J Rehabil Med 2020; 52: jrm00045

EDITORIAL

Covid-19 and Physical and Rehabilitation Medicine

Since our last editorial the world has changed a lot. The Corona virus and the Covid-19 disease has spread globally and very rapidly. It has changed the medical priorities and focus is now on saving lives of persons who still have long life expectancies and scaling up intensive care unit (ICU) resources and not least to have enough and adequate personal protective equipment in order to keep people working near the infected patients safe.

Most of the clinical Physical and Rehabilitation Medicine (PRM) departments in Europe have now closed parts of their activities, at least for out-patients, and keep contact with patients via telephone or by telemedicine. Some PRM doctors and nurses have been transferred to other clinics and are in some cases directly involved in Covid-19 care. Other PRM professions such as physio- and occupational therapist as well as social workers have been trained as assistant nurses and are also working with Covid-19 care. Psychologists from the PRM departments are giving personal support to the staff of the ICU. Thus, the work of the different professionals at the PRM departments have drastically changed and this change will continue for months.

Now you will find 3 recently published articles in Journal of Rehabilitation Medicine (JRM) presenting overviews of the role of PRM in the covid-19 pandemia (1-3). JRM will also collect these articles together with an informative video (4) concerning Covid-19 and rehabilitation issued by the European Academy of Rehabilitation Medicine (EARM) on the homepage under the heading Covid-19 Corner. Here also upcoming articles concering Covid-19 will be shown.

It is of course of utmost importance to carry on the regular work within rehabilitation medicine in our core areas including TBI, stroke, SCI and pain and keep these patients safe from the infection. Covid-19 is affecting not only the pulmonary function, due to acute respiratory distress syndrome (ARDS), but also other organs including the cardiovascular system and the central nervous system (CNS). Involvement of CNS lead to hyposmia and dysgeusia, as well as consciousness alterations and neuropsychological manifestations (3).

In the mobilisation of the post Covid-19 patients one will have to consider a slow process due to respiratory distress with breathing problems and lung fibrosis, cardiovascular deconditioning and immobilization for a long period of time. Furthermore, psychological support as well as cognitive training are required (3). Due to the long-time treatment in ventilator at ICU one may also anticipate a large number of patients with acquired muscle weakness including patients suffering from post-intensive care syndrome (PICS) who will need in-patient rehabilitation for longer time periods (1–3).

Concerning the role of PRM in Covid-19 we conclude that right now is the time for life saving care of the patients. However, the role of PRM in rehabilitation of patients in the immediate post-acute phase of Covid-19 is obvious. Following the acute phase of the pandemic we will see an increased need of rehabilitation including mobilisation. The increased need of PRM efforts will last for months, if not years, with rehabilitation of secondary disorders including PICS. This fact is well recognised by the different PRM bodies: International Society of PRM (ISPRM), UEMS-PRM Section and Board, European Society of Physical and Rehabilitation Medicine, European Society of PRM (ESPRM) and European Academy of Rehabilitation Medicine (EARM). We hope that this also will be recognised by health care authorities in order to give the PRM departments adequate resources.

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Stockholm and Rotterdam April 2020

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Editors-in-Chief of Journal of Rehabilitation Medicine

Journal Compilation © 2020 Foundation of Rehabilitation Information. ISSN 1650-1977 doi: 10.2340/16501977-2679