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Post COVID-19 Condition: Understanding Implications for OT Practice

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Post COVID-19 Condition: Understanding Implications for OT Practice

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Learning Objectives

- Define and describe Post COVID-19 Condition (PCC)
- Apply recommended treatment interventions for individuals with PCC
- Understand models of care for individuals with PCC

Introduction

- The COVID-19 pandemic has had a significant impact on morbidity, mortality, and occupational performance for individuals worldwide.

- However, much less is known about the sequelae of the disease process, with 80% of those with confirmed COVID-19 diagnosis continuing to report at least one symptom beyond two weeks.

Post COVID-19 Condition (PCC)

- Post COVID-19 Condition (PCC) also known as “Long COVID” is defined as the illness that occurs in people who have a history of probable or confirmed SARS-CoV-2 infection, usually within three months from the onset of COVID-19, with symptoms and effects that last for at least two months.

- Clinical presentation of PCC can be characterized as three possible stages, including “multi-dimensional,” “fluctuating,” or “episodic” and generally has an impact on everyday functioning.

- Upwards of 150+ symptoms have been identified in the literature for individuals suffering from PCC, although severity, number, and duration may vary or relapse over time.

World Health Organization (WHO) Living Guidelines

- Chapter 24: Rehabilitation of adults with post COVID-19 condition
- Published Sept 2022; Targeted for Clinicians & Program Planners
- Up to date guidelines for the rehabilitation and clinical management of adults with PCC
- As PCC can have a multi-system impact, many topics may be interconnected and/or linked to support the rehabilitation process

Table 1: Recommendations for Rehab Program Planning

<table>
<thead>
<tr>
<th>Concept</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Components &amp; Functions of Rehabilitation Care</td>
<td>Multidisciplinary rehabilitation teams; continuity and coordination of care; and people centered care and shared decision making. Operationally: standardized symptom assessment, follow-up, and referral</td>
</tr>
<tr>
<td>Red Flags for Safe Rehabilitation</td>
<td>Conditional exertional desaturation should be ruled out and managed before consideration of physical exercise training</td>
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<tr>
<td>Referral Principles</td>
<td>Early referral of adults with post COVID-19 condition for appropriate rehabilitation services is suggested</td>
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<tr>
<td>Service Delivery</td>
<td>Hybrid approach of in-person and remote models integrated across all levels of care</td>
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<tr>
<td>Workforce</td>
<td>Include but not limited to Physiotherapists, Occupational Therapists, Nurses, Psychologists, Speech and Language Therapists, Physicians, and Social Workers</td>
</tr>
</tbody>
</table>

Figure 1: Recommendations on Clinical Management

- Post-Exertional Symptom Exacerbation (PESE) Education and skills training on energy conservation
- Arthralgia Pain education, skills training on self-management strategies, prescription of short term anti-inflammatory drugs, and in the absence of PESE physical exercise training
- Breathing Impairments Education and skills training on energy conservation techniques such as nasal breathing and pacing approaches, and in the absence of PESE physical exercise training
- Cognitive Impairments Combination of education, skills training on self-management strategies and cognitive exercises. The provision and training in the use of assistive products and environmental modifications may be useful
- Fatigue Combination of education, skills training on energy conservation techniques such as pacing and, in the absence of PESE a cautious return to symptom titrated physical exercise training
- Mental Health Psychological support, and in the absence of PCC, mindfulness-based approaches and peer support groups may be useful
- Orthostatic Intolerance Combination of education & skills training, and in absence of PESE, physical exercise training. Environmental modifications may be useful
- Swallowing Impairments Education and skills training on positioning, maneuvers and dietary modifications, and swallowing exercises
- Voice Impairments Education and skills training about voice rest and vocal behaviors, respiratory exercise and vocal training
- Return to ADL’s & Work Education and skills training about energy conservation techniques, provision and use of assistive products, return to work action plan, and environmental modifications

Access WHO Guidelines Here:

References


Implications & Conclusion

- To date, no validated intervention(s) exist for rehabilitation of PCC
- Guidelines for PCC continue to evolve based upon best available evidence to support persons with PCC
- Occupational Therapists play an important role in the rehabilitation of this novel complex patient population recognizing the physical, mental, and cognitive implications associated with PCC

Models of Care

- Four Concepts of Safe Rehab:
  - Avoiding acute events & symptom flare-ups – waxing/waning of symptoms
  - Personalization - symptom stabilization
  - Facilitating expectations - return to health looks different for each person
  - Psychologically supportive - recognizing stigma

- Adaptable for episodic disability and complex care needs

- Promote continuity of care

- Incorporate outcome measures for PCC:

- Nine core recommended outcome domains including fatigue, PESE, cardiovascular functioning, cognition, nervous system, mental health, pain, physical functioning, and work/occupational challenges