Pulmonary, Cardiovascular and Musculo-Skeletal Rehabilitation of the Post-COVID-19 Recovery Patient

Joseph Baumgaertner, PT, MS, OCS Tammy Magill, RRT, RCP, PD-E, PR-C Stacey Leath, PT, MS Director, Rehabilitation Services Specialty Program Coordinator, Pulmonary Rehabilitation Specialty Program Coordinator, Physical Therapy

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Expert care with a personal touch

Overview of Discussion

- Effectiveness of Rehab in treating Post-COVID-19
- Review history of Post-COVID-19 Recovery Program
- Services provided
- Program staffing
- Overview of program
- Case studies
- Outcomes
- How to access our program



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Post-COVID-19 Rehab: Why Rehab?

Is there evidence of it's effectiveness?

- Too early to tell for post-COVID-19 lacksquare
 - Early evidence says it does (*J Frailty Aging 2021; Feb 7*)
 - However, large, well controlled studies are lacking
- Nonetheless, most Post COVID -19 treatment protocols recommend rehabilitation, \bullet particularly programs that are exercise focused
- The basis: \bullet
 - "Overwhelming evidence exist that exercise produces short, middle and long term health benefits that prevent, delay, mitigate and even reverse a large number of metabolic, pulmonary, cardiovascular, neurocognitive, inflammatory, rheumatic and musculoskeletal disease." (In J Environ Res Public Health 2021; May 18: 5329)
- Therefore, exercised based rehabilitation may be effective in treating Post COVID-19



Post-COVID-19 Recovery: Program History

July 2020

- Initial Rx of post-**COVID** outpatients:
- 8 PVHMC Associates
- Programming limited to **Pulmonary Rehab**

December

2020

 Pulmonary Rehab closed to support inpatient **COVID** surge

January 2021

 Training of PT staff to manage post-COVID patients

February 2021

 Pulmonary Rehab reopens







March 2021 to now

- All 5 Rehab services involved
- Pulmonary Rehab ullet
- Cardiac Rehab
- Physical Therapy •
- Occupational • Therapy
- Speech and Language Therapy

Post-COVID-19 Rehab: Services We Provide

Inability to assume former levels of activity due to:

	Signs/Symptoms	
Pulmonary Rehab	Shortness of breath Persistent cough	Medication Oxygen mar
Physical Therapy	General weakness/deconditioning Orthopedic pain/aches	Balance issu Dizziness (ve
Cardiac Rehab	Irregular HR response "POTS"	
Speech	Swallowing Brain fog Communication	
Occupational Therapy	ADL deficits	
Psychology (by referral) Support Group Workshops	Depression Anxiety	



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Post-COVID-19 Rehab: Staffing/Location

- **Team leads**
 - 1 Pulmonary Rehab Therapist
 - 1 Physical Therapist
- **Primary support team** \bullet
 - 1-2 Physical Therapist Assistants
 - 1-2 Aides
- Additional support available as needed per patient lacksquare
 - Cardiac Rehab Exercise Physiologists
 - Occupational Therapists
 - Speech and Language Therapists
- Location •
 - Rehabilitation Services Department **PVHMC Outpatient Pavilion (OPP)**







Post-COVID-19 Recovery: Volume

March 2020 – April 2022

	Total Patients	Average Pts/Day	Dura
Pulmonary Rehab	600+	40	24
Physical Therapy	160	10	10
	760+		



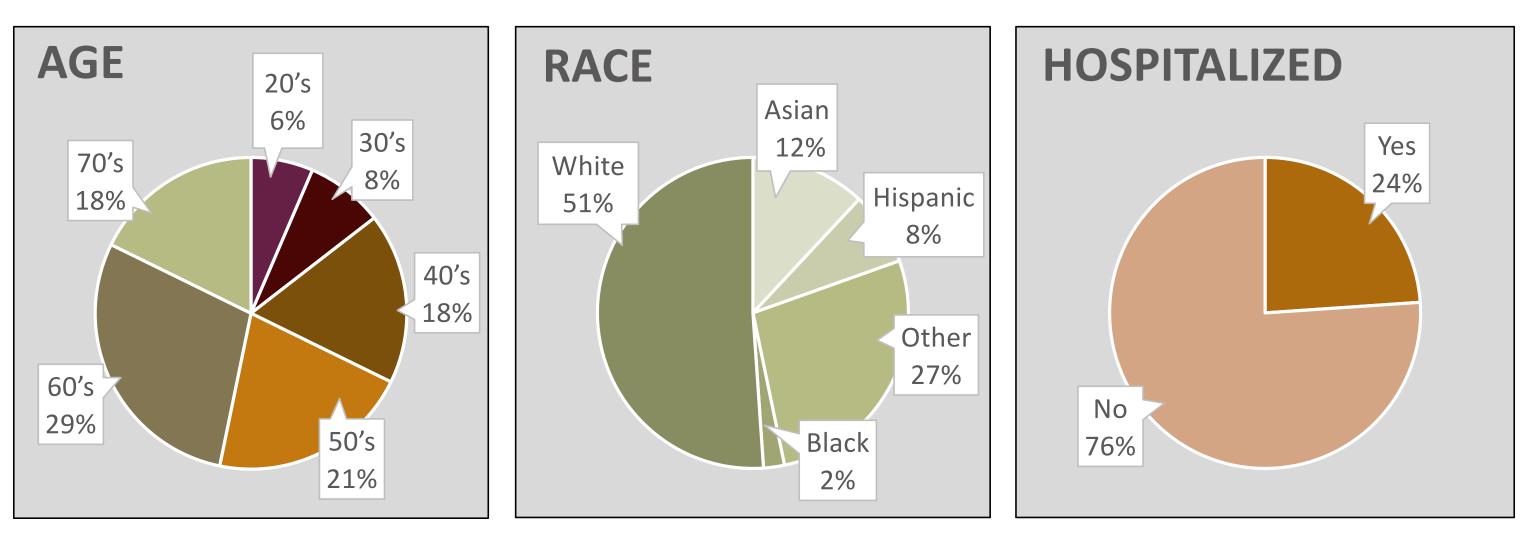
ration of Care

4-36 visits

0-12 visits

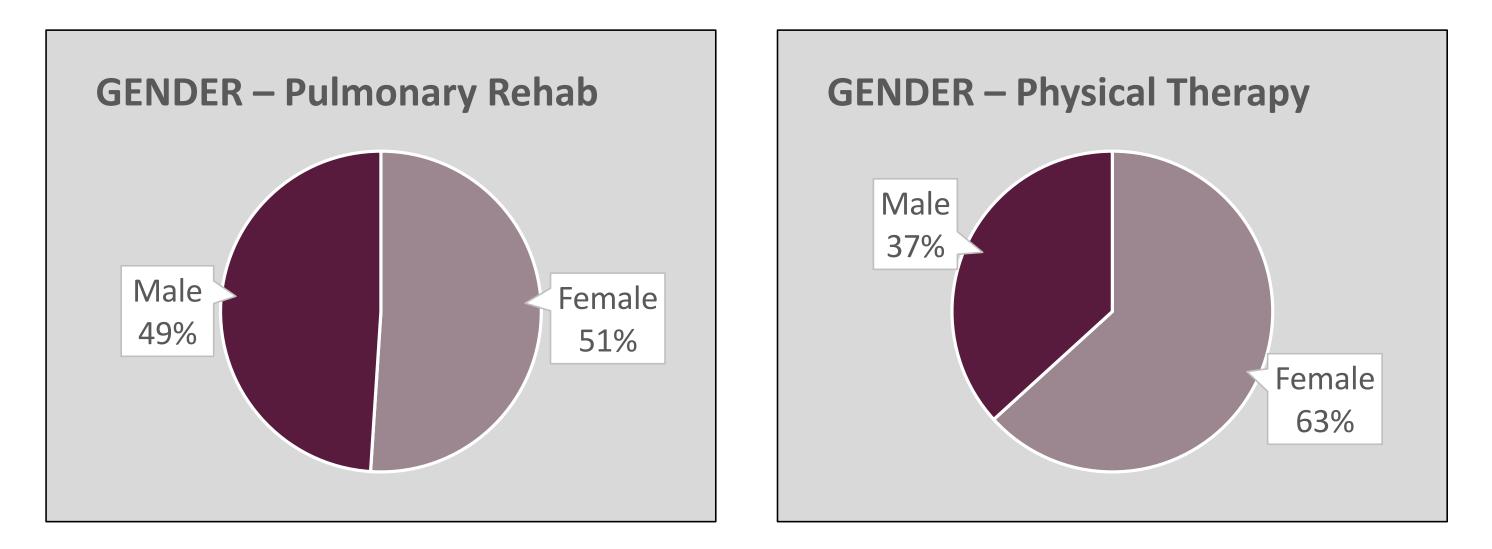
Post-COVID-19 Recovery: **Demographics**

- Over 50% of patients are under 60 years old
- Less than 25% were hospitalized



Post-COVID-19 Recovery: **Demographics**

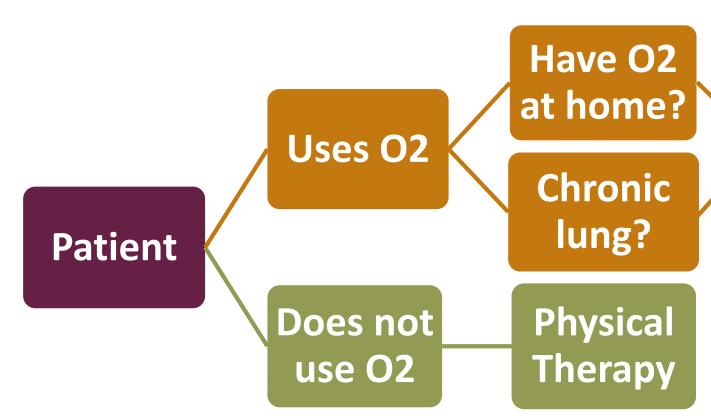
• Most significant difference is gender



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Post-COVID-19 Rehab: Triage

- Telephone screen when scheduling first appointment
- Triage patient to either Pulmonary Rehab or Physical Therapy







Post-COVID-19 Rehab: Assessment

Subjective:	Objective:
COVID history	O2 sats, HR/tach screen, BP, lung so
Complaints, functional deficits	Height/weight
Diagnostic tests Specialty consults	Rate of Perceived Exertion (RPE) Borg Scale of Dyspnea (RPD)
Past medical history, co-morbidities	Incentive Spirometer
Medications, inhaler, oxygen use	Pulmonary function screen
Functional deficits	6-minute Walk Test to determine e — If needed: Cardiac monitor to ru
	Multidimensional Assessment of Fa
	Hospital Anxiety and Depression Se

Scale (HADS)

atigue Scale (MAF)

exercise level ule out POTS

sounds

Post-COVID-19 Rehab: Treatment

Daily Treatment

- Assessment
 - Pain, emotional state, symptoms
 - Previous treatment tolerance
 - Medication issues,
 - Weight, BP, HR, O2 sat, sugar levels, cardiac monitor
 - If diabetic: Sugar
- Intervention
 - Individualized exercise
 - Patient education







Post-COVID-19 Rehab: Expertise



Tammy Magill, RRT, RCP, PD-E, PR-C

- Specialty Program Coordinator, Pulmonary Rehab



Stacey Leath, PT, MS

- Specialty Program Coordinator, Physical Therapy

Both therapists have years of experience treating *chronic* pulmonary rehab patients and physical therapy patients prior to COVID-19



Post-COVID-19 Rehab: Case Study – Physical Therapy

51 yr old female

(+) COVID: 1/7/21 — Hospitalized: 5 days — Home: O2 2L (PRN)

SUBJECTIVE ASSESSMENT

- Past medical history: lacksquare
 - High cholesterol
 - Recently diagnosed with hypertension
- Complaints:
 - (+) cough, fatigue, SOB
- Prior level of function: \bullet
 - Patient worked in nail salon
 - Currently off work due to COVID
- Activity levels:
 - Walked 3 miles per day
 - Ran 10 mi. 1x per week ____
 - Weight-lifting

OBJECTIVE ASSESSMENT

- Walks 50 ft, sits down w/labored breathing
- Normal pulmonary function screen •
- O2 sat 98%, HR 57
- BP 150/74 \bullet
- Lungs clear
- 6-minute walk test:
 - 300 ft w/one 30-sec rest stop
 - O2 sat 96%
 - Post walk: RPE 7, RPD 7



Frequency 1-2x wk for 10 visits (2 months)

4th visit:

- Home Less coughing, SOB, exercises 30 min. daily ullet
- Clinic 50 min cardio and weight training ullet

6th visit:

- Home 3 mile hike (1 hr) ullet
- Clinic 12" step ups w/weighted ball, light jogging, ulletUE/LE weight training

8th visit:

- Home Jogging 10 min. ullet
- Clinic 1 hr. cardio, UE/LE strengthening and core ullet
- O2 97%, max HR 95
- RPE 5, RPD 5

- 10th visit: Discharge Walking 4 mi daily Jogging 15 min. and hiking Sleeping through the night \bullet **Climbing stairs** \bullet

- - BP 116/66 •
 - Improved 6-min. walk by 50%
 - \bullet RPE 0, RPD 1 \bullet
 - Does not require O2@ at home \bullet

Back to work @ 4 months TODAY:

- Running 3-5 miles 3x/wk Walking daily lacksquare



Post-COVID-19 Rehab: Case Study – Pulmonary Rehab

40 year old construction worker

- No prior history of co-morbid issues
- Admitted to Loma Linda 1/2021 \bullet
 - Progressive respiratory failure and hypoxia
 - Intubated trach and G-Tube and placed on ECMO 2/1/2021 x 2 mo
- Transported on ECMO, intubated to Cedars-Sinai 4/9/2021 for transplant list
- Lung transplant 4/18/2021
- Extubated 5/13/2021 trach removed

- Admitted to Post COVID rehab 6/17/2021. ullet
 - Unable to speak normally (trach)
 - Referred to Speech Therapy
 - FEV1 1.44
 - 6-minute walk 750 ft with 3 rest periods
 - O2 sat 96% RA
 - Muscle weakness due to atrophy Improvement in stamina and endurance – able to walk on treadmill 20 minutes @ 1.8 mph Step up with 4 lb ball x 5 minutes (2 months) Mild shortness of breath up stairs 1200 ft at discharge 12/30/2021
- 36 sessions of pulmonary rehab showed: •

- - (60% improvement)
 - G-Tube removed 8/26/2021
 - Returned to work 1/1/2022



Post-COVID-19 Rehab: Outcomes

POSITIVE RESULTS!

- Better breathing
- Improvement in physical endurance and stamina
- Reduced anxiety and depression
- Increased walking time \bullet
- Resuming daily activities \bullet
- Returning to work
- Some join Wellness



"It's working. I can now shower, cook and clean – the *improvements are* noticeable."

Do they all get better?

- Most do
- Many learn to adjust to their "new normal"
- Patients come to us scared, crying we give them (some) control of their lives
- Many enroll in our Support Group ullet

Takeaway

Exercise-based program – To be successful, the patient needs to be committed and have a desire to exercise

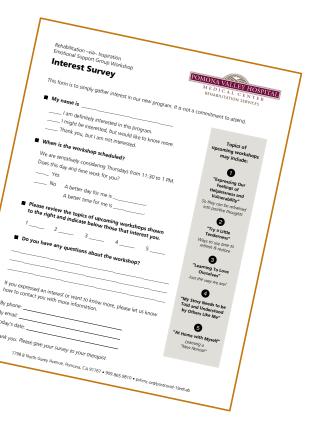
Post-COVID-19 Recovery Program: Support Group

Self-Care Through Self-Expression Workshops

- Weekly support group meets weekly using a hybrid format (in-person and virtual)
- Facilitator with over 17 years of experience Elizabeth A. Preston, MAT
 - She has led workshops at PVHMC's Cancer Care and Heart and Vascular Centers
 - Specially trained in a process designed to reduce stress and manage fatigue
- Interested patients receive a questionnaire at the first visit, followed by registration information



- Topics are different each week and have included:
 - How Did We All Get Here
 - My Story Needs to Be Told
 - Strategies for Working With Brain Fog
 - *Learning to Love Ourselves, Inflammation and All*
 - Reviewing How Really Strong We Are
- Anonymous feedback shows extremely positive comments and high scores
- Currently exclusive to our patients as an optional component to their Post-COVID-19 Recovery care









How Can We Help You Find Us

LOCATION —

Rehab Services Department at PVHMC

First floor of the Robert and Beverly Lewis Outpatient Pavilion (OPP)

REFERRALS —

Via inpatient orders

Via written referral from your office ... Fax 909.469.2111

QUESTIONS –

Call our OPP clinic ... 909.865.9810

Ask for Tammy, Stacey or Joe

MORE INFORMATION in English and Spanish –

Visit us online @ www.pvhmc.org/postcovid-19rehab

Post-COVID-19 Recovery Program

How to Get Starter

909.865.9810

lecuperación Posterior a COVID-19

09.865.9810



Questions?





Thank You

