Neurologic Disorders and Heart Disease

Effectiveness of rehabilitation in post-COVID compared with post-cardiosurgery patients. A single Center experience

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The COVID 19 disease is frequently associated with significant disability related to intensive care unit-acquired weakness, decontitioning, myopathies and neuropathies. However there are no data on the results of a specific rehabilitative treatment in this group of patients.

The aim of our work was to evaluate the effectiveness f a personalized rehabilitative therapy in group of post-COVID patients (A, 47 patients, average age 65.3± 11.6 y, 27 M,) comparing the results with a group of post-cardiosurgical patients COVID 19 negative (B, 47 patients, average age 63.5± 10.3 y, 29 M) evaluating the degree of clinical complexity (Rehabilitation Complexity Scale, RCS-E V13) and the degree of autonomy recovery (Six-minute walking test SMWT, Barthel Index, BI) pre and post-treatment.

In Group A patients the Rehabilitation program is associated with a significant improvement in autonomy recovery (BI admission 29.7 ± 20 vs discharge 72.7 ± 28.6 p <0.005, SMWT admission 146 ± 25 vs 318 ± 18 m, p <0.005) and in clinical complexity (RCS admission 10.9 ± 1.1 vs discharge 5.3, p<0.05)

Conclusions: Post-COVID patients show a greater loss of autonomy than post-cardiosurgery patients. Rehabilitative treatment has proven effective in ensuring adequate functional recovery with similar results to those obtained in the population of cardiological subjects COVID 19 negative.

Group A vs Group B

	Group A	Group B	p
pre-rehabilitation hospital stay (days)	31 ± 5	8 ± 2	0.005
RCS admission	10.9 ± 1.1	11.6 ± 1.2	ns
BI admission	29.7 ± 20	47.7 ± 19	0.05
SMWT admission (m)	146 ± 25	255 ± 18	0.05
Rehabilitation duration (days)	29.7 ± 12.8	29.6 ± 10.1	ns
RCS discharge	5.3 ± 2	6.5 ± 2	ns
BI discharge	72.7 ± 28	71.5 ± 22.5	ns
SMWT discharge (m)	385 ± 18	410 ± 25	ns

RCS: rehabilitation complexity scale, BI: Barthel Index, SMWT: six-minute walking test