



Rehabilitation for Patients with COVID-19



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Functional Impairments

- Acute Respiratory Distress Syndrome is our model
- ICU acquired weakness likely common
- Critical illness polyneuropathy and myopathy
- Severe deconditioning
- Cognitive impairment – about 10% long lasting
- More common ICU delirium – memory, attending, executive function
- Persistent mental health impairment common - ~25% at one year
- Social isolation due to infection control requirements



Preparation for COVID Rehab

- Address staff concerns – they will be anxious as expected
 - Risk is not from known cases, but from unexpected cases or staff
 - Emphasize purpose – this is what we do
 - Celebrate successes
- Set aside specific area
- Prepare all areas for COVID patients
 - Nosocomial conversions
 - Specialized patients who need to be on a specialized floor
- Separate resources
 - Physical locations
 - Teams
 - Equipment
- Practice Preparation
 - Donning and doffing personal protective equipment
 - Mock protected code blue



Our experience so far

Therapy focusing on:

- Activity tolerance
- Balance & mobility
- Cognition
- Psychosocial support & maintaining social connections
- Energy conservation
- Discharge planning

Creative assessment and treatment planning:

- Functionally-based
- Working in interprofessional pairings
- Use of phones and technology



Planning considerations

- Creating dedicated, highly collaborative interprofessional care **teams**
- Identifying **dedicated spaces and resources** for patients
- Ensuring close **communication** and planning with environmental services
- Ensuring **successes** are celebrated
- Supporting staff **wellness**