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recovery (encompassing but not restricted to rehabilitation) across the care continuum. Findings will help inform policy and practice by providing insight and understanding of the patient perspective towards rehabilitation after hip fracture.

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Perceived barriers and benefits to MDT spasticity assessment on an inpatient neuro rehab unit when considering management with Botulinum toxin



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Keywords: Spasticity; MDT; Perceptions

Purpose: Spasticity Multi Disciplinary Team (MDT) assessment is recommended in the current guidelines for spasticity management using Botulinum Toxin (RCP, 2018) rather than individual clinicians working in isolation. Consultants and Physiotherapists on an Inpatient Neuro Rehab Unit in Birmingham did not always jointly assess their patients to make decisions on their spasticity management and use of Botulinum Toxin. The Consultants often assessed and injected independently. The purpose of this project was to explore the opinions of the Consultants and the Physiotherapists in terms of barriers and potential benefits to joint assessments of patients when considering intervention with Botulinum Toxin.

Methods: A SurveyMonkey questionnaire was given to all (a) Consultants and (b) Physiotherapists working on the unit in September 2020. This was a sample of 2 Consultants and 6 Physiotherapists (2 band 8a, 1 band 7, 3 band 6). All questionnaires were completed and answers were anonymous.

Some questions were a statement and clinicians were asked to rate on 4 point scale of "strongly agree" to "strongly disagree". Some questions asked the clinicians to tick all boxes that they agreed with. All questions had a free text box for clinicians to provide additional information. The questionnaire was reviewed by the Lead 8a Physiotherapist, who deemed the questions and data collection tool to be appropriate.

Results: A summary of the data identified both Consultant and Physiotherapist groups thought MDT spasticity assessment would be beneficial. They believed there would be a more coordinated approach to spasticity management, it would facilitate learning of themselves & others and work-

ing relationships could be further strengthened. They also believed MDT spasticity assessment would lead to clearer setting of goals relating to intervention and ensure non pharmacological management is also optimised. Both groups believed that Physiotherapists may provide more insight into how a patient's spasticity presents on a daily basis. Some Physiotherapists thought the Consultants did not value their input however, data showed Consultants value the contribution of Physiotherapists. Some Physiotherapists said they lacked confidence in contributing to a spasticity assessment however, the Consultants did not perceive the Physiotherapists to lack confidence. Both groups perceived there would be difficulties with coordinating time to carry out an MDT assessment and both groups felt the other group had a lack of availability.

Conclusion(s): The Consultants and Physiotherapists both believed in the same benefits of MDT spasticity assessment. This reflected that coordinated holistic spasticity management can ultimately improve care. Barriers regarding Physiotherapist lack of self-confidence and value were not perceptions held by the Consultants of the Physiotherapists. The remaining barrier to MDT spasticity assessment related to logistics of organising joint assessments from both groups.

Impact: The team were presented with the results which allowed insight into overall perceptions of each group. They were motivated to address their perceived barrier of difficulties with organising joint Consultant & Physiotherapist spasticity assessments on the unit. The team developed a plan to deliver joint spasticity assessments and a monitoring process for the next 12 months regarding the adherence to and the impact of an MDT spasticity assessment.

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Persisting symptoms in patients following hospital admission with COVID-19: An observational cohort study



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Keywords: COVID-19; Outcomes; Rehabilitation

Purpose: Due to the novel nature of COVID-19, little is known or reported regarding the longer term symptoms

experienced by survivors following hospital discharge. It is predicted that as many as 45% of people discharged from hospital would need some ongoing support from health and/or social care (DoH, 2020). With a lack of follow up services available for survivors of COVID-19, there was an urgent need to understand what a follow up clinic might require from the multidisciplinary team (MDT).

Objectives:

- To describe the prevalence of ongoing symptoms for patients discharged from hospital following treatment for COVID-19.
- To identify differences in symptoms for patients with severe infection requiring admission to ICU in comparison to those who were hospitalized and received ward care only.

Methods: Single centre, prospective cohort study conducted in patients admitted to a tertiary level, acute NHS hospital between 12 March 2020 and 14 May 2020. Inclusion criteria was adults (≥ 18 years of age), with a confirmed diagnosis of COVID-19 and being admitted to hospital for >4 days. A post COVID-19 questionnaire was developed a priori by the MDT to evaluate aspects of recovery based on clinical experience and early reported outcomes from the literature. The final agreed domains included 29 questions to include an evaluation of any new or worsening ‘physical’, ‘practical’, ‘emotional’ and ‘thinking’ symptoms. Patients were contacted by telephone by a member of the MDT. Primary outcome was the presence of new or worsening ‘physical’, ‘practical’, ‘emotional’ and ‘thinking’ symptoms. Group comparisons were performed using the Fisher’s exact tests for categorical variables and Mann-Whitney U test for continuous variables.

Results: A total of 228 eligible patients were identified, of whom 165 were contactable and included in the analysis. Included patients had a median (IQR) age of 54 (53–79), and spent a median (IQR) 10 (7–17) days in hospital. Physical symptoms were the most commonly reported, with 76% of patients reporting at least 1 ongoing physical symptom. The most common of these were fatigue (47%) and breathlessness (38%). Ongoing emotional symptoms were also reported by 44% of all patients, with practical (36%) and thinking (30%) problems slightly less common.

Twenty nine patients required admission to an intensive care. These patients tended to be younger (57 vs 69 years, $P=0.006$), spent longer in hospital (median 19 vs 9 days, $P<0.00001$) and were more likely to have ongoing physical symptoms (93% vs. 72%, $P=0.048$). No other significant differences were observed in reported symptoms between ICU and non-ICU admissions.

Conclusion(s): COVID-19 survivors continue to experience physical and non-physical problems up to 12 weeks following hospital discharge. ICU survivors in particular were most likely to suffer ongoing physical problems. There is an urgent need for specialist MDT rehabilitation services to meet the individual needs of the Covid-19 survivors following hospital discharge.

Impact: Our results have helped identify the need and shape a specialist MDT follow up clinic for survivors of COVID-19. They highlight the need for holistic assessment of outcomes to support ongoing recovery following hospital discharge.

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Pilot study of a ‘Dance Fitness Group’ for children referred to physiotherapy



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Keywords: Dance; Compliance; Group

Purpose: Deconditioned, hypermobile, and symptomatic musculoskeletal pain in children can cause a reduced level of physical activity leading to weakened muscles and poor tolerance to exercise.

Dance and music have been shown to positively affect mood and mental health in individuals, helping to increase compliance of physical activity.

Group settings provide evidence for increasing compliance through improving patient’s sense of belonging, self-confidence and social engagement.

This pilot looks at combining the enjoyment of dance to music in a group setting with physiotherapy strengthening and core exercises to increase engagement. We aim to evaluate the outcome measures to direct the formation of a larger scale study.

Methods: The pilot study included children aged 8–16 years old referred by Southampton Paediatric Physiotherapy team with a diagnosis of hypermobility, poor postural fitness and deconditioning with an interest in dance. Children were excluded if they were 7 years old or younger and if they would be unable to follow a group session. The group comprised of a four week (once weekly) group for 45 min consisting of group exercise with warm up, 15 min dance cardio fitness including balance, strengthening, core stability, and cool down sections. A questionnaire assessing patients perceived fitness, pain and overall enjoyment was the outcome measure completed at the beginning and end of the group.

Results: Two patients attended the group between November 2020 and December 2020. The post group questionnaire showed both patients found the group very useful or extremely useful. The questionnaire also showed an improvement in sporting activity post group. Both patients also stated an interest in repeating the group and found that it was a positive experience for young people of their age to do fitness in a safe environment. The Coronavirus Pandemic impacted on the sample size of this pilot.

Conclusion(s): The results of this small sample pilot have shown very positive outcomes. The pilot highlights the