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PHYSIOTHERAPY

Rehabilitation during and after the Covid-19 pandemic

A CSP Policy Statement

**THINK
PHYSIO**
for primary care

The five rehab asks of system leaders and policy makers

1. **Commit to the right to rehab as a fundamental** element of our health and care system.
2. **Don't leave patients behind because they are out of sight.** Where possible maintain community rehab services during the pandemic to minimise negative impact on non-Covid-19 patients and to help Covid19 patients continue to recover after discharge.
3. **Plan for the tsunami of rehabilitation need as the country recovers from the pandemic.** Commit to providing expanded high quality, multi condition community rehab services we will need.
4. **Recognise that physiotherapy is essential to treating Covid-19 now and in the long term,** and commit to training and retaining the multi-disciplinary rehab workforce we will need to deliver ongoing rehab.
5. **Ensure that physios delivering rehab receive the right PPE,** particularly in high risk settings and working with highly vulnerable people.

Physiotherapy is critical for treating Covid-19 now

Physiotherapists and physiotherapy support workers are essential throughout the care of those patients worst affected by Covid-19 from intensive care through to community rehabilitation after discharge.

- **Specialist respiratory and intensive care physios** are saving the lives of Covid-19 patients by helping them to breath
- **Physiotherapists and physio support workers** are helping patient recovering from Covid-19 rehabilitate so they can return home and rebuild their lives

- **Physiotherapists and physio support workers** have been critical in enabling non Covid-19 patients rehab and leave hospital to free up capacity for Covid-19 positive patients
- **Retired physios and physio students** have been mobilised to provide a range of care services during the pandemic
- **Physiotherapy is also a necessary part of looking after** the health and wellbeing of healthcare workers, unpaid workers and volunteers, and other key workers, so that they are fit enough to work and care.

Rehabilitation for people with Covid-19 is saving lives

Up to 25 % of hospitalised Covid-19 patients will need to be in intensive care, often for prolonged periods.¹ Most of them (67 %) will have acute respiratory distress syndrome.² Rehabilitation at this stage enables people to clear their airways and manage their breathing. Remobilising acutely ill patients as soon as possible is recommended by the World Health Organization.³ Having access to the right PPE is essential to protect patients and staff in these settings.

Rehabilitation at all stages – in hospital and in the community – is critical to keeping the flow of patients moving, freeing up beds and capacity to treat more critically ill patients. If too many physiotherapists and support workers are redeployed away from rehabilitation for too long, then there will be bottlenecks in hospitals. This will cost lives and must be prevented.

Ongoing community rehab is needed by Covid19 patients

Ongoing rehabilitation will be essential for many Covid-19 survivors. Many patients will be left with scarring on their lungs. Many more may experience breathlessness, high levels of fatigue and have significant muscle deconditioning and loss of strength.

People are likely to have psychological issues, experiencing anxiety and depression, and for some having suffered psychological trauma.⁴

People with pre-existing long term conditions will be more severely affected, and their rehab needs will be more complex and individual.

To meet the short term scale of the need in some big cities, large-scale rehab facilities, some in repurposed hotels and gyms, are being developed and the CSP and CSP members are part of the national discussions to plan these.

This in no way takes away from the urgency to expand capacity and staffing for community rehabilitation teams to meet community needs, both now and in the longer term.

What Covid-19 rehabilitation should look like

The basic principles of patient centred, evidence-based rehab are no different for Covid-19 patients. All decisions about care for Covid-19 patients, including their rehabilitation, must be based on clinical need and presenting signs and symptoms, and not based on age.

As a profession we are actively collecting and applying emerging evidence about effective Covid-19 rehab.

Wherever it is delivered, rehabilitation must be consistently available at all stages of the patient's journey, regardless of age, as people move from one part of the system to another.

The focus of rehabilitation will be helping people build up strength to reverse the decline from deconditioning, reduce breathlessness and reduce fatigue, manage pain and provide psychological support.

Many Covid-19 patients, including the most severely ill, will have one or more underlying conditions in addition to Covid-19. What is important is that rehab teams respond to the symptoms and

it's impact on the individual, rather than rush to categorise patients by specific conditions. We therefore support the roll out of multi-condition approach adopted in the NHS RightCare Community Rehabilitation Toolkit⁵ in England.

Empowering people to recover and build up resilience at their own pace, with specific support to self-manage, will be an important part of any rehabilitation and recovery plan. Many Covid-19 patients will need paced rehabilitation: short in duration, several times every day. The intensity and frequency of rehab must be determined by the patient's individual tolerance, taking into account that symptoms of fatigue will be common.

Wherever possible, rehabilitation services need to continue through the pandemic

Rehab services are key to maintaining independence, keeping people out of hospital and reducing pressures and costs on all parts of the health and care system. Patients needing rehabilitation; after stroke, brain injury, because of MSK conditions, post-surgery or because of serious illness such as cancer, heart disease or COPD, may have limited access to rehab during the pandemic.

Unless rehab is available many may face long-term deterioration and some may never be able to live independently at home. In extreme cases lack of rehab can even result in death, for example, from falls. It also puts additional pressure on health and social care as patients who can't rehabilitate are more likely to need further support or treatment.

Different solutions are being used in different places, and for different patients. For some patients remote consulting and online self-care can help. Workforce challenges can be eased by backfilling some rehab roles with private practitioners or students working as support workers. But this is not possible for everyone and everywhere, so the likelihood of more intensive rehab being needed by more people after the pandemic crisis period needs to be planned for.

A radical overhaul to deliver a right to rehabilitation

The pandemic is highlighting the poor state of community rehabilitation provision. Alongside those recovering from Covid-19 are large numbers of people with long-term conditions for whom community rehabilitation services are essential to their quality of life.

While there are examples of excellence, access to rehabilitation is a postcode lottery. For decades services have been under resourced and under developed. This was never acceptable. This is why the CSP has convened a Community Rehabilitation Alliance of national charities and professional bodies with a shared interest in addressing this issue.

All four governments across the UK have said that they want to improve the community and primary care. For community rehabilitation, change and investment needs to be rapidly accelerated to deliver a significant increase in community rehabilitation capacity as we recover from the pandemic.

As well as preparing to meet the scale of need, we also need to improve what community based rehabilitation is on offer. This will require us to have:

- **a consistent approach to assessment of need**, so that rehabilitation can be planned properly
- **a seamless pathway of rehabilitation and recovery** for people with long-term conditions
- **established service standards for rehab** so that patients, carers and rehab staff have certainty about what they can expect from services wherever they live
- **personalised services based on an individual physical and mental needs**, not on medical areas of specialisation
- **diverse routes for people to access rehabilitation** so that they can access the support that is right for them
- **expanded multi professional** rehab staffing.

References

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- 4** Neuropsychiatric outcome in subgroups of Intensive Care Unit survivors: Implications for after-care. J Crit Care. 2020 Feb;55:171-176. doi: 10.1016/j.jcrc.2019.11.006. Epub 2019 Nov 12.
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is the professional, educational and trade union body for the United Kingdom's 59,000 chartered physiotherapists, physiotherapy students and support workers.