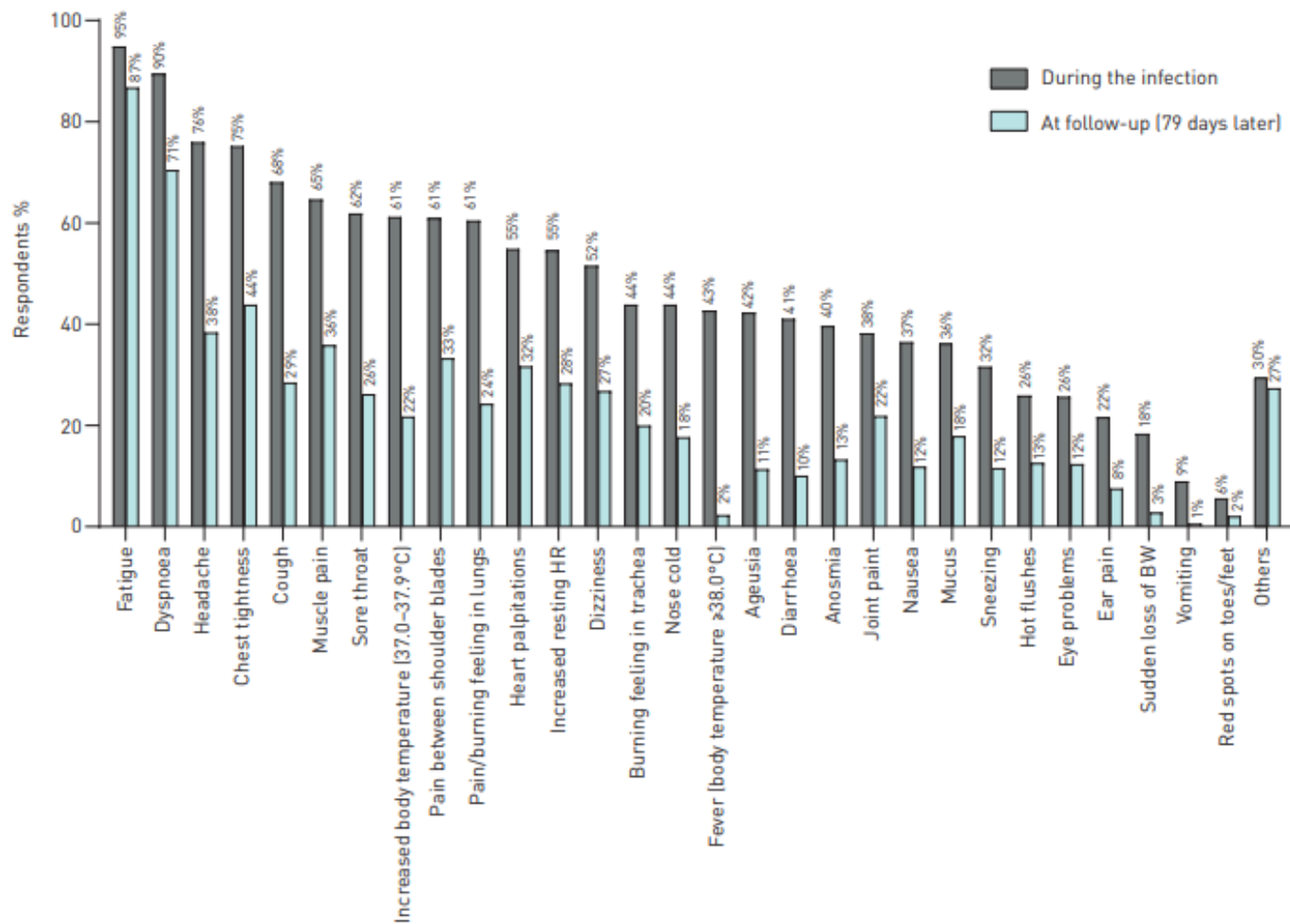
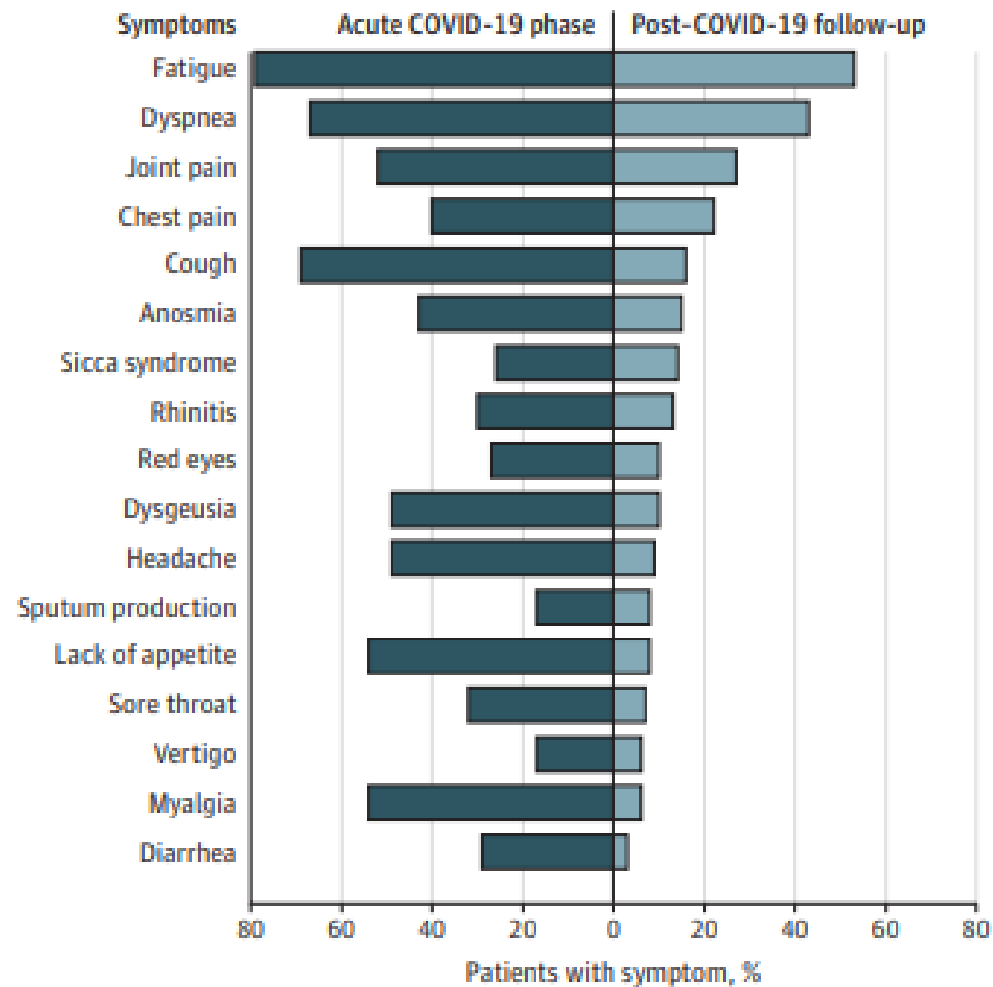


FIGURE 2 Prevalence of symptoms during the infection and at follow-up [79 days later]. BW: body weight; HR: heart rate.

Figure. COVID-19-Related Symptoms



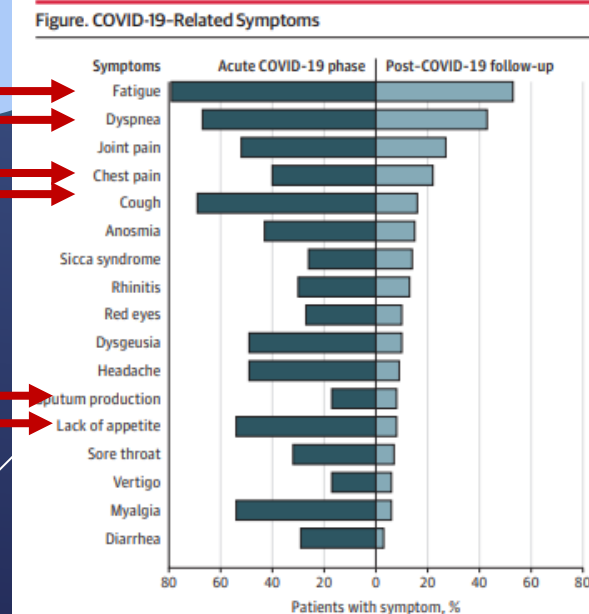
# REHABILITATION NEED

- International task force suggest that COVID-19 survivors with a need for rehabilitative interventions at 6-8 weeks following hospital discharge (e.g. multiple treatable traits) should receive a **comprehensive rehabilitation programme**
- Those with pre-existing/ongoing lung function impairment at 6-8 weeks following hospital discharge should receive a **comprehensive pulmonary rehabilitation programme** consistent with established international standards

*Spruit et al., 2020*

“Pulmonary rehabilitation is a comprehensive intervention based on a thorough patient assessment followed by patient tailored therapies that include, but are not limited to, exercise training, education, and behaviour change, designed to improve the physical and psychological condition of people with chronic respiratory disease and to promote the long-term adherence to health-enhancing behaviours”

*Spruit et al., 2013*



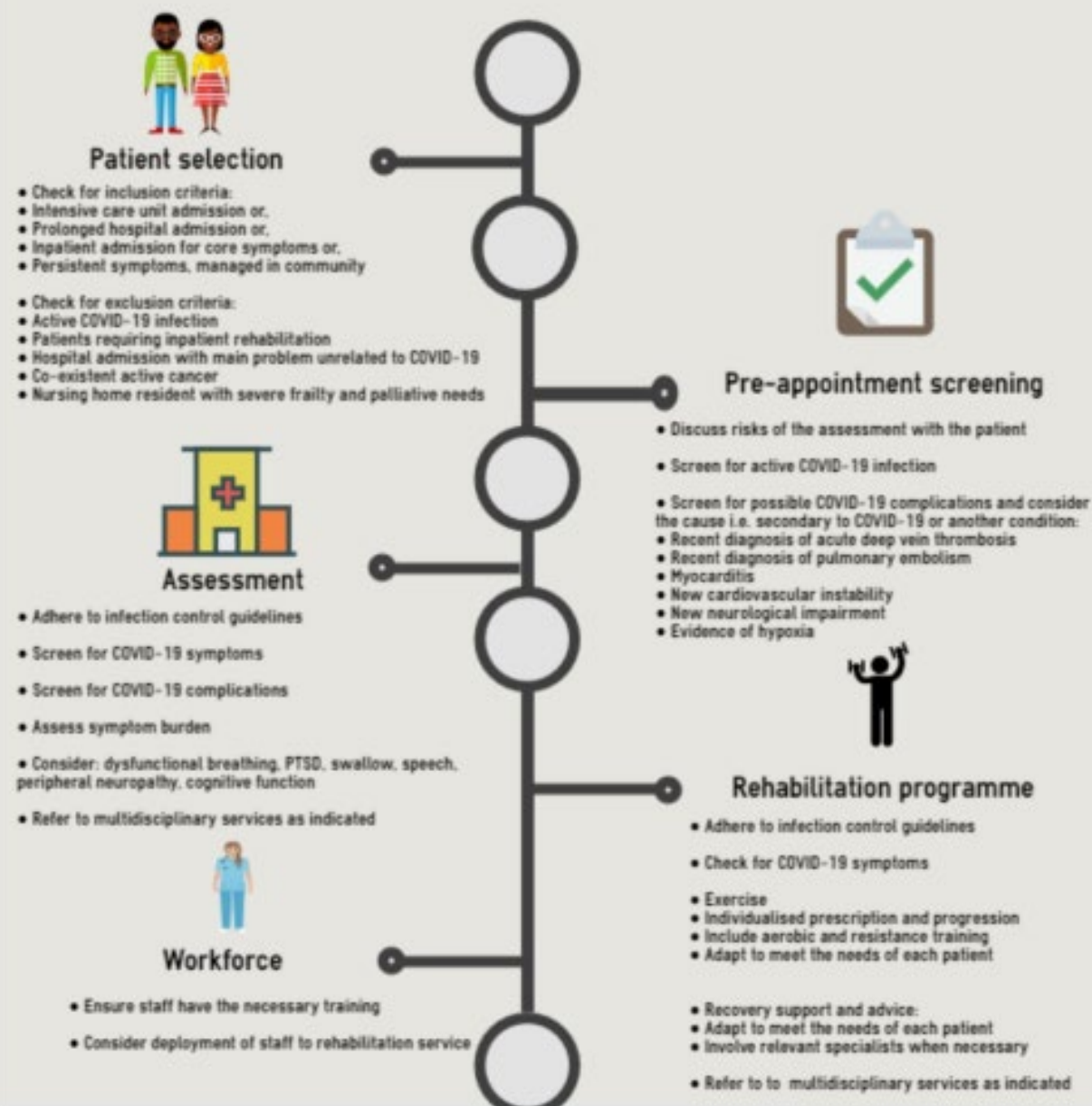
*Carfi, Bernabei, & Landi, 2020*

Additional considerations include;

- **Dysfunctional breathing** may require referral to a physiotherapist with specialist skills in this area.
- **Speech and swallowing problems** may require a referral to a Speech and Language Therapist.
- **New shoulder problems** as a consequence of proning may require referral to a musculoskeletal specialist.
- **Peripheral neuropathy** may require referral to the Peripheral Nerve Injury Unit.
- Symptoms suggestive of **PTSD** may require referral to a psychologist.
- **Lack of taste/appetite** may require a referral to the dietitian.
- **Fatigue** may benefit from referral to an occupational therapist, or physiotherapist with expertise in post viral fatigue syndrome.
- **Cognitive function** may be disrupted and an onward referral may be indicated for a more detailed assessment.

Singh et al., 2020

## Flow diagram for delivering outpatient rehabilitation to COVID-19 survivors



# RESOURCES



## COVID-19 Recovery and Rehabilitation

An interactive e-learning resource for healthcare staff, exercise professionals and carers working with people recovering from COVID-19



This programme is in partnership with...



# RESOURCES

## Aims of post COVID rehabilitation

- Support full recovery
- Support symptom management
- Support return to economic productivity

Greenhalgh et al., 2020





# CSP COVID-19 Rehabilitation Standards

Community rehabilitation:  
physiotherapy service delivery

CSP STANDARD [RS3]

September 2020


1. Needs assessment, rehabilitation planning and review
2. Personalised rehabilitation
3. Self-management
4. Communication and information
5. Coordinated rehabilitation and care pathways
6. Evaluation, audit and research
7. Personal Protective Equipment and infection control

*CSP, 2020*




# ASSESSMENT

- ▶ Pre-existing co-morbidities.. and are they stable?
- ▶ New diagnoses made at or following COVID-19 and stability
- ▶ 'Red flag' symptoms, consider checklist including:
  - PE/DVT
  - Cardiovascular instability / signs of myocarditis
  - Neurological diagnoses
  - Development of fibrosis

- 
- Safe to commence rehabilitation now? Further investigations?
  - Expectations re: goals in timeframe

# PRACTICALITIES

## *Face-to-face*

- ▶ **New risk assessment and SOPs** – different patient group
  - ▶ Infection prevention and control team – screening/temperature checking
  - ▶ Signage
  - ▶ Social distancing and PPE
  - ▶ Redistribution of exercise equipment to allow for single patient use
  - ▶ Cleaning protocols
  - ▶ **Safety and well-being of staff**
- 

# PRACTICALITIES

## Remote

- ▶ **New risk assessment and SOPs**
- ▶ Selection of patients
- ▶ Digital platforms and resources
- ▶ Components of rehabilitation
- ▶ Outcome measures and evaluation
- ▶ Upskilling workforce
- ▶ **Safety and well-being of staff**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1) Screen for access to equipment required for the programme e.g. access to the appropriate technology, ability to use it, access to a telephone. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Ensure the patient has access to the necessary exercise equipment.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Screen for safe exercise environment.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Screen for balance impairment.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Explain risks and benefits of remotely supervised pulmonary rehabilitation.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Explain adverse signs and symptoms associated with exercising remotely .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Explain what to do if the patient becomes unwell.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Obtain consent in line with local standard operating procedure.  | <input type="checkbox"/> | <input type="checkbox"/> |

*Singh et al., 2020*



Statement and considerations for  
the remote delivery of pulmonary  
rehabilitation services during the  
COVID-19 pandemic:

**PART 1**

*'in press' (Gardiner et al., 2020)*



Chartered Society of Physiotherapy ✓

@thecsp



Find out how the CSP is championing the need for rehabilitation and physiotherapy services to be supported to continue - amid worrying warnings about the loss of rehab space.



Stand up for rehab

[csp.org.uk](https://csp.org.uk)

10:00 AM · Dec 6, 2020 · Hootsuite Inc.

CSP, 2020

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