

Responding to the Coronavirus Pandemic

We are living in an extraordinary period of history, one that is creating enormous challenges and stresses for the health care professions, including physical therapy and other rehabilitation professions. As I sit in isolation in my study writing this editorial, the World Health Organization (WHO) posts on its coronavirus disease (COVID-19) dashboard that there have been 4,139,794 confirmed cases of COVID-19 to date, including 285,328 deaths, reported to the WHO [Editor's note: as of July 4, WHO reported 10,922,234 confirmed cases, with 523,011 deaths].¹ COVID-19 continues to spread, with known biological vulnerabilities for poor outcomes in older people (especially those living in institutions), in people with diabetes and obesity, and among men. In the United States, the pandemic has also shone a spotlight on health disparities, revealing that African Americans, American Indians, and those of Latino descent bear a disproportionate burden of COVID-19 disease.² Unlike any other event during my lifetime, COVID-19 has altered the lives of people in every region and country across the globe, and the virus is likely to continue to do so for the foreseeable future until an efficacious treatment or vaccine becomes available for widespread dissemination.

In a short space of time and worldwide, the COVID-19 pandemic is changing health care practice, policy, education, and research. Physical therapists and other rehabilitation professionals from many nations are responding to the pandemic with valuable clinical insights, lessons learned, and novel approaches, with the goal of helping their colleagues meet the challenges. In this July 2020 issue of *PTJ*, some of the first articles about how physical therapists are responding to the COVID-19 emergency are being published. They provide our readers with important insights from colleagues on the front lines of this pandemic.

In a poignant Point of View essay, Dr. Paolo Pedersini and colleagues³ describe how the COVID-19 epidemic in Italy, a country affected by one of the earliest and highest global burdens of the disease, has impacted the practice of physical therapy during the early phase of this pandemic. The authors provide valuable illustrations of clinical instances in which physical therapist intervention remains indicated. In the acute hospital phase of COVID-19 treatment, they describe how respiratory physical therapists support the work of intensive care physicians, pulmonologists, and nurses by providing qualified care in the different modalities of noninvasive mechanical ventilation; monitoring and addressing respiratory fatigue; preventing the complications of prolonged immobility; prone positioning to improve gas exchange in people who are severely ill; participating in the weaning from invasive mechanical ventilation

protocols; and assisting in the recovery of the patient's autonomy in activities of daily living, which often are compromised by long periods of sedation and prolonged hospitalization. They describe how physical therapist colleagues from Milan, Lombardy, and surrounding cities are organizing themselves into a sort of "physical therapy task force" to help each other quickly improve their skills and knowledge—and also to help others take action when necessary, despite living with the fear that their colleagues and families are at risk of infection with COVID-19.

In a second Point of View article, Dr Vanessa Alpalhão and Dr Miguel Alpalhão⁴ discuss some of the adaptations being made in physical therapist practice in Portugal in an effort to respond to the COVID-19 crisis and the needs of their patients. They describe how health care systems in Portugal that are facing an abrupt demand for acute care are redirecting resources away from the ongoing care offered for patients with chronic conditions—ongoing care that focuses on preserving quality of life. The authors describe how regulatory rules in Portugal have determined that only urgent care should be provided for the duration of the pandemic, leaving each physical therapist with the discretionary power to determine which cases could benefit the most from their intervention, resulting in asymmetrical accessibility to care. Many physical therapists continue to intervene in all settings, facing an increased risk for COVID-19 infection due to the physical proximity involved in usual practice and due to the high number of patients treated each day. Their strategies to maintain care while preserving their own safety include wearing disposable personal protection equipment, decreasing the number of patients and therapists in the same physical space to facilitate social distancing, and providing digital physical therapist practice, making use of technology for communicating with and guiding patients.

In a third COVID-19 article, Dr Alan Lee,⁵ on behalf of the Digital Physical Therapy Practice Task Force of the World Confederation for Physical Therapy, identifies the task force's recommendations on digital physical therapist practice and offers guidelines on future directions in advancing digital practice and telehealth in the physical therapy profession in the wake of COVID-19. The task force describes the advantages, limitations, current evidence, regulatory issues, academic implications, and recommendations for future opportunities. The task force also highlights the implications of digital practice for physical therapist education and identifies the lack of national digital practice education standards in various countries and professions.

The Perspective by Dr James Smith and colleagues⁶ reports on the prevalence and clinical presentation of

post-intensive care syndrome (PICS), noting that many survivors recovering from COVID-19 could benefit from physical therapist services after hospital discharge. Smith et al provide recommendations for physical examination and outcomes measures, plan of care, and intervention strategies for PICS, aimed at those providing rehabilitation services outside of the acute and postacute inpatient settings. They emphasize the importance of providing patient and family education; coordinating community resources; including referring to other health care team members and community-based rehabilitation service options; and discuss current challenges for optimizing outcomes for people with PICS, including future directions for research and practice.

Meanwhile, Dr Jason Falvey and colleagues⁷ raise concerns over the reduced availability of physical therapy services in the community, even for urgent concerns, during the COVID-19 pandemic, and share their views on why home- and community-based physical therapy should remain open and available during the COVID-19 crisis. They outline 3 essential roles of home- and community-based physical therapists during the COVID-19. They discuss the substantial evidence that supports home- and community-based physical therapist interventions that reduce the volume of new hospitalizations, thus contributing meaningfully to public health goals.

A second area Falvey et al⁷ discuss is the utilization of physical therapy in the emergency department, which has been shown to be associated with shorter wait times, less overcrowding in waiting areas, and lower rates of hospital admissions for acute musculoskeletal conditions. The last area of essential need noted by the authors is the ability to respond to a second crisis looming—that is, to provide rehabilitation care for the projected surge of patients who have recovered from the acute effects of COVID-19. They call for the judicious utilization of urgently needed home- and community-based physical therapy services to meet the public health goals they articulate in their article.

I hope you find these COVID-19 related articles useful in this time of crisis. In subsequent months, *PTJ* will

continue to bring our readers the best valuable information as the material becomes available. We appreciate all of our colleagues who have submitted their work to *PTJ*, and we will continue fast-track processing of COVID-19 submissions and publish accepted COVID-19 articles on our website within 3 to 5 days after final acceptance. Please stay safe.

Alan M. Jette

A.M. Jette, PT, PhD, FAPTA, is editor in chief of *PTJ* and is based in Boston, Massachusetts. Dr Jette can be reached at alanjette@gmail.com.

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