

Leeds Long COVID Community Rehabilitation Service

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What will be covered

- Overview of the team and service
- Caseload facts; what we have learnt so far
- Data Analysis; what we have found to date
- Development of our 'Long-COVID' resources
- Our 'Rehabilitation' approach
- The roles of Occupational Therapy and Physiotherapy within the service

The Team

Rehabilitation Pathway-

- ▶ B8a Pathway Co-ordinator (FT) x2
 - ▶ B7 Physiotherapist (FT) x2
 - ▶ B6 Physiotherapist (FT) x2
 - ▶ B6 Breathlessness Specialist (3 days p/w)
 - ▶ B7 Occupational Therapist (FT)
 - ▶ B7 Dietitian (1day p/w)
 - ▶ B6 Dietitian (3days p/w)
 - ▶ B7 Neuro Occupational Therapist (3days p/w)
 - ▶ B6 Neuro Occupational Therapist (2days p/w)
 - ▶ B5 Occupational Therapist (FT)
 - ▶ B4 Therapy Assistant Practitioner
- **Project Team -**
 - ▶ Admin (FT) x2

Medical Team -

- ▶ Consultant in Rehabilitation Medicine
- ▶ Consultant in Respiratory Medicine
- ▶ Consultant Cardiologist

Research Team

- ▶ B6 Researcher
- ▶ Associate Professor, Rehabilitation Medicine
- ▶ R&I lead Physiotherapist LTHT

New roles out to advert:

- ▶ B4 Therapy Assistant Practitioner
- ▶ B6 Physiotherapist
- ▶ B7 OT FT
- ▶ B5 OT
- ▶ Psychology/ MH practitioner
- ▶ Doctor
- ▶ Project Manager

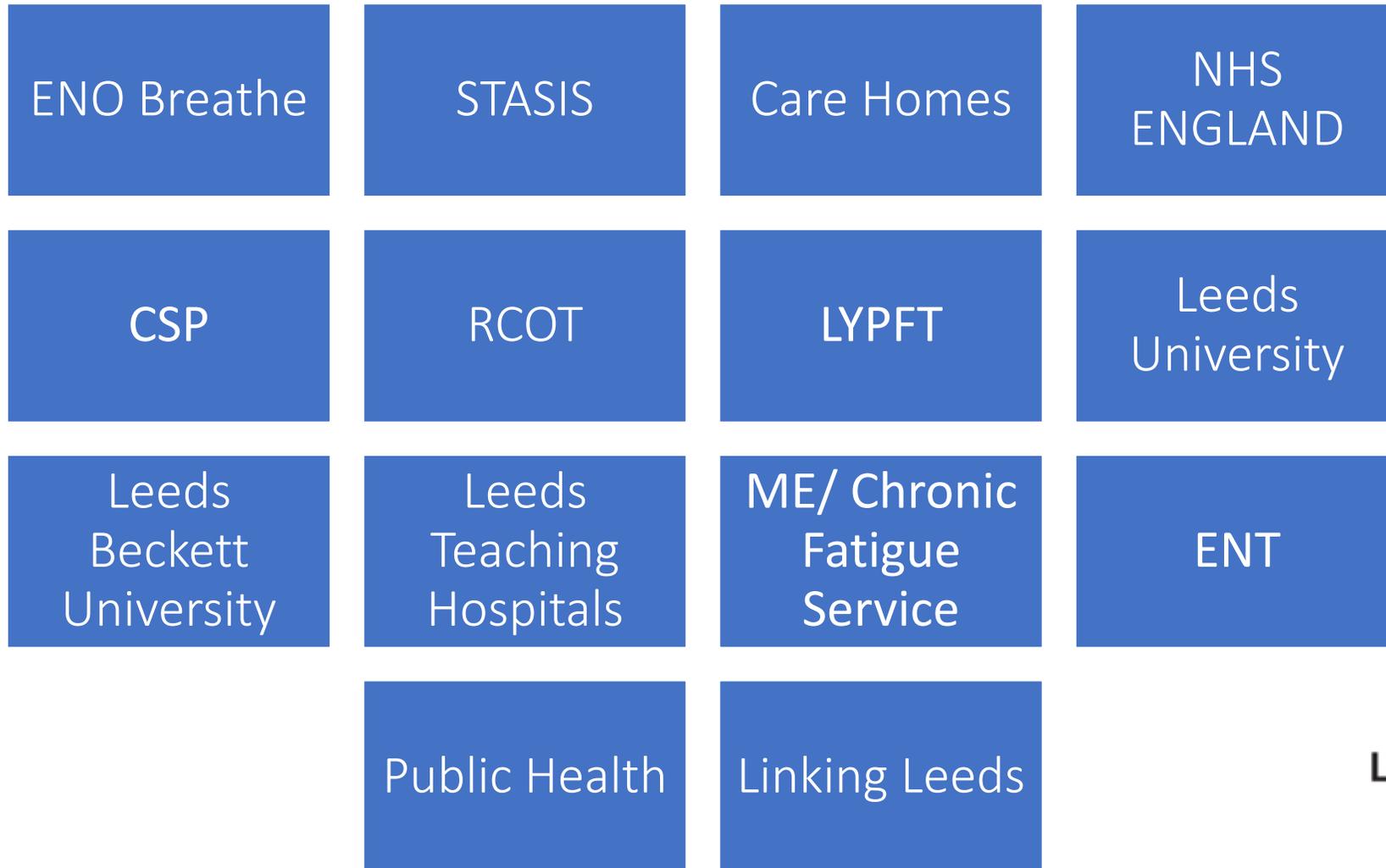
Multi-Disciplinary Team Meeting

- Weekly, virtual MDT meeting
- Respiratory/ rehabilitation/ cardiology consultants present
- Clinical psychologist
- Complex cases
- Complex discharges
- Clinical decision making and learning experience
- Whole team approach / attendance

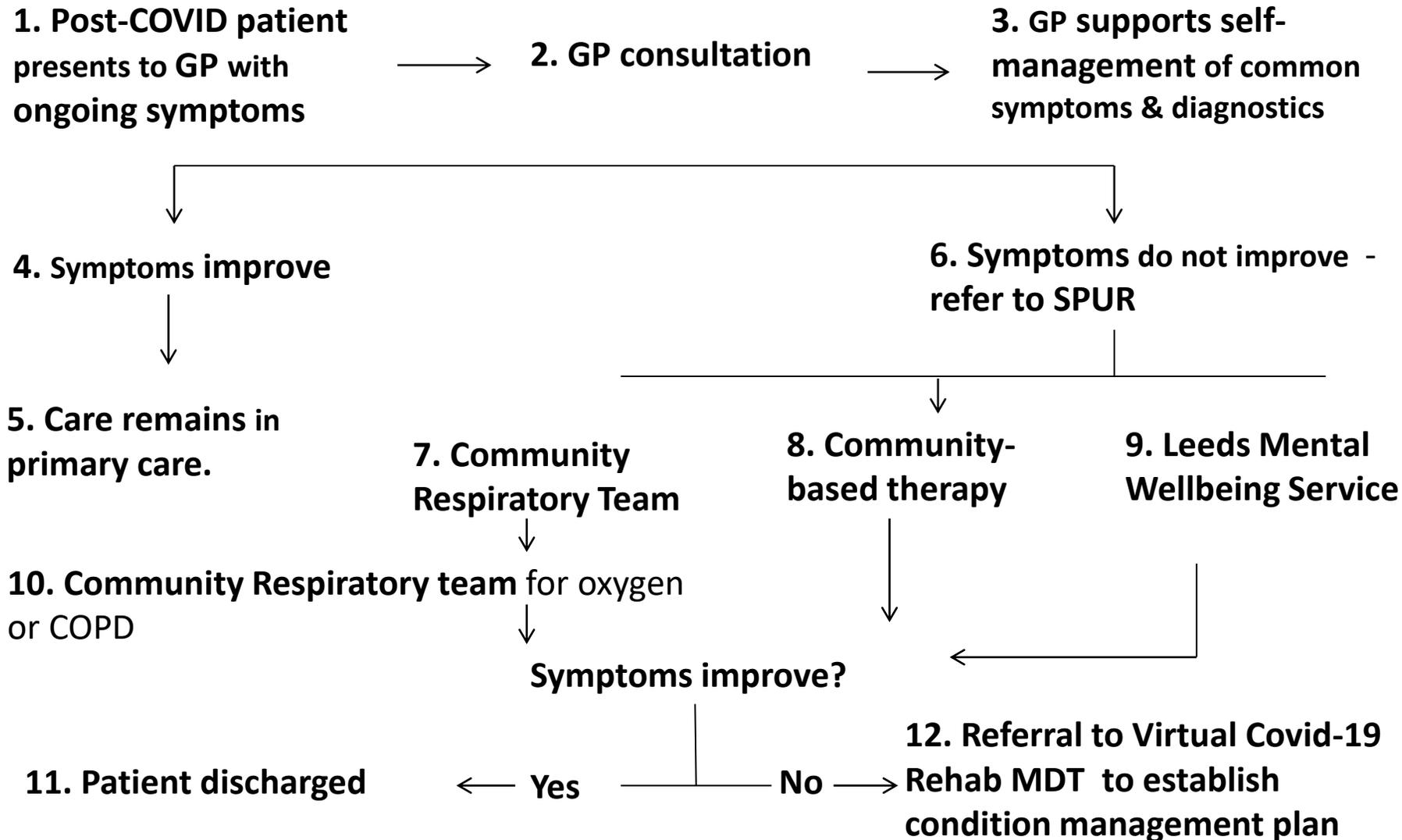
Partnership working



Partnership working continued



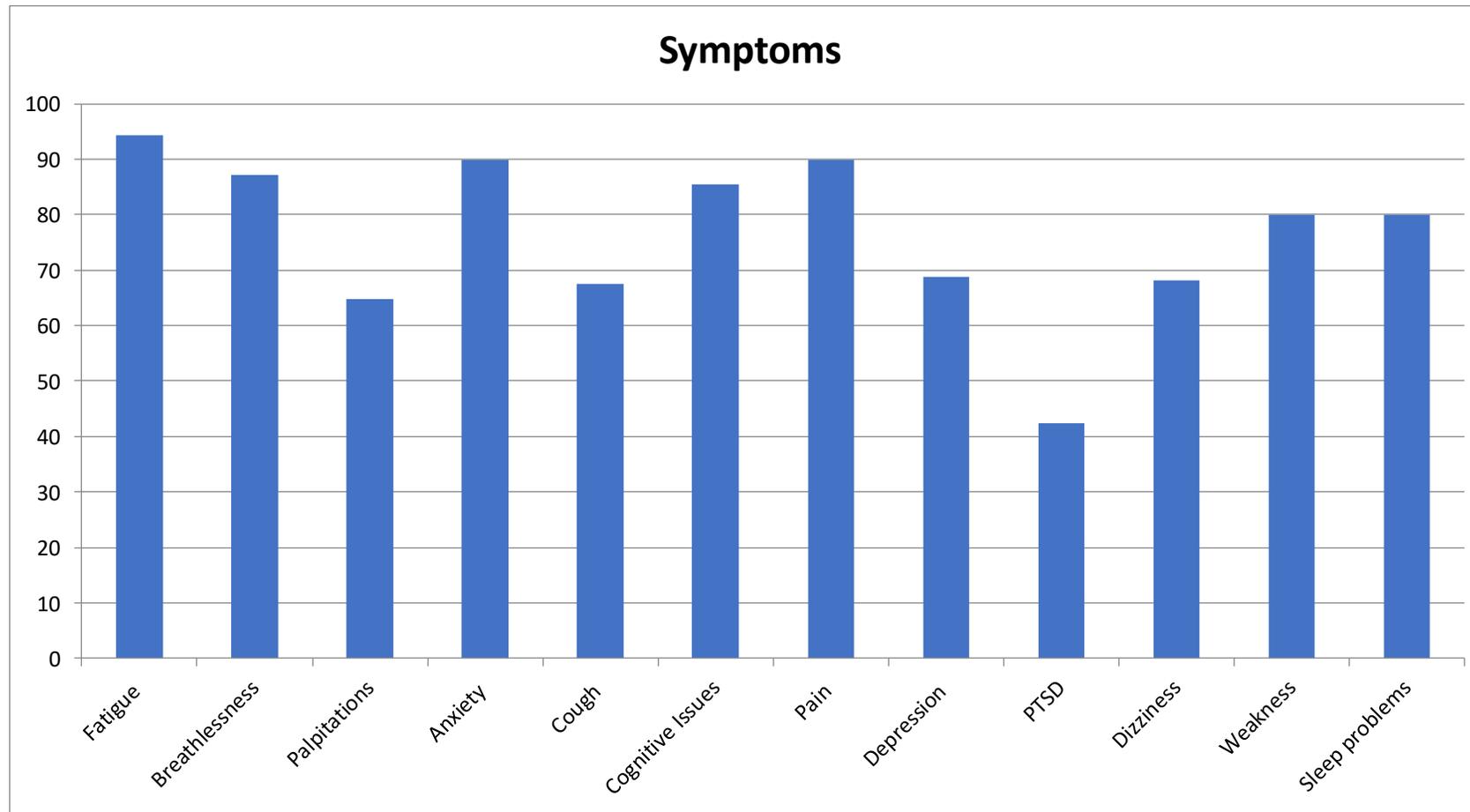
Primary Care Pathway



Key Caseload Facts

- Referrals to the service – 900+
- 25 referrals/ week – seeing 1st & 2nd wave currently
- Average Age – 48 years (16 -72)
- High level fitness
- No respiratory problems previously
- Main symptoms – Fatigue, shortness of breath, cognitive problems & anxiety
- Non hospital attenders suffering more with Long Haul symptoms
- Autonomic dysfunction – temps / tachycardia / PoTS / RR.
- Bursts of tachycardia happening both at rest & on exertion.
- Post Viral Fatigue most common reason people not been able to return to work. Linked to a “brain fog” presentation where patients are describing a fatigue related cognitive impairment.
- ‘Cyclical’ patterns – PEM
- OT/PT joint approach

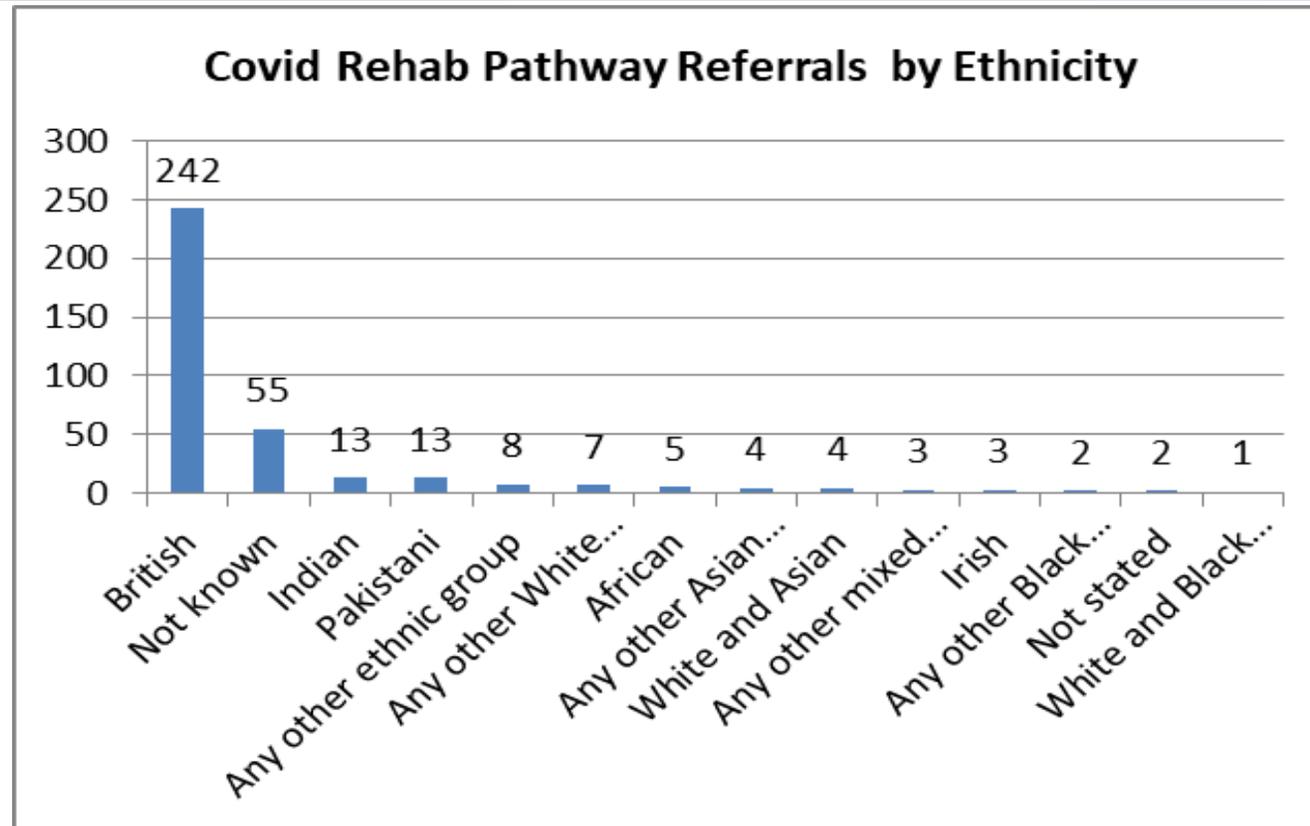
Main Symptoms



Key symptoms reported on initial triage

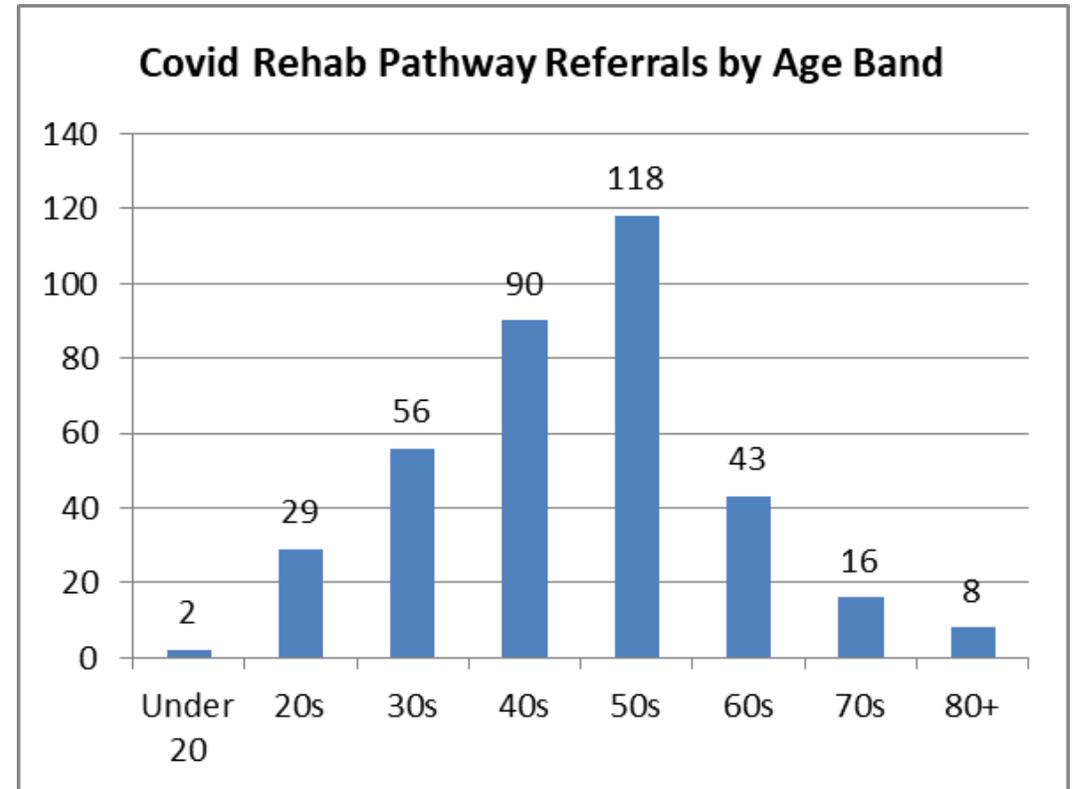
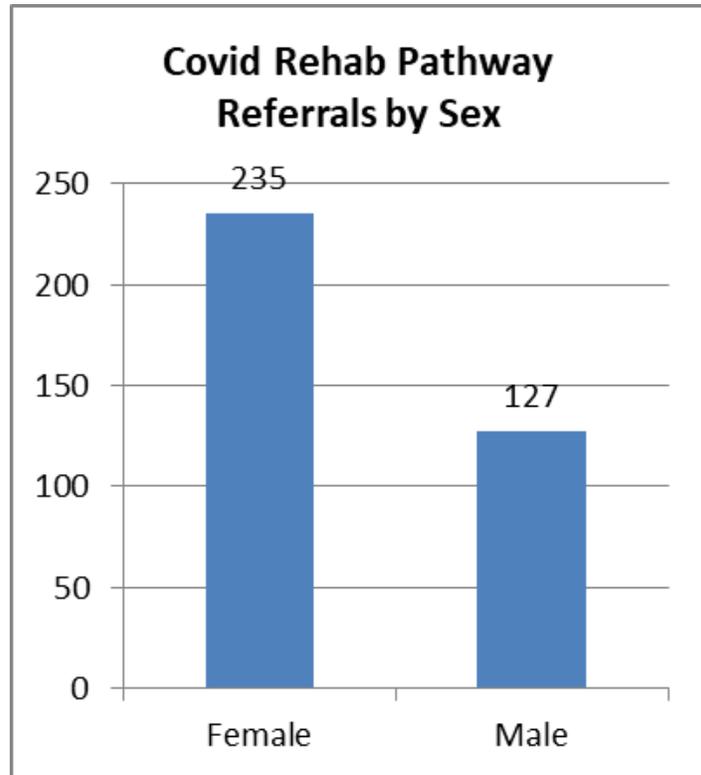
Acknowledgement: Dr Darren Greenwood

Data Analysis: Referrals by ethnicity



Higher case rates in both Asian Background and Black Background as well as high positivity rates (especially Asian which had the highest positivity rates) and low service uptake in these groups may suggest inequity/unmet need for post COVID syndrome

Data Analysis: Gender and age



The average age of referrals is 49. The COVID testing, case and positivity rate charts by age groups show similar patterns - higher figures for 30-50s compared to the over 60s. Findings suggest that Post-COVID-19 Syndrome is higher in those younger age groups compared to the over 60s

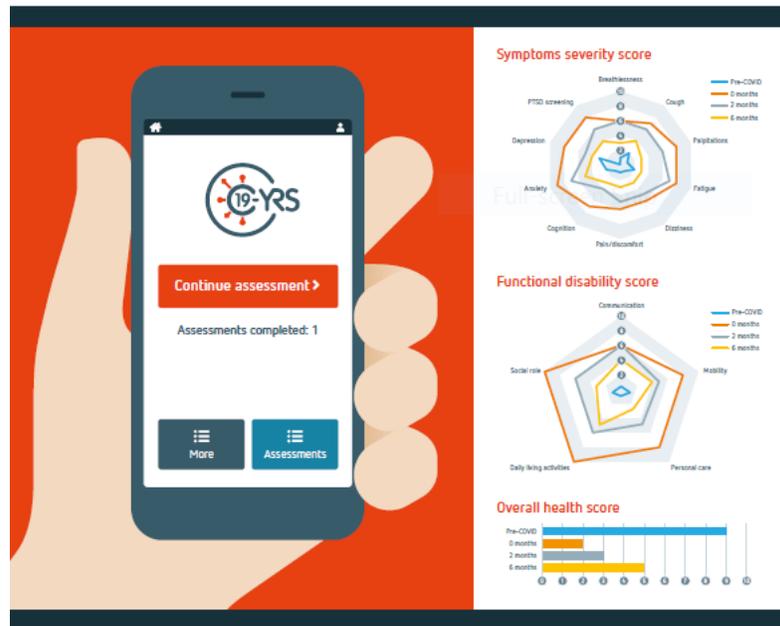
Rehab Approach

- Triage / initial assessment
- C19-YRS
- Face to face (clinic/ home)/ telephone / virtual assessments
- Slow stream rehab approach (avoid boom-bust cycle)
- Different approach – not graded / challenged
- Supporting psychological wellbeing / signposting and referring
- Bespoke resources created - virtual therapy programme with support network and long haul booklet

C19-YRS App

C19-YRS

COVID-19 Yorkshire Rehabilitation Scale
A digital assessment and monitoring tool
to help manage individuals with Long COVID



The **C19-YRS** tool provides a comprehensive assessment of symptoms in Long COVID

- ✔ C19-YRS screens for the most common symptoms in Long-COVID.
- ✔ Grades the severity of symptoms to provide a score of burden.
- ✔ Grades the functional impact of the condition in daily activities.
- ✔ Allows patients to track the condition with time and provides them with a quantitative assessment of improvement or deterioration which is important in the long-term management.
- ✔ Allows healthcare professionals to evaluate the treatment programmes of patients.
- ✔ Allows national comparison of data and the influence of region, gender, race, ethnicity, severity of acute illness and other variables on the condition.
- ✔ Allows international standard definition of the condition and the development of clinical diagnostic criteria.

In collaboration with the University of Leeds.

https://www.leeds.ac.uk/news/article/4831/phone_app_to_support_patients_coping_with_long_covid

<https://www.bsrm.org.uk/downloads/covid-19-yorkshire-rehabilitation-scale-jan2021-apbrochure-elaros-c19-yrs-brochure.pdf>

NHS

Leeds Community
Healthcare
NHS Trust

Long Covid Booklet

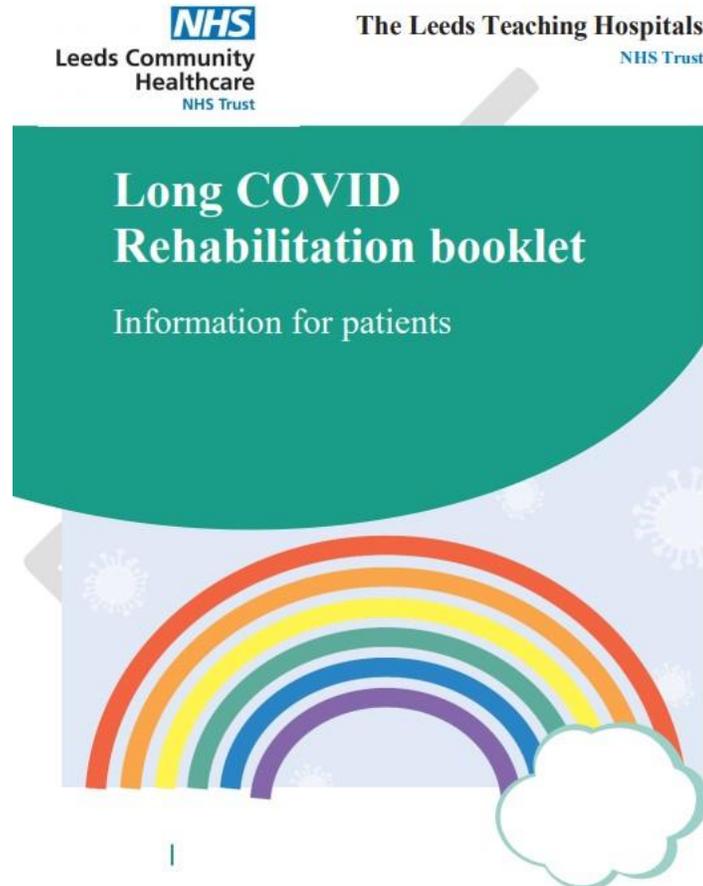


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Posters



Living with Long COVID: How can we help patients in recovery?





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Fatigue

Fatigue is a common symptom following COVID-19. It is often described as an overwhelming sense of tiredness which can be physical, mental and cognitive.

Mental Fatigue or 'Brain Fog'

'Brain Fog' is a term used to explain a number of symptoms that affects someone's ability to think. This can include reduced concentration, memory lapses or slow processing. This is often made worse when fatigued.

Keeping Track

Encourage the patient to use a diary to track fatigue – log each activity and score the fatigue to understand what leads to fatigue and what helps energy levels. Use this information to plan, prioritise and pace each day to work with the levels of fatigue.

Breathlessness

Breathing Control

1. Ask the person to sit in a comfortable position, close their eyes and bring attention to their breathing
2. Breathe in and out through their nose
3. Ask them to try to breathe in for a count of one and out for a count of two to slow breathing down
4. Prompt the person to notice areas of tension in the body and try to release these with each breath out.
5. Gradually try to make breaths slower and deeper

'Blow as you go'

- Breathe in before making the effort (before stepping up onto a step)
- Breathe out whilst making the effort (whilst raising foot onto step)
- Always breathe out on the hardest part of the action

Nutrition

Stay Hydrated

- Encourage regular drinks throughout the day – aim for 6-8 cups of non-caffeinated liquids. If this is difficult, offer small, frequent sips every few minutes

Eat Well

- A well-balanced diet contains foods from all food groups. It is important to include a protein-containing food with every meal – meat, fish, beans, nuts, eggs, dairy foods
- If a person has a poor appetite and/or difficulty eating due to breathlessness, have three small meals + 2-3 nourishing snacks in between

In those with reduced taste/smell – ensure good mouth care and experiment with strongly flavoured foods e.g. spicy, citrus, pickle. Add sauces or extra herbs/spices to meals.

Pain and Mobility

Elderly people who may be non-verbal can have difficulty in letting their pain known to others. The Abbey Pain scale is helpful as they can point to indicate how severe their pain is.

In those with reduced mobility and increased falls risk, ensure that appropriate telecare is in place. Falls sensors, pendant alarms and appropriate use of walking aids can all help to prevent serious injury from falls.

Exercise

Basic exercise such as standing up from the chair and walking around a bedroom (if able) will improve an elderly person's exercise tolerance and prevent muscle wasting. Specialist exercises should be prescribed by a physiotherapist.

Positive PCR COVID-19 test or suspected COVID-19 infection > 12 weeks ago

+

Presentation of persistent COVID-19 symptoms (fatigue, cough, 'brain fog') or general decline in elderly without other identified cause

→

Inform GP of persistent potential COVID-19 symptoms or inform Community Matron as your patient may benefit from referral to Post-COVID-19 Rehab Service



Long COVID Signs and Symptoms in the Elderly





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There is emerging evidence that people who suffer from COVID-19 can continue to have symptoms for weeks and months after their initial infection, this is known as Long COVID. Elderly people who have pre-existing health conditions may take longer to recover from a COVID-19 infection, just as they would from other illnesses. However, it's important to be aware of persistent COVID-19 symptoms in the elderly so that they can receive appropriate care.

Ear, Nose and Throat Symptoms

Tinnitus, Dizziness
Earache, Sore throat
Loss of taste and smell – could impact on reduced appetite
Any prolonged loss of appetite should be reviewed by a GP or dietician

General Symptoms

Fatigue – drowsier during the day, falling asleep at mealtimes, lethargic, unable to get out of bed
Ongoing fever
Consider referral to community OT

Neurological Symptoms

Cognitive impairment – 'brain fog', inability to concentrate
Headache, Dizziness
Sleep disturbances
Pins and needles, numbness
Delirium – especially in those with dementia
Refer to GP for persistent neurological symptoms



Respiratory Symptoms

Breathlessness impacting on everyday activities, decreased exercise tolerance
Ongoing, persistent dry cough
Refer to GP or community physiotherapist if ongoing respiratory symptoms

Psychological Symptoms

Anxiety or depression, low mood
Non-verbal patients may present as withdrawn
Consider referral to Leeds Mental Wellbeing Service (LMWS)

Cardiovascular Symptoms

Chest tightness
Chest pain
Heart palpitations
Any chest pain should be reviewed by a GP

Gastrointestinal Symptoms

Nausea, Diarrhoea
Exacerbation of pre-existing GI conditions – Colitis, IBS
Loss of appetite is common in elderly people
Any GI changes should be reviewed by a GP

Musculoskeletal Symptoms

Joint pain and stiffness
Muscular pains and aches
Decreased mobility, general deconditioning, increased falls occurrence
May benefit from referral to community physiotherapy

Dermatological Symptoms

Skin rashes – general blotchy skin that can be red or blue with a net like pattern can present in elderly people with poor circulation
Changes in skin should be reviewed by GP

Elderly people may not present with the typical signs and symptoms, and a gradual decline or worsening frailty or dementia without another identified underlying cause can also be signs of Long COVID. The likelihood of developing Long COVID is not thought to be linked to any clusters of symptoms during the acute stage, severity of the acute illness, or whether or not someone has been hospitalised as a result of the infection. If an elderly person still has persistent symptoms after 3 months, please inform their GP or the community matron to assess for Long COVID.

Therapy Management of Long Covid

Occupational Therapy

Fatigue

Fatigue module

Fatigue handout

1-1 fatigue management

Fatigue diaries

Sleep

Sleep hygiene

Virtual module

1-1 interventions

Sleep diaries

Relaxation/ Mindfulness

Virtual module

1-1 relaxation sessions

Development of live relaxation sessions

Links with Mindfulness Coop

Mental Wellbeing

Currently no
mental health
support in team

Thinking patterns

Acceptance

Low level anxiety
management

Referral to Leeds
Mental Wellbeing
Service

Cognition

'Brain fog' often linked to fatigue

Investment in Standardised Cognitive Assessments

Use of functional assessments

1-1 memory handout

Virtual module

1-1 cognitive rehabilitation

Vocational Rehab

Return to work booklet

1-1 vocational rehabilitation

Letter to inform employers of input/rehabilitation recommendations

Links with Occupational Health at Leeds Teaching Hospital Trust

Importance of flexible phased return



Therapy Management of Long Covid

Physiotherapy

Breathlessness

Breathing re-education

Breathwork programmes

Virtual module

1:1 tailored treatments

Led breathwork sessions

Returning to activity/ exercise

Virtual module

1:1 sessions

Pacing

HR monitoring

Tailored rehab plans depending on symptom severity

Goal focused rehab



Tachycardia/ Palpitations

1:1 sessions

HR monitoring

Discussion at MDT

Medication

Pain/ myalgia

Stretching

Gentle strengthening

Alternative therapies

Relaxation strategies

Postural adjustments

Medication

Breathlessness and anxiety

1:1 sessions

Virtual module

Relaxation strategies

Referral into Leeds Mental Wellbeing Service

Patient feedback

“It’s such a great pathway that has been set up, I don’t think some people realise how lucky we are to have access to this here in Leeds. It’s absolutely vital the work you’re doing and I’m sure will have a huge positive impact on lots of people who take the advice on board...Thanks so much for all your help.”

“What positive feedback I have had about the COVID rehab service. It has really helped them mentally and physically e.g. in understanding the impact of COVID and what they are experiencing, the fatigue management group and individual assessments and goals they have been working on.”

“Thank you for your support, from a psychological perspective it has really helped to feel listened to, especially through the winter months when symptoms were bad and I wasn’t feeling as good, I’m turning a corner and getting there and optimistic things will continue to improve”

“I was very impressed with the way you listened to me and to what I was finding difficult. You then used this to put a plan together using foods I liked and that was practical. I have been able to enjoy eating healthily again, I feel so much better, stronger and less fatigued. Thank you so much.”

“It makes such a difference to know just how much you all care...you’re all a tremendous credit to the NHS.”

“I want to thank you all for the help, care and assistance you have given me in helping me to recover from I COVID/post viral fatigue. I am certainly feeling much better than I did a couple of months ago...the too have help me put in place to cope with any 'bad days/relapse' are invaluable...”



Thank you for listening!

Any Questions?

Email- lcht.covid19rehabpathway@nhs.net

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