COVID-19: updates on follow-up & long-term effects

1st October 2020

**STRATEGY UNIT RAPID SCAN**

**Title:** REHABILITATION NEEDS AND POST-ICU RECOVERY FOR SEVERE COVID-19 PATIENTS: RAPID SCAN

Source: The Strategy Unit | 24th September 2020

**Emerging evidence**  
[**Development of an integrated rehabilitation pathway for individuals recovering from covid-19 in the community.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=934e8dd55a&e=87eaa0b9d4) Sivan M et al., J Rehab Med, 52 (8).  
  
[**Mental and behavioural disorders and COVID-19-associated death in older people**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=b852c514c4&e=87eaa0b9d4)**.**Boland B & Gale T, British Journal of Psychiatry, 6, e101, 1–3.  
  
**Commentaries**  
[**Why the biopsychosocial model needs to be the underpinning philosophy in rehabilitation pathways for patients recovering from COVID-19**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=0d1e203754&e=87eaa0b9d4)**.** Wainwright TW & Low M, Integrated Healthcare Journal, 2(1).  
[**Anticipating the long-term cardiovascular effects of COVID-19.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=de785a27e8&e=87eaa0b9d4) Becker RC, Journal of Thrombosis and Thrombolysis.  
[**COVID-19 and its impact on neurological manifestations and mental health: the present scenario**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=e8c6d946f6&e=87eaa0b9d4)**.** Sultana S & Ananthapur V, Neurol Sci, 31, 1–6.  
[**Neuropsychological consequences of Covid-19.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=45270bc544&e=87eaa0b9d4) Wilson BA et al., Journal of Neuropsychological Rehabilitation, 30 (9).  
[**Effect of COVID-19 on the Organs**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=cb024b55a6&e=87eaa0b9d4)**.** Jain U, Cureus, 12(8): e9540.

View the updated tracker for latest evidence: <https://www.strategyunitwm.nhs.uk/covid19-and-coronavirus#evidence>, which updates: [Rapid scan 2: rehabilitation needs and post-ICU recovery for severe COVID-19 patients](https://www.strategyunitwm.nhs.uk/sites/default/files/2020-05/20200513%20Evidence%20rapid%20scan%202%20-%20Rehab.pdf) (13th May).

**further research papers**

TITLE: REHABILITATION LEVELS IN COVID-19 PATIENTS ADMITTED TO INTENSIVE CARE REQUIRING INVASIVE VENTILATION: AN OBSERVATIONAL STUDY

Source: Annals of the American Thoracic Society; Sep 2020

Rationale: Patients with severe COVID-19 have complex organ support needs that necessitate prolonged stays in the intensive care, likely to result in a high incidence of neuromuscular weakness and loss of well-being. Early and structured rehabilitation has been associated with improved outcomes for patients requiring prolonged periods of mechanical ventilation, but at present no data are available to describe similar interventions or outcomes in COVID-19 populations. Objectives: To describe the demographics, clinical status, level of rehabilitation and mobility status at ICU discharge of patients with COVID-19. Methods: Adults admitted to ICU with a confirmed diagnosis of COVID-19 and mechanically ventilated for >24 hours were included. Rehabilitation status was measured daily using the Manchester Mobility Score (MMS) to identify the time taken to first mobilise (defined as sitting on the edge of the bed or higher) and highest level of mobility achieved at ICU discharge. Results: A total of n=177 patients were identified, of whom n=110 survived to ICU discharge and were included in the subsequent analysis. Whilst on ICU, patients required prolonged periods of mechanical ventilation (mean 19 ± 10 days), most received neuromuscular blockade (90%) and 67% were placed in the prone position on at least one occasion. The mean ± SD time to first mobilise was 14 ± 7 days, with a median MMS at ICU discharge of 5 (interquartile range: 4-6), which represents participants able to stand and step round to a chair with or without assistance. Time to mobilise was significantly longer in those with higher BMI (p<0.001), whilst older patients (p=0.012) and those with more comorbidities (p=0.017) were more likely to require further rehabilitation post-discharge. Conclusion: The early experience of the COVID-19 pandemic in the UK resembles the experience in other countries, with high acuity of illness and prolonged period of mechanical ventilation required for those patients admitted to ICU. Whilst the time to commence rehabilitation was delayed due to this severity of illness, rehabilitation was possible within the ICU, and led to increased levels of mobility from waking prior to ICU discharge.

<https://www.atsjournals.org/doi/abs/10.1513/AnnalsATS.202005-560OC>

TITLE: SYSTEMATIC REVIEW OF CHANGES AND RECOVERY IN PHYSICAL FUNCTION AND FITNESS AFTER SEVERE ACUTE RESPIRATORY SYNDROME-RELATED CORONAVIRUS INFECTION: IMPLICATIONS FOR COVID-19 REHABILITATION

Source: Physical Therapy; Sep 2020; vol. 100 (no. 10); p. 1717-1729 | Published online

Abstract: OBJECTIVE This review sought to (1) compare physical function and fitness outcomes in people infected with Severe Acute Respiratory Syndrome-related Coronavirus (SARS-CoV) with healthy controls, (2) quantify the recovery of physical function and fitness following SARS-CoV infection, and (3) determine the effects of exercise following SARS-CoV infection.

METHODS Four databases (CINAHL, MEDLINE, ProQuest, and Web of Science Core Collections) were searched in April 2020 using keywords relating to SARS-CoV, physical function, fitness, and exercise. Observational studies or randomized controlled trials were included if they involved people following SARS-CoV infection and either assessed the change or recovery in physical function/fitness or evaluated the effects exercise postinfection.

RESULTS A total 10 articles were included in this review. Evidence from 9 articles demonstrated that SARS-CoV patients had reduced levels of physical function and fitness postinfection compared with healthy controls. Furthermore, patients demonstrated incomplete recovery of physical function, with some experiencing residual impairments 1 to 2 years postinfection. Evidence from 1 randomized controlled trial found that a combined aerobic and resistance training intervention significantly improved physical function and fitness postinfection compared with a control group.

CONCLUSIONS Physical function and fitness are impaired following SARS-CoV infection, and impairments may persist up to 1 to 2 years postinfection. Researchers and clinicians can use these findings to understand the potential impairments and rehabilitation needs of people recovering from the current coronavirus 2019 (COVID-19) outbreak. While 1 study demonstrated that exercise can improve physical function and fitness postinfection, further research is required to determine the effectiveness of exercise in people recovering from similar infections (e.g. COVID-19).

IMPACT Considering the similarities in pathology and clinical presentation of SARS-CoV and COVID-19, it is likely that COVID-19 patients will present with similar impairments to physical function. Accordingly, research is required to measure the extent of functional impairments in COVID-19 cohorts. In addition, research should evaluate whether rehabilitation interventions such as exercise can promote postinfection recovery.

<https://academic.oup.com/ptj/article/100/10/1717/5876270>

TITLE: SHORT- AND POTENTIAL LONG-TERM ADVERSE HEALTH OUTCOMES OF COVID-19: A RAPID REVIEW

Source: Emerging Microbes & Infections; Sep 2020 ; p. 1-19

Abstract: The coronavirus disease 2019 (COVID-19) pandemic has resulted in millions of patients infected worldwide and indirectly affecting even more individuals through disruption of daily living. Long-term adverse outcomes have been reported with similar diseases from other coronaviruses, namely Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Emerging evidence suggests that COVID-19 adversely affects different systems in the human body. This review summarizes the current evidence on the short-term adverse health outcomes and assesses the risk of potential long-term adverse outcomes of COVID-19. Major adverse outcomes were found to affect different body systems: immune system (including but not limited to Guillain-Barré syndrome and paediatric

inflammatory multisystem syndrome), respiratory system (lung fibrosis and pulmonary thromboembolism), cardiovascular system (cardiomyopathy and coagulopathy), neurological system (sensory dysfunction and stroke), as well as cutaneous manifestations, impaired hepatic and renal function. Mental health in patients with COVID-19 was also found to be adversely affected. The burden of caring for COVID-19 survivors is likely to be huge. Therefore, it is important for policy makers to develop comprehensive strategies in providing resources and capacity in the healthcare system. Future epidemiological studies are needed to further investigate the long-term impact on COVID-19 survivors.

<https://www.tandfonline.com/doi/full/10.1080/22221751.2020.1825914>

TITLE: ASSESSMENT AND CHARACTERIZATION OF POST-COVID-19 MANIFESTATIONS

Source: International Journal of Clinical Practice; Sep 2020 | Published online

Abstract: BACKGROUND Post COVID-19 symptoms and diseases appeared on many survivors from COVID-19 which are similar to that of the post-severe acute respiratory syndrome (SARS) fatigue. Hence, the study aims to investigate and characterize the manifestations which appear after eradication of the coronavirus infection and its relation to disease severity.

METHOD287 survivors from COVID-19 were included in the study, each received a questionnaire divided into three main parts starting from subjects' demographic data, data about the COVID-19 status and other comorbidities of the subject, and finally data about post-COVID-19 manifestations. Response surface plots were produced to visualize the link between several factors.

RESULTS Only 10.8 % of all subjects have no manifestation after recovery from the disease while a large percentage of subjects suffered from several symptoms and diseases. The most common symptom reported was fatigue (72.8 %), more critical manifestations like stroke, renal failure, myocarditis, and pulmonary fibrosis were reported by a few percent of the subjects. There was a relationship between the presence of other comorbidities and severity of the disease. Also, the severity of COVID-19 was related to the severity of post-COVID-19 manifestations.

CONCLUSION The post-COVID-19 manifestation is largely similar to the post-SARS syndrome. All subjects recovered from COVID-19 should undergo long-term monitoring for evaluation and treatment of symptoms and conditions that might be precipitated with the new coronavirus infection.

<https://onlinelibrary.wiley.com/doi/10.1111/ijcp.13746>

TITLE: WHICH ARE THE MAIN ASSESSMENT TOOLS OF FUNCTIONAL CAPACITY IN POST-ACUTE COVID-19 PATIENTS ADMITTED TO REHABILITATION UNITS?

Source: European Journal of Physical and Rehabilitation Medicine; Sep 2020

‘We would like to answer to the recent letter written by Rivera-Lillo et al.1 The Authors affirmed that the assessment of functional capacities during the first stage post-Coronavirus Disease 19 (COVID19) is still debated, taking into account that this new field of research in physical and rehabilitation medicine (PRM) needs a careful assessment by instrumental tools at our disposal to characterize functional capacity and the recovering possibilities.1 As we emphasized in our recent paper, 2 COVID-19 patients in the early stages of the disease might suffer of severe disabilities, dyspnea during activities of daily living and in the most severe cases breathing difficulties requiring assisted ventilation. As a result, only a few patients (18.8 %) were able to walk, thereby limiting the ability to administer the common assessment tests to evaluate functional capacity, such as the 6-minute-walking test (6-MWT).2 Although 6-MWT has already been used in literature to evaluate functioning in post-critical patients, it is reasonable to suppose that in these patients there might be a sort of “floor” effect, due to severe dyspnea and respiratory failure.

However, it should also be clarified that our work has included patients discharged from the ICU relatively early (16.4 ± 7.5 days), and the time factor becomes fundamental in the choice of the test to be used. More in detail, at the time, the choice of using 6-MWT was guided by the need to utilize a test easy to be administered, inexpensive, that could provide information also on the subsequent rehabilitation phases, considering that rehabilitation of COVID-19 patients is a new challenge for PRM field.

Rivera-Lillo et al.1 suggested that the physical evaluation might be completed by other tests, such as the 1-min sit-to stand test (1-min STS), that has been recognized as a valid alternative to 6-MWT in patients who have undergone major operations such as lung transplantation.3 We agree that some COVID-19 patients who were unable to perform the 6-MWT at the admission would probably have been able to perform the 1-min STS, as being able to stand although with some difficulties. Unfortunately, we are unable to validate this hypothesis in our cohort since we have not performed the 1-min STS in our study protocol. In our opinion, another useful tool that might be used to evaluate the functional capacity of critically ill patients might be the Chelsea Critical Care Physical Assessment Tool (CPAx), as showed by Parry et al.4 They affirmed that CPAx had evidence of reliability, content and construct validity, and responsiveness, underlining both a low floor and ceiling effects at intensive care unit (ICU) and post-ICU discharge. More in detail, CPAx evaluates: a) respiratory function; b) coughing capacity (beware virus spreading); c) bed rolling; d) bed sitting; e) standing balance; f) sit to stand capacity; g) transferring from bed to chair; h) stepping or walking; i) grip strength. All these evaluations might cover almost the full spectrum of COVID-19 early phases impairments, excepted for neurological aspects, that might require additional evaluations, considering that sensibility and cognitive function might be as well compromised. However, since it is more time and resources consuming than 6-MWT, feasibility must be considered depending on the resources available. Taken together, could we define which assessment tools should be used to evaluate functional capacity in post-acute COVID-19 patients admitted to Rehabilitation Units? …’

<https://www.minervamedica.it/en/journals/europa-medicophysica/article.php?cod=R33Y9999N00A20091607>

TITLE: COVID-19 ISCHEMIC STROKES AS AN EMERGING REHABILITATION POPULATION: A CASE SERIES

Source: American Journal of Physical Medicine & Rehabilitation; Oct 2020; vol. 99 (no. 10); p. 876-879

Abstract: There is emerging literature that coronavirus disease 2019 infections result in an increased incidence of thrombosis secondary to a prothrombotic state. Initial studies reported ischemic strokes primarily occurring in the critically ill coronavirus disease 2019 population. However, there have been reports of ischemic strokes as the presenting symptom in young noncritically ill coronavirus disease 2019 patients without significant risk factors. Further characterization of the coronavirus disease 2019 stroke population is needed. We present four cases of coronavirus disease 2019 ischemic strokes occurring in patients aged 37-68 yrs with varying coronavirus disease 2019 infection severities, premorbid risk factors, clinical presentations (eg, focal and non-focal), and vascular distributions. These cases highlight the heterogeneity of coronavirus disease 2019 ischemic strokes. The duration of the coronavirus disease 2019-related prothrombotic state is unknown, and it is unclear whether patients are at risk for recurrent strokes. With more coronavirus disease 2019 patients recovering and being discharged to rehabilitation, physiatric awareness of this prothrombotic state and increased incidence of ischemic strokes is essential. Because of the variable presentation of coronavirus disease 2019 ischemic strokes, clinicians can consider neuroimaging as part of the evaluation in coronavirus disease 2019 patients with either acute focal or non-focal neurologic symptoms. Additional studies are needed to clarify prothrombotic state duration, determine prognosis for recovery, and establish the physiatrist's role in long-term disease management.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7406213/>

**title:** POTENTIAL FOR COGNITIVE COMMUNICATION IMPAIRMENT IN COVID-19 SURVIVORS: A CALL TO ACTION FOR SPEECH-LANGUAGE PATHOLOGISTS

Source: American Journal of Speech-Language Pathology; Sep 2020 ; p. 1-12

Abstract: Purpose Severe acute respiratory syndrome coronavirus 2 is the virus resulting in COVID-19 infections in nearly 4.3 million Americans with COVID-19 in the United States as of July 29, 2020, with nearly 150,000 deaths and hundreds of thousands of survivors (https://www.coronavirus.jhu.edu/map.html). This tutorial reviews (a) what has been reported about neurological insults in cases of COVID-19 infection, (b) what is known from similar conditions in other disorders, and (c) how that combined information can inform clinical decision making. Method PubMed and the Cochrane Central Register of Controlled Trials were searched for COVID-19 or other coronavirus infections, cognitive impairment observed following critical care, and disorders for which intermittent or chronic hypoxia is characteristic. These were combined with searches relating to cognition, brain, and communication. All searches were conducted between April 8 and May 23, 2020. Meta-analyses and randomized clinical trials addressing other critical illnesses were also included to extend findings to potential cognitive communication outcomes following COVID-19.

Results COVID-19 infection results in a combination of (a) respiratory infection with mechanical ventilation secondary to inadequate oxygenation, (b) inflammatory system reactivity, and (c) increased blood clotting factors. These affect central nervous system function incurring long-term cognitive communication impairment in a proportion of survivors. Diagnostic and intervention approaches for such impairments are discussed. Conclusions The existing literature on cognitive sequela of COVID-19 infection is small to date, but much can be learned from similar viral infections and disorders. Although COVID-19 is novel, the speech-language pathology approaches to evaluation and intervention of other populations of critical care patients are applicable. However, speech-language pathologists have not routinely been involved in these patients' acute care. As such, this is a call to action to speech-language pathologists to address the unprecedented numbers of patients who will need their services early in the disease process and throughout recovery.

<https://pubs.asha.org/doi/10.1044/2020_AJSLP-20-00147>

**case reports**

**Title:** Recovery from COVID-19 and acute respiratory distress syndrome: the potential role of an intensive care unit recovery clinic: a case report

Source: Journal of Medical Case Reports; Sep 2020; vol. 14 (no. 1); p. 161

Abstract: BACKGROUND In this case report, we describe the trajectory of recovery of a young, healthy patient diagnosed with coronavirus disease 2019 who developed acute respiratory distress syndrome. The purpose of this case report is to highlight the potential role of intensive care unit recovery or follow-up clinics for patients surviving acute hospitalization for coronavirus disease 2019.

CASE PRESENTATION Our patient was a 27-year-old Caucasian woman with a past medical history of asthma transferred from a community hospital to our medical intensive care unit for acute hypoxic respiratory failure due to bilateral pneumonia requiring mechanical ventilation (ratio of arterial oxygen partial pressure to fraction of inspired oxygen, 180). On day 2 of her intensive care unit admission, reverse transcription-polymerase chain reaction confirmed coronavirus disease 2019. Her clinical status gradually improved, and she was extubated on intensive care unit day 5. She had a negative test result for coronavirus disease 2019 twice with repeated reverse transcription-polymerase chain reaction before being discharged to home after 10 days in the intensive care unit. Two weeks after intensive care unit discharge, the patient returned to our outpatient intensive care unit recovery clinic. At follow-up, the patient endorsed significant fatigue and exhaustion with difficulty walking, minor issues with sleep disruption, and periods of memory loss. She scored 10/12 on the short performance physical battery, indicating good physical function. She did not have signs of anxiety, depression, or post-traumatic stress disorder through self-report questionnaires. Clinically, she was considered at low risk of developing post-intensive care syndrome, but she required follow-up services to assist in navigating the healthcare system, addressing remaining symptoms, and promoting return to her pre-coronavirus disease 2019 societal role.

CONCLUSION We present this case report to suggest that patients surviving coronavirus disease 2019 with subsequent development of acute respiratory distress syndrome will require more intense intensive care unit recovery follow-up. Patients with a higher degree of acute illness who also have pre-existing comorbidities and those of older age who survive mechanical ventilation for coronavirus disease 2019 will require substantial post-intensive care unit care to mitigate and treat post-intensive care syndrome, promote reintegration into the community, and improve quality of life.

<https://jmedicalcasereports.biomedcentral.com/articles/10.1186/s13256-020-02481-y>

**on-going research**

**Title:** HELP WITH GROUNDBREAKING RESEARCH TO FIND WAYS OF IMPROVING RECOVERY FROM COVID-19

Source: Swansea University| Recording published online Sept 2020

Researchers exploring a new method to help people recover from Covid-19, using breathing exercises and a hand-held device, are looking for volunteers who have had Covid to help them test it. The work could benefit patients and ease the strain on the NHS.

More people are now surviving Covid-19. However, patients who are recovering talk about continued shortness of breath, sometimes for many months, which causes tiredness and difficulties with the basic tasks of daily living.

The UK-wide team, led by Drs Melitta McNarry and Kelly Mackintosh of the School of Sport and Exercise Sciences at Swansea University, which is rated amongst the best in the UK, are trying to identify how best to help people recover quickly and fully. The research project has just been awarded funding from the Sêr Cymru programme, run by the Welsh Government.

Dr McNarry and team believe that they can improve shortness of breath by training the muscles involved in breathing, using a small handheld device that gives regular feedback to the user. To use the device, people breathe in as deeply as they can, for as long as they can.

Based on previous work with long-term respiratory conditions, doing these exercises just three times a week for about 20 minutes has been linked to improvements in how people feel and how much they can move around…

<https://www.swansea.ac.uk/press-office/news-events/news/2020/09/help-with-groundbreaking-research-to-find-ways-of-improving-recovery-from-covid-19.php>

**Title:** coverscan study: mapping how covid-19 impacts the health of multiple organs: results

Source: Perspectum/ITV| 30th September 2020

‘The first data from patients recovering from Covid-19 (160 patients, three months post diagnosis, 79% non-hospitalised) reveals many patients had measurable organ damage - even amongst those not hospitalised.

The study also found many patients who have had Covid-19, especially men, have subnormal heart pumping function’.

<https://coverscan.com/news-%26-updates/f/coverscan-results-highlighted-on-itv-news>

<https://www.itv.com/news/2020-09-29/long-covid-long-term-effects-of-coronavirus-include-damage-to-heart-liver-kidneys-oxford-study-reveals>

title: COVID-19 patients suffer long-term lung and heart damage but it can improve with time

Source: European Lung Foundation | 6th September 2020

‘COVID-19 patients can suffer long-term lung and heart damage but, for many, this tends to improve over time, according to the first, prospective follow-up of patients infected with the coronavirus, presented at the European Respiratory Society International Congress. [1]  
  
Researchers in the COVID-19 'hot spot' in the Tyrolean region of Austria recruited consecutive coronavirus patients to their study, who were hospitalised at the University Clinic of Internal Medicine in Innsbruck, the St Vinzenz Hospital in Zams or the cardio-pulmonary rehabilitation centre in Münster, Austria. In their presentation to the virtual congress today (Monday), they reported on the first 86 patients enrolled between 29 April and 9 June, although now they have over 150 patients participating.

<https://eurekalert.org/pub_releases/2020-09/elf-cps090320.php>

**news items & SERVICE DEVelopments**

TITLE: AS THEIR NUMBERS GROW, COVID-19 “LONG HAULERS” STUMP EXPERTS

Source: JAMA | Published online 23rd Sept 2020

For 32-year-old Hanna Lockman of Louisville, Kentucky, it all started March 12. She was at work when she suddenly felt a stabbing pain in her chest. “It just got worse and worse and worse, to the point I was crying from the pain,” she recalled in a recent interview. At 3 am, the pain sent her to the emergency department. “I had developed a dry cough, maybe a mild fever. I don’t remember.”

Five months, 16 emergency department trips, and 3 short hospitalizations later, Lockman can’t remember a lot of things. She places the blame squarely on coronavirus disease 2019 (COVID-19). “I joke, ‘Well, COVID has eaten my brain, because I can’t remember how to remember words, keep track of medication,’” she said. “My brain just feels like there’s a fog.” Lockman considers herself to be a “long hauler,” someone who still hasn’t fully recovered from COVID-19 weeks or even months after symptoms first arose. She serves as an administrator of 2 “Long Haul COVID Fighters” Facebook groups, whose members now number more than 8000.

The longer the pandemic drags on, the more obvious it becomes that for some patients, COVID-19 is like the unwelcome houseguest who won’t pack up and leave. “Anecdotally, there’s no question that there are a considerable number of individuals who have a postviral syndrome that really, in many respects, can incapacitate them for weeks and weeks following so-called recovery and clearing of the virus,” Anthony Fauci, MD, director of the National Institute of Allergy and Infectious Diseases, said in July during a COVID-19 webinar organized by the International AIDS Society.

<https://jamanetwork.com/journals/jama/fullarticle/2771111?utm_source=silverchair&utm_campaign=jama_network&utm_content=covid_weekly_highlights&utm_medium=email>

TITLE: PILOT VIRTUAL POST ICU REHAB CLASS

Source: North Devon Healthcare Trust, 25th Sept

‘This week sees the end of our pilot virtual Post ICU rehab class. Super proud of our #rehablegend team. Fab MDT involvement with education from Dietetics, SLT, psychology, PT and OT. Great feedback and outcomes, let's hope we can continue!! Look out for the business case’.

<https://twitter.com/bashford_lisa/status/1309538307337052168>

TITLE: PHYSIOTHERAPY IN POST COVID FOLLOW-UP CLINICS

Source: Suzahn Wilson, Respiratory Physio, Sept 17th 2020

‘Any physiotherapists working in post COVID follow up clinics happy to share their experiences? I'm keen to hear if we can add any value in terms of breathing retraining / breathlessness management /pacing techniques’ – replies below.

<https://twitter.com/SuzahnW/status/1306600262149132288>

TITLE: 1ST VIRTUAL COVID MDT

Source: Leeds Teaching Hospitals, 16th Sept 2020

‘Great 1st virtual Covid MDT as part of our new Covid rehab pathway for Leeds patients suffering with ongoing long lasting covid 19 symptoms. Making a difference, improving patient care’. Integrated services Sept 16th Rachel Tarrant, Covid pathway co-ordinator & Specialist Resp Physio.

<https://twitter.com/racheltarrant5/status/1306328025500352512>

TITLE: FIRST GROUP TO FINISH POST-COVID PR

Source: Royal Berkshire NHS Foundation Trust, 16th Sept 2020

We are immensely proud of our first group to finish post-COVID PR. Their average improvement in 6MWT was 68.5m. Their mood scores (PHQ-9) increased by 5.66 points. Royal Berkshire NHS Foundation Trust (RBFT) Respiratory Department. Tweets by Frankie Knight and Respiratory Physiotherapy Team.

<https://twitter.com/RbhRespiratory/status/1306236562930364417>

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[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

<https://www.trftlibraryknowledge.com/health-newsfeeds.html>