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Invited Editorial for “Physiotherapy practices when treating patients with COVID-19 during a pandemic: A survey study”

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. In March 2020, the World Health Organization declared the novel coronavirus (COVID-19) a worldwide pandemic.¹ This pandemic is the most significant pandemic in over a century, since the 1918–1919 “Spanish” influenza pandemic resulted in approximately 500 million infections and 50 million deaths worldwide.²

The COVID-19 pandemic declaration is still active today, and the emergence of new SARS-CoV-2 variants means that countries, jurisdictions and health services face ongoing demands to manage and treat individuals with COVID-19. This challenge was no greater than during the first wave of COVID-19 that spread globally in 2020. In many circumstances the capacity of health services was overrun by the high number of patients with COVID-19 requiring extensive medical treatment, and the concomitant attrition of hospital based clinicians due to themselves becoming infected with COVID-19. Therefore, in many hospitals, there was a need to mobilize staff to contribute to the care of these patients, particularly to intensive care units (ICU).

In many hospitals, and indeed in many ICUs, physiotherapists are key members of the healthcare team. Physiotherapists who work in ICU are typically highly skilled, and often have many years of post-graduate clinical experience. The utilization of these skills was one of the mechanisms used to assist with the surge in COVID-19 patient numbers. These physiotherapists not only continued in their previous roles, but also extended their scope of practice to other tasks that assisted the overall management of COVID-19 patients. In addition, a strategy to help address the workforce needs was to re-deploy physiotherapists from outside of ICU, into the critical care environment.

In this edition of Heart and Lung, Trojman et al. (Heart and Lung, 2022) report on the physiotherapy practices with treating patients with COVID-19 during a pandemic.³ This paper reports the survey results from 204 physiotherapists worldwide, who were working with COVID-19 patients in hospital in 2020 during the first wave of the COVID-19 pandemic. Whilst the authors of this paper are based in Australia, the translation of the questionnaire into Spanish, and the distribution of the questionnaire through the Division de Kinesiología Sociedad Chilena de Medicina Intensiva, saw the largest response rate come from Central and South America (approximately 88%) with over half of these respondents from Chile alone. Therefore, this survey can be seen to reflect physiotherapy experiences in Latin America during the first COVID-19 wave in 2020/early 2021, but may well be representative of practices globally.

Not surprisingly, the majority of physiotherapists were working in ICU during this time, however many staff reported that this was not

typically their place of work. Many physiotherapists reported that they were re-deployed to ICU during this time of heightened COVID-19 patients being treated in ICU, and indeed, some physiotherapists reported being re-deployed from clinical work that was not as a cardiorespiratory physiotherapist.

To help respond to the large COVID-19 clinical caseload in ICU, not only were more physiotherapists working in ICU, but they often reported performing tasks that were new or novel to them. Many of these roles or tasks were considered to be “acting up” beyond the normal physiotherapy service in their ICU service. Approximately half the respondents reported that they acted in a teaching or advisory role for other physiotherapists and staff in ICU, adjusted or suggested changes to ventilation settings, and/or assisted with extubating patients from mechanical ventilation.

Furthermore, more than half the respondents reported being part of the team to help position patients in prone in ICU, and over 40% of respondents reported leading these prone positioning teams. In fact, prone positioning for patients with COVID-19, whether intubated or not, became a highly adopted “physical” therapy worldwide, and physiotherapists were often involved with either prone positioning teams for intubated patients or assisting “awake” patients with COVID-19 to position in prone.

It is clear that circumstances such as a global infectious disease pandemic impose huge challenges for governments, communities and health services. In order to rapidly upscale the health response under such circumstances requires the mobilisation of significant infrastructure and personnel resources. Physiotherapists, as highly trained health practitioners, often with a significant exposure to acute care, are well placed to respond to such escalation. However, this does not come without significant challenges. Staff need to feel well supported. They need to receive appropriate training, and they need to be guided in the treatments and services they provide. It is important that clinical guidelines are developed⁴ and disseminated. Just as importantly, the clinical presentation patterns of particular COVID-19 variants and individual patient presentation needs to be considered, so that a physiotherapy treatment strategy can be individually tailored for each patient. With the combination of training, experience and clinical decision making, physiotherapists are well placed to meet this challenge.

It is very important to describe the challenges and the opportunities that arise out of such novel circumstances. I thank Trojman et al. for the paper in this edition of Heart and Lung for their efforts in reporting on the global physiotherapy practices in treating patients with COVID-19. I hope that observations from this study and others help us better respond to surges due to COVID-19 variants, or any future pandemics.

References

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