

# UNPACKING THE CONSIDERATIONS FOR REHABILITATION DURING THE COVID- 19 PANDEMIC

Bronwen Connolly (UKEMT)  
Jody-Anne Mills (WHO)

## Rehabilitation considerations during the COVID-19 outbreak

---

**Coronavirus**

[www.paho.org/coronavirus](http://www.paho.org/coronavirus)

**Noncommunicable Diseases and Mental Health**

[www.paho.org/nmh](http://www.paho.org/nmh)

**Rehabilitation**

<https://www.paho.org/en/topics/rehabilitation>

# OVERVIEW

How does rehabilitation fit in the context of the COVID-19 pandemic?

How can governments and health services

- ensure rehabilitation is used to optimize outcomes for COVID-19 patients?
- best support the continuity of rehabilitation in the face of disrupted health services?

# REHABILITATION IN THE CLINICAL MANAGEMENT OF COVID-19

Rehabilitation needs typically related to the consequences of ventilatory support, and prolonged immobilization

- Impaired lung function
- Physical deconditioning and muscle weakness
- Delirium and other cognitive impairments
- Impaired swallow and communication
- Mental health disorders and psychosocial support needs.

# REHABILITATION ALONG THE CONTINUUM OF CARE

Acute

## Objectives

- Optimize oxygenation
- Manage secretions
- Prevent complications

**Input:** Respiratory physiotherapist/therapist

**Setting:** ICU

Post-Acute

## Objectives

- Identify and manage impairments for affected functioning domains
- Facilitate discharge

**Input:** Multidisciplinary

**Setting:** Rehabilitation ward/unit, stepdown facility, home

Long-term

## Objectives

- Optimize functioning/ minimize impact of impairments on independence and quality of life

**Input:** Multidisciplinary

**Setting:** Home

# CONSIDERATIONS FOR CLINICAL MANAGEMENT

- Patients most vulnerable to impact of impairments:
  - older people,
  - people with co-morbidities,
  - people with limited social support, and
  - people with limited access to services (technology, rural/remote, settings with limited rehabilitation capacity)

# REHABILITATION FOR NON-COVID-19 PATIENTS

- Rehabilitation needs do not stop when services do
- Lack of access to rehabilitation can:
  - Compromise health outcomes
  - Extend inpatient stays
  - Result in preventable hospital admissions

Decisions regarding continuity of rehabilitation services need to consider:

- **Implications for service delivery**
- **Implications for different patient groups**

In the context of infection risk to patients and professionals

# PRIORITY PATIENT GROUPS

- Patients with new **acute injuries**, such as burns, spinal cord injuries, and musculoskeletal who may develop serious preventable complications.
- Patients recovering from **surgery**.
- Patients with **conditions who are at risk of suboptimal recovery**, such as those recovering from stroke or myocardial infarction or perinatal complications.
- Patient requiring **long-term rehabilitation in hospitals**, residential centres or community settings who may experience a loss of function or develop complications.
- Patients who are **unable to be discharged** to a setting and be safe, or who may return to a setting that is a very long distance from the service and likely preclude them from future access.

# FACTORS GUIDING DECISION MAKING FOR SERVICE CONTINUITY

- **Risks** associated with cessation or reduction of services for different patient groups
- Feasibility and appropriateness of **alternative modes** of service delivery e.g., telehealth (type of rehabilitation, telecommunications infrastructure and economic costs)
- **Access to PPE** and robustness of IPC measures in different settings
- **Capacity** of the rehabilitation workforce- pool available for redistribution



# SERVICE OPTIONS

1. Discharge from rehabilitation with a comprehensive home programme
2. Continuation of rehabilitation through inpatient, outpatient, homebased or telehealth services, often with modifications to rehabilitation practice
3. Temporary cessation of their programme (often with an interim education and home programme) with follow-up

# KEY MESSAGES FOR NATIONAL AND SUBNATIONAL GOVERNMENTS

- With adjustments, rehabilitation can continue during the outbreak, including through telehealth.
- Optimal recovery from severe cases of COVID-19 will require the expansion of stepdown facilities
- There will be increased demand for rehabilitation professionals working in acute and critical care settings and for specialised longer-stay rehabilitation, especially for older people

# ACTIONS FOR NATIONAL AND SUBNATIONAL GOVERNMENT

- Increase the capacity of the rehabilitation workforce
- Support ongoing access to rehabilitation through maintaining select services for non-COVID-19 patients
- Expand the capacity of stepdown facilities for COVID-19 patients

# KEY MESSAGES FOR SERVICE PROVIDERS

- Teams will require increased surge capacity, particularly in the areas of critical care and stepdown.
- Infection prevention and control measures, and access to PPE are essential for the continuation of rehabilitation services.
- Steps should be taken to ensure ongoing care and early supported discharge, with mechanisms for systematic follow-up.
- Modifications relating to how rehabilitation is delivered will be required for infection control.

# ACTIONS FOR SERVICE PROVIDERS

- Integrate rehabilitation into Infection Prevention and Control (IPC) measures and ensure workers use PPE appropriate to their risk exposure
- Attain additional equipment needed for increased rehabilitation demand related to COVID-19 patients, including assistive products
- Bolster access to psychosocial and community support services for patients