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

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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