

Physiotherapy in the Management of Long COVID: Preparing for the Rising Tide

The arrival of COVID-19 was a wakeup call for Aotearoa New Zealand and the emergence of associated post-viral fatigue syndrome came as a surprise to some. To cardio-respiratory physiotherapists, however, this was not news. Early on in the pandemic, our small but dedicated cardiorespiratory special interest group (CRSIG) committee were assimilating as much of the fast-emerging data as we could in anticipation of this likely sting in the tail. As early as April 2020 we developed a flyer for GPs that highlighted some of the possible symptoms of what we now know as long COVID. We have continued to advocate for recognition of long COVID and its devastating impact, something that has provided our profession with credibility and respect among those living with the condition (Owen, 2022). Globally, the advocacy role of physiotherapy in this space has been appreciated; too often, patients have experienced a lack of validation from health providers.

Beyond advocacy, physiotherapists are well placed to support those with long COVID in the management of their symptoms. In the absence of a cure, providing strategies to reduce the impact of persistent symptoms on people's lives is important. Common presentations include breathlessness, fatigue, dysfunctional breathing, chronic cough, and orthostatic intolerance. As physiotherapists, we already have many of the necessary skills to support management of these symptoms from our involvement with other population groups, such as those with chronic respiratory conditions, those living with cancer or neurological conditions, and those experiencing concussion. Additionally, we have the expertise to advise on whether and when to return to exercise, something that is far from straightforward in the context of post-COVID recovery. It is recognised that overdoing it and 'pushing through' acute COVID-19 symptoms may increase the likelihood of developing long COVID, as might returning to exercise too early after an acute COVID-19 infection (Salman et al., 2021). Furthermore, in some people living with long COVID, such as those with post exertional symptom exacerbation (PESE), exercise is not recommended, as it can worsen symptoms (Humphreys et al., 2020; Twomey et al., 2022). Navigating the post-COVID landscape in terms of exercise requires health professionals who can advise on frequency, duration, and intensity, and can monitor patients appropriately. Again, these are skills physiotherapists already use, albeit in different population groups.

It is likely that most individuals with long COVID will present to primary care, in the first instance, and this highlights the importance of all physiotherapists, irrespective of their clinical speciality, being ready to manage these patients. Validating the patient experience is vital. Too many patients overseas have lost confidence in health professionals due to their inability to listen and really hear what the patient is saying. It is okay to acknowledge that we do not know everything about long COVID, nor do we, as yet, have established treatments. We need to be prepared to learn from the experts, which includes those living with long COVID. This sentiment is highlighted by

responses to a question I posed on Twitter in November 2021 using the Twitter name @sarah_rhodes_PT. "Anyone with lived experience of long COVID, what is the most important thing I need to know in the planning of a long COVID clinic?" The four most frequent responses were: validate people's experiences; be ready to learn; the value of planning, prioritising, and pacing; and prioritise biomedical investigations and treatment early. We can also learn much from our overseas physiotherapy colleagues who have been instrumental in setting up long COVID services and are leading the work on long COVID rehabilitation (Brown et al., 2020; Tucker et al., 2022). Their willingness to share their experiences – both positive and negative – provides a great learning opportunity for us here in Aotearoa New Zealand, without having to reinvent the wheel.

While we don't know everything, there is plenty we have learned up to this point that allows us to support our patients with long COVID. Having practical guidelines on how to assess symptoms and potential management strategies is an important start. Screening for key symptoms such as fatigue and breathing pattern dysfunction can be undertaken using the De Paul symptom questionnaire (Sunnquist et al., 2019) and Nijmegen questionnaire (Health Navigator New Zealand, 2020), respectively. Determining whether a patient has PESE, postural orthostatic tachycardia syndrome (POTS), or anything suggestive of cardiac involvement is necessary to ensure any rehabilitation programme is appropriate and safe for the individual. Tools such as the De Paul symptom questionnaire (PEM domain) and NASA 10-minute lean test (Bateman Horne Center, n.d.) can be used to assess for PESE and POTS, respectively. In those with suspected cardiac involvement, referral to a cardiologist is required to rule out myocarditis. It is vital that rehabilitation strategies are tailored to the individual and are symptom-led. There are some excellent resources available including Long Covid Physio (2022) and the British Heart Foundation (2022).

The long COVID situation brings into sharp focus the inequities that exist in access to health care. The most affected groups are likely to be Māori and Pasifika since these populations are disproportionately affected by the acute infection rates. We also know these communities can be marginalised and less likely to access health services in their existing form. It is imperative that we are listening to and hearing these communities in order to develop services that work for them to ensure equity of access to health care. Greater involvement of those with lived experience, and who are most affected, in actively informing the development of research questions and the development of patient-reported outcome measures is a step in the right direction.

The true value of physiotherapy in the management of long COVID is as part of a team of health professionals. This could include occupational therapists, speech and language therapists, clinical psychologists, and nurses, among others, to ensure a holistic rehabilitative approach to long COVID management, along with clear referral pathways to hospital-based services

where needed. If the projected numbers of those living with long COVID eventuate, GPs are likely to be overwhelmed. Physiotherapists have the skills to add their support to long COVID services to help reduce the overall health burden in Aotearoa New Zealand.

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<https://doi.org.10.15619/NZJP/50.2.01>

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