

Precautions

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The Precautions of Physiotherapy Intervention. When supporting individuals who are living with Long COVID we want to ensure first and foremost that no harm comes to them. Exercise for those living with Long COVID in some cases can be detrimental to their recovery therefore a safety first approach should be taken.

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Within NICE guidelines it is recommended that prior to commencing a management plan the following should be considered. Blood tests, Standing lying blood pressure and a chest x-ray. These are to screen for serious pathology.

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Further investigations should be sought for those presenting with the following symptoms.

- Severe hypoxemia
- Oxygen desaturation on exercise
- Signs of severe lung disease
- Cardiac chest pain
- Irregular heart rhythm
- Signs of Dysautonomia

These are signs of serious and life threatening pathology and warrant an urgent referral

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Patients should also be screened to rule out the presence of the following conditions. These will need onward referral or a different management plan

- Post Exertional Symptom Exacerbation
- Cardiac Impairment
- Exertional Oxygen Desaturation
- Autonomic Dysfunction & Orthostatic Intolerances

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Post Exertional Fatigue Symptom Exacerbation

Screening for post exertional symptom exacerbation (PESE) can be done by asking about how symptoms are impacted by any physical, cognitive, and social activities. Considering 12 hours to 3 days following exertion.

We know individuals may develop PESE even if not initially presenting with PESE so they should be continually monitored throughout any plan including physical activity This monitoring should include signs and symptoms during and in the days after an increase in physical activity

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Cardiac impairment

Investigations to screen for cardiac impairment should be performed if an individual presents with chest pain, shortness of breath, tachycardia or hypoxia – to find cause of symptoms

All individuals with these symptoms should also have a 'focused medical history and examination'

Consider – Low-grade cardiac injury when assessing an individual's ability to return to work and ensure that physical demands of an individuals' job are addressed within physiotherapy sessions

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To screen for Exertional Oxygen Desaturation pulse oximetry should be done in sessions and is recommended during functional tests, such as 1 minute sit to stand. If during this test or following their oxygen saturations fall $\geq 3\%$ further investigation will be needed

Tests performed should all be clinically reasoned, remember active tests will not be appropriate for everyone. Consider those with chest pain, post exertional symptom exacerbation and autonomic dysfunctions.

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Autonomic dysfunction and Orthostatic intolerances

It is recommended individuals should be screened for autonomic dysfunction through observing orthostatic intolerances and heart rate differences using an active stand test

An active stand test is performed by measuring blood pressure and heart rate following 5 minutes of lying and 3 minutes of standing.

Common presentations of autonomic dysfunction are breathlessness, palpitations, fatigue, chest pain and feeling faint.

Due to this presentation it can be difficult to distinguish from cardiac impairment so likely to need investigations to rule out cardiac impairment initially.

When treating those with orthostatic intolerances non-upright positions, isometric exercises and compression garments should be considered.