

Disclosures

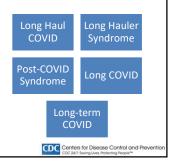
I have no disclosures to report

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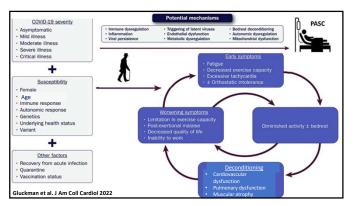
1. Describe the sequelae of "Long COVID" (i.e., Post-Acute Sequelae of SARS-CoV-2 infection (PASC)) with an emphasis on physical, cognitive and mental health. 2. Review current concepts for the rehabilitation management of patients with "Long Covid". 3. Illustrate the importance of interprofessional teams in the holistic management of the varied sequalae of "Long Covid".

Post-Acute Sequelae of SARS-CoV-2 infection (PASC))

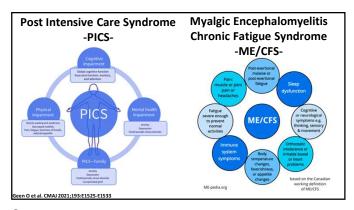
 "Post COVID Conditions": an umbrella term for the wide range of physical and mental health consequences experienced by some patients that are present four or more weeks after SARS-CoV-2 infection, including by patients who had initial mild or asymptomatic acute infection.



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Common PASC Symptoms 11% Oper 50 have been identified: Fatigue Myalgia/ Arthralgia DOE/SOB Brain Fog/ Attention Disorder Headache Depression Loper-Leon's et al. Sci Rep. 2021. Loper-Loon's et al. Sci Rep. 2021. Loon's e

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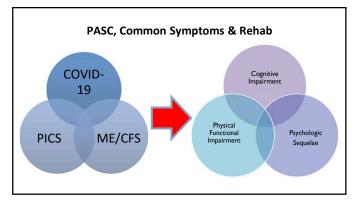
COVID-19 disease trajectories among nursing home residents

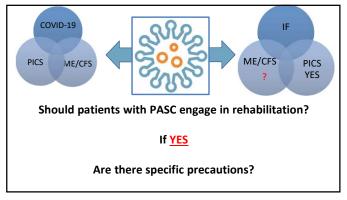
Most common signs & symptoms:

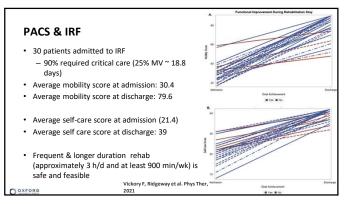
- Fever of 99F or higher (74%)
- Malaise (62%)
- Anorexia (62%)
- Hypoxia (55%)
- Cough (51%)
- Altered MS (32%)
- Dyspnea (26%)

Carnahan JL, Lieb KM, et al. J Am Geriatr Soc. 2021

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Outcome Measure	Admission Assessment	Discharge Assessment	p-value*
Berg Balance Scale, mean (SD), (n = 24)	22.6 (18.5)	43.7 (14.0)	<0.001*
10 Meter Walk Test, mean meters per second (SD), (n = 17)	0.25 (0.25)	0.86 (0.57)	< 0.001*
6 Minute Walk Test, mean meters (SD), (n = 19)	206.6 (258)	764.5 (276.1)	< 0.001*
Functional Independence, No. (%)			
Transfer independence (n = 29)	1 (3.4%)	27 (93.1%)	<0.001*
Ambulation independence (n = 29)	0 (0%)	25 (86.2%)	<0.001*
Functional Communication Measure, median (IQR)			
Voice (n = 6)	4 (4-5)	6.5 (4.75-7)	0.032*
Swallowing (n = 18)	4 (3-5)	7 (7-7)	<0.001*
Attention (n = 19)	4 (4-5)	7 (6-7)	<0.001*
Memory (n = 18)	4 (4-5)	7 (6.25-7)	<0.001*
Problem Solving (n = 18)	4 (4-5)	7 (6.25-7)	<0.001*

Treatment Recommendations

- Individually <u>titrated, symptom-guided</u> program
 Initial Goal: restore patients to previous levels of activity and improve quality
 - Until those goals have been achieved, the rehabilitation program should not focus on high intensity interventions
- Continually assess for Post Exertional Malaise (PEM)
 - RPE Scales are useful
- Fatigue Assessment
- Abnormal cardiopulmonary responses

Fukuda K et al., 1994; FDA, 2013. Herrera JE et al. PM R 2021

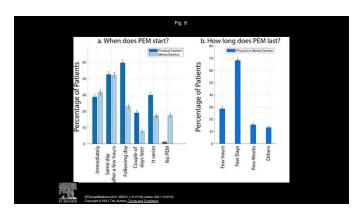
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Post-Exertional Malaise (PEM)

Post-exertional malaise is characteristic of ME/CFS and most ME/CFS patients

- · Malaise includes feeling bad, sick, tired as well as fatigued
- Patients describe this as "crash" or "relapse" of illness, as all symptoms are worsened, not just fatigue
- Exertion could be physical or mental
- The malaise persists for more than 24 hours
- · Leads to additional limitation in activities

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	Modified Borg Scale			
Treatment Recommendations	(Exertion or Dyspnea Scales)			
 Initial Activity Goals: ~ 3-5 METs (similar workload for ADL's) 	0 - At Rest			
.,	1 - Very easy			
 Progression If symptoms worsen, activity should be returned to the previously tolerated level. 	2 - Somewhat easy			
	3 - Moderate PASC			
Energy Conservation "Four Ps": Pacing, Prioritizing, Positioning, & Planning	4 - Somewhat hard			
Use of adaptive equipment	5 - Hard			
 Identification of "energy windows" 	6 -			
Encourage healthy sleep & dietary patterns and hydration.	7 - Very Hard			
, , , , , ,	8 -			
	9 -			
Herrera JE et al. PM R 2021	10 - Very Very Hard			

Special Considerations: Fatigue

- Fatigue is a feeling of weariness, tiredness, or lack of energy. It can be physical, cognitive, or emotional, mild to severe, intermittent to persistent, and affect a person's energy, motivation, and concentration.
- Fatigue is "multi-dimensional"

Herrera JE et al. 2021 PM NCCN 2018; Servaes et al 2002; Cella et al 200

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Pick a number (0-10) that best describes how much fatigue you have been experiencing in the past week including today. Extreme Fatigue No Fatigue No Fatigue No Fatigue Pick a number (0-10) that best describes how much fatigue you have been experiencing in the past week including today. One Item Fatigue Scale "Since your last visit, how would you rate your worst fatigue on a scale of 0 to 10?" Categorical description as follows: - 0: No fatigue - 1-3: Mild fatigue - 4-6: Moderate fatigue - 7-10: Severe fatigue

Example of Fatigue
Tools:

Brief Fatigue
Inventory (BFI)

| Particular | Particular

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Special Considerations



- Hypoxemia/ Silent Hypoxemia
- Hypoxemia: a below-normal level of oxygen in the blood
 - Silent: an individual has a lower oxygen saturation level than anticipated, however, the individual does not experience any breathing difficulty
- Pulse Oximetry
 - Assess for accuracy
 - Pulses & digital perfusion
 - Review pulse waveform (pleth)



Rahman A, Tabassum T, Araf Y, Al Nahid A, Ullah MA, Hosen MJ. Silent hypoxia in COVID-19: pathomechanism and possible management strategy. Mol Biol Rep. 2021;48(4):3863-3869.

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Special Considerations

- Tachycardia & Postural Orthostatic Tachycardia Syndrome (POTS)
- Characterized,
 - \bullet Complaints of lightheadedness, palpitations, headaches, nausea/vomiting, fatigue
- A sustained heart rate (HR) increment of $\geq\!30$ beats/min within 10 min of standing

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Tachycardia:
• Δ42 bpm
Labile BP:
• ΔSBP~ 14-34 mmHg

Shouman K et al. 2021 Dani M et al. 2021 Freeman R et al. 2018

Special Considerations

- Tachycardia & POTS
 - Education:
 - Avoid hot baths/showers, Valsalva, large meals; dehydration; HOB elevation;
 - To do (counter pressure maneuvers): isometrics; crossing & uncrossing UE/LE; squatting
 - $\bullet \ \, \text{Other Considerations: hydration, sodium intake, compression garments,} \\$ & progressive exercise
 - Referral

Shouman K et al. 202 Dani M et al. 2021 Freeman R et al. 2018

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