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**1. [Pulmonary rehabilitation guidelines in the principle of 4S for patients infected with 2019 novel coronavirus (2019-nCoV)].**

**Author(s):** Yang, F; Liu, N; Hu, J Y; Wu, L L; Su, G S; Zhong, N S; Zheng, Z G

**Source:** Zhonghua jie he he hu xi za zhi = Zhonghua jiehe he huxi zazhi = Chinese journal of tuberculosis and respiratory diseases; Mar 2020; vol. 43 (no. 3); p. 180-182

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32164083

**Abstract:**A recent epidemic of pneumonia cases in Wuhan China was caused by a novel coronavirus with strong infectivity, the 2019 novel coronavirus (2019-nCoV). The article provides the pulmonary rehabilitation (PR) methods in the principle of 4S (simple, safe, satisfy, save) for patients with pneumonia caused by the novel coronavirus, shows how to establish a ventilative and convectional PR environment to prevent the spread of virus through droplets, how to guide the patients to carry out PR, how to carry out respiratory muscle training, effective cough, expectoration, sneeze, general exercise, digestive function rehabilitation and psychological rehabilitation, and how to clean and disinfect the PR environment.

**Database:** Medline

**2. COVID-19 and spinal cord injury and disease: results of an international survey.**

**Author(s):** Stillman, Michael D; Capron, Maclain; Alexander, Marcalee; Di Giusto, Melina Longoni; Scivoletto, Giorgio

**Source:** Spinal cord series and cases; Apr 2020; vol. 6 (no. 1); p. 21

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32296046

Available at [Spinal cord series and cases](https://www.nature.com/articles/s41394-020-0275-8.pdf) - from Unpaywall

**Abstract:**STUDY DESIGNAn online survey.OBJECTIVESTo query the international spinal cord medicine community's engagement with and response to the novel coronavirus (COVID-19) pandemic and to assess pandemic-specific information needs and patient concerns.SETTINGAn international collaboration of authors and participants.METHODSTwo near-identical surveys (one English and one Spanish language) were distributed via the internet. Responses from those questions shared between the surveys were pooled then analyzed; four questions' responses (those not shared) were analyzed separately.RESULTSA total of 783 responses were submitted from six continents. Few participants (5.8%) had tested their outpatients with SCI/D for COVID-19; only 4.4% reported having a patient with SCI/D with the virus. Of respondents who worked at an inpatient facility, 53.3% reported that only individuals with symptoms were being screened and 29.9% said that no screening was occurring. Participants relayed several concerns offered by their patients with SCI/D, including vulnerability to infection (76.9%) and fragility of caretaker supply (42%), and those living in countries with guaranteed health care were more likely to report widespread availability of COVID-19 testing than were those living in countries without universal care, χ2 (3, N = 625) = 46.259, p < 0.001.CONCLUSIONThere is substantial variability in the rehabilitation medicine community in COVID-19 screening practices and availability of screening kits. People living with SCI/D are expressing legitimate and real concerns about their vulnerability to COVID-19. More and rapid work is needed to address these concerns and to standardize best-practice protocols throughout the rehabilitation community.

**Database:** Medline

**3. COVID-19 pandemic: what consequences for cardiac rehabilitation?**

**Author(s):** Vigorito, Carlo; Faggiano, Pompilio; Mureddu, Gian Francesco

**Source:** Monaldi archives for chest disease = Archivio Monaldi per le malattie del torace; Apr 2020; vol. 90 (no. 1)

**Publication Date:** Apr 2020

**Publication Type(s):** Editorial

**PubMedID:** 32297490

Available at [Monaldi archives for chest disease = Archivio Monaldi per le malattie del torace](https://monaldi-archives.org/index.php/macd/article/download/1315/1012) - from Unpaywall

**Abstract:**The ongoing COVID-19 pandemic spreading all around the world has stressed over its capabilities and determined profound changes in the health systems in all countries and has caused hundreds of thousand deaths. Health professionals have been called to a tremendous effort to deal with this emergency, often contaminating or succumbing themselves to the disease.

**Database:** Medline

**4. Implications for Online Management: Two Cases with COVID-19.**

**Author(s):** Huang, Sufang; Xiao, Yaru; Yan, Li; Deng, Juan; He, Mei; Lu, Jun; Ke, Shun

**Source:** Telemedicine journal and e-health : the official journal of the American Telemedicine Association; Apr 2020; vol. 26 (no. 4); p. 487-494

**Publication Date:** Apr 2020

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 32233973

Available at [Telemedicine journal and e-health : the official journal of the American Telemedicine Association](https://www.liebertpub.com/doi/pdf/10.1089/tmj.2020.0066) - from Unpaywall

**Abstract:**Satisfactory outcome was observed in one mild case and one severe case of COVID-19 pneumonia after the use of the online/offline multidisciplinary quarantine observation form, online monitoring, and classified diagnosis and treatment, as well as strict compliance with quarantine measures. Conditions of both patients were improved, and cross-infection and disease onset clustering were not observed. The multidisciplinary self-quarantine model provides early judgment, identification, and treatment of disease, improves compliance with early rehabilitation, increases confidence in recovery, and enhances self-management capabilities. This model is applicable to the current novel coronavirus pneumonia epidemic and can actively promote the management of suspected or confirmed mild cases, monitoring of critical cases, and self-management of discharged patients. The application of this new management model is worthy of being promoted in our specialized treatment facilities and in countries with severe epidemics.

**Database:** Medline

**5. Covid-19 and Post Intensive Care Syndrome: A Call for Action.**

**Author(s):** Stam, Henk J; Stucki, Gerold; Bickenbach, Jerome

**Source:** Journal of rehabilitation medicine; Apr 2020; vol. 52 (no. 4); p. jrm00044

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32286675

Available at [Journal of rehabilitation medicine](http://www.ingentaconnect.com/openurl?genre=article&issn=1650-1977&volume=52&issue=4&spage=jrm00044) - from IngentaConnect - Open Access

**Abstract:**Although we are currently overwhelmed by the astonishing speed of infection of the Covid-19 pandemic, and the daily onslaught of new, and ever-worsening predictions, it is vital that we begin to prepare for the aftershocks of the pandemic. Prominent among this will be the cohort of post-intensive case survivors who have been mechanically ventilated and will like experience short- and medium-term consequences. The notion that patients surviving intensive care and mechanical ventilation for several weeks can be discharged home without further medical attention is a dangerous illusion. Post Intensive Care Syndrome and other severe conditions will require not only adequate screening but early rehabilitation and other interventions. Action must be taken now to prepare for this inevitable aftershock to the healthcare system.

**Database:** Medline

**6. Covid-19: protecting patients in hospital for neurorehabilitation and their therapists.**

**Author(s):** Mamo, Jonathan; Feroz, Beenish; Mahmood, Sazan

**Source:** BMJ (Clinical research ed.); Apr 2020; vol. 369 ; p. m1630

**Publication Date:** Apr 2020

**Publication Type(s):** Letter Comment

**PubMedID:** 32340995

Available at [BMJ (Clinical research ed.)](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fwww.bmj.com%2Flookup%2Fdoi%2F10.1136%2Fbmj.m1630) - from BMJ Journals

**Database:** Medline

**7. Challenges and Countermeasures of Integrative Cancer Therapy in the Epidemic of COVID-19.**

**Author(s):** Yang, Geliang; Zhang, Huiqing; Yang, Yufei

**Source:** Integrative cancer therapies; 2020; vol. 19 ; p. 1534735420912811

**Publication Date:** 2020

**Publication Type(s):** Letter

**PubMedID:** 32178547

Available at [Integrative cancer therapies](https://journals.sagepub.com/doi/pdf/10.1177/1534735420912811) - from Unpaywall

**Database:** Medline

**8. COVID-19: don't forget deaf people.**

**Author(s):** Castro, Helena Carla; Lins Ramos, Alex Sandro; Amorim, Gildete; Ratcliffe, Norman Arthur

**Source:** Nature; Mar 2020; vol. 579 (no. 7799); p. 343

**Publication Date:** Mar 2020

**Publication Type(s):** Letter

**PubMedID:** 32184486

Available at [Nature](https://media.nature.com/original/magazine-assets/d41586-020-00782-2/d41586-020-00782-2.pdf) - from Unpaywall

**Database:** Medline

**9. COVID-19 CRISIS: we must care for ourselves as we care for others.**

**Author(s):** Sutton, Aaron; Skolnik, Neil

**Source:** The Journal of family practice; Apr 2020; vol. 69 (no. 3); p. 119

**Publication Date:** Apr 2020

**Publication Type(s):** Editorial

**PubMedID:** 32289124

Available at [The Journal of family practice](http://openurl.ebscohost.com/linksvc/linking.aspx?authtype=athens&genre=article&issn=0094-3509&volume=69&issue=3&spage=119&date=2020) - from EBSCO (Psychology and Behavioral Sciences Collection)

**Database:** Medline

**10. Systematic rapid "living" review on rehabilitation needs due to covid-19: update to march 31st 2020**

**Author(s):** Ceravolo M.G.; Andrenelli E.; De Sire A.; Negrini F.; Negrini S.

**Source:** European journal of physical and rehabilitation medicine; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Article

**PubMedID:** 32316718

**Abstract:**BACKGROUND: The outbreak of Covid-19 epidemics has challenged the provision of health care worldwide, highlighting the main flaws of some national health systems with respect to their capacity to cope with the needs of frail subjects. People experiencing disability due to Covid-19 express specific rehabilitation needs that deserve a systematic evidence-based approach. OBJECTIVE(S): To provide the rehabilitation community with updates on the latest scientific literature on rehabilitation needs due to Covid-19. The first rapid "living" review will present the results of a systematic search performed up to March 31st, 2020. METHOD(S): A systematic search on PubMed, Pedro and Google Scholar was performed using the search terms: "Covid-19", "Coronavirus", "severe acute respiratory syndrome coronavirus 2", "rehabilitation", "physical therapy modalities", "exercise", "occupational therapy", and "late complications". Papers published up to March 31st, 2020, in English, were included. RESULT(S): Out of the 2758 articles retrieved, 9 were included in the present review. Four of them are "calls for action", 3 provide recommendations about rehabilitation interventions in the acute phase, 2 address the needs of people quarantined at home or with restricted mobility due to the lockdown, and 1 provides a Core Outcome Set to be used in clinical trials to test the efficacy of health strategies in managing Covid-19 patients. CONCLUSION(S): All selected papers were based on previous literature and not on the current Covid-19 pandemic. Main messages included: 1) early rehabilitation should be granted to inpatients with Covid-19; 2) people with restricted mobility due to quarantine or lockdown should receive exercise programs to reduce the risk of frailty, sarcopenia, cognitive decline and depression; 3) telerehabilitation may represent the first option for people at home. Further updates are warranted in order to characterize the emerging disability in Covid-19 survivors and the adverse effects on the health of chronically disabled people.

**Database:** EMBASE

**11. The impact of video-mediated communication on closed wound assessments in post-operative consultations: a conversation analytical study of video-mediated and co-present consultations**

**Author(s):** Stommel W.; van Goor H.; Stommel M.

**Source:** Journal of medical Internet research; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Article

**PubMedID:** 32310816

Available at [Journal of medical Internet research](http://europepmc.org/search?query=(DOI:10.2196/17791)) - from Europe PubMed Central - Open Access

Available at [Journal of medical Internet research](https://doi.org/10.2196/17791) - from Unpaywall

**Abstract:**BACKGROUND: Research on the use of video-mediated technology for medical consultation is increasing rapidly and accelerated by the COVID-19 pandemic. Most research in this area is based on questionnaires and focuses on long-term conditions. The few studies that focused on physical examination in video consultations indicated that it poses challenges for the participants. The specific activity of wound assessment through video in post-surgery consultations has never been studied yet. Also, comparative analysis of the face-to-face and video-setting on the moment-to-moment organization of such an activity is original. OBJECTIVE(S): The objective of our study was to examine the impact of video technology on the workings of assessments of post-surgery wounds and its limits. METHOD(S): We recorded 22 post-operative video consultations and 17 post-operative face-to-face consultations. The primary purpose of the consultation was informing the patient about the final pathology results of the resected specimen and the secondary purpose was checking on the patient's recovery, including an assessment of the closed wound. The recordings were transcribed in detail and analyzed using methods of Conversation Analysis. RESULT(S): The way in which an assessment of the wound is established in video consultations differs from the procedure in face-to-face consultations. In the consultation room, wound assessments overwhelmingly (15 out of 17) involve wound showings in the context of which surgeons report their observations formatted with evidentials ("looks neat") and subsequently assess what these observations imply or what can be concluded from them. In contrast, wound assessments in video consultations do not tend to involve showing the wound (3 out of 22) and, given the technological restrictions, do not involve palpation. Rather, the surgeon invites the patient to assess the wound, which opens up a sequence of patient and physician assessments in which diagnostic criteria like redness or swollenness are made explicit. In contrast to observations in regular consultations, these assessments are characterized by epistemic markers of uncertainty ("I think", "sounds... good") and evidentials are absent. Even in case of a potential wound problem, the surgeon may reside in questioning the patient rather than requesting a showing. CONCLUSION(S): The impact of the video technology on post-operative consultations is that a conclusive wound assessment is arrived at in a different way compared to face-to-face consultations. In video consultations, physicians inquire and patients provide their own, "lay" observations, which serve as the basis for the assessment. This means that in video consultations patients have a fundamentally different role. These talking-based assessments are effective unless, in case of a potential problem, patient answers seem insufficient and a showing might be beneficial. The findings are expected to be generalizable to other healthcare areas, e.g., dermatology, physiotherapy.

**Database:** EMBASE

**12. Physiotherapy management for COVID-19 in the acute hospital setting: clinical practice recommendations**

**Author(s):** Thomas P.; Baldwin C.; Bissett B.; Boden I.; Gosselink R.; Granger C.L.; Hodgson C.; Jones A.Y.; Kho M.E.; Moses R.; Ntoumenopoulos G.; Parry S.M.; Patman S.; van der Lee L.

**Source:** Journal of physiotherapy; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Article

**PubMedID:** 32312646

Available at [Journal of physiotherapy](https://doi.org/10.1016/j.jphys.2020.03.011) - from Unpaywall

**Abstract:**This document outlines recommendations for physiotherapy management for COVID-19 in the acute hospital setting. It includes: recommendations for physiotherapy workforce planning and preparation; a screening tool for determining requirement for physiotherapy; and recommendations for the selection of physiotherapy treatments and personal protective equipment. It is intended for use by physiotherapists and other relevant stakeholders in the acute care setting caring for adult patients with confirmed or suspected COVID-19.Copyright © 2020 Australian Physiotherapy Association. Published by Elsevier B.V. All rights reserved.

**Database:** EMBASE

**13. Early reflection on the global impact of COVID19, and implications for physiotherapy**

**Author(s):** Landry M.D.; Geddes L.; Park Moseman A.; Lefler J.P.; Raman S.R.; Wijchen J.V.

**Source:** Physiotherapy (United Kingdom); 2020

**Publication Date:** 2020

**Publication Type(s):** Editorial

Available at [Physiotherapy](https://doi.org/10.1016/j.physio.2020.03.003) - from Unpaywall

**Database:** EMBASE

**14. Italian Physical Therapists' Response to the Novel COVID-19 Emergency**

**Author(s):** Pedersini P.; Corbellini C.; Villafane J.H.

**Source:** Physical therapy; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Article

**PubMedID:** 32280973

Available at [Physical therapy](https://academic.oup.com/ptj/advance-article/doi/10.1093/ptj/pzaa060/5818364) - from HighWire - Free Full Text

**Database:** EMBASE

**15. Of mice and men: COVID-19 challenges translational neuroscience**

**Author(s):** Sellner J.

**Source:** European journal of neurology; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Editorial

**PubMedID:** 32335973

Available at [European journal of neurology](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fonlinelibrary.wiley.com%2Fdoi%2Ffull%2F10.1111%2Fene.14278) - from Wiley Online Library

**Abstract:**"Mouse Is Not Man and Blood Is Not Brain" is a frequent response when neurologists are confronted with findings from translational medicine.Copyright This article is protected by copyright. All rights reserved.

**Database:** EMBASE

**16. Neurology in the time of covid-19**

**Author(s):** Manji H.; Carr A.S.; Lunn M.P.; Brownlee W.J.

**Source:** Journal of Neurology, Neurosurgery and Psychiatry; 2020

**Publication Date:** 2020

**Publication Type(s):** Review

Available at [Journal of Neurology, Neurosurgery & Psychiatry](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fjnnp.bmj.com%2Flookup%2Fdoi%2F10.1136%2Fjnnp-2020-323414) - from BMJ Journals

Available at [Journal of Neurology, Neurosurgery & Psychiatry](https://jnnp.bmj.com/content/jnnp/early/2020/04/20/jnnp-2020-323414.full.pdf) - from Unpaywall

**Database:** EMBASE

**17. Neurological manifestations of the coronavirus (SARS-CoV-2) pandemic 2019-2020**

**Author(s):** Liu K.; Pan M.; Xiao Z.; Xu X.

**Source:** Journal of Neurology, Neurosurgery and Psychiatry; 2020

**Publication Date:** 2020

**Publication Type(s):** Letter

Available at [Journal of Neurology, Neurosurgery & Psychiatry](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fjnnp.bmj.com%2Flookup%2Fdoi%2F10.1136%2Fjnnp-2020-323177) - from BMJ Journals

Available at [Journal of Neurology, Neurosurgery & Psychiatry](https://jnnp.bmj.com/content/jnnp/early/2020/04/20/jnnp-2020-323177.full.pdf) - from Unpaywall

**Database:** EMBASE

**18. La gestion de la asistencia neurologica en tiempos de la pandemia de Covid-19Management of neurological care during the COVID-19 pandemic**

**Author(s):** Matias-Guiu J.; Porta-Etessam J.; Lopez-Valdes E.; Garcia-Morales I.; Guerrero-Sola A.; Matias-Guiu J.A.

**Source:** Neurologia; 2020

**Publication Date:** 2020

**Publication Type(s):** Review

Available at [Neurología](https://doi.org/10.1016/j.nrl.2020.04.001) - from Unpaywall

**Abstract:**Introduction: The COVID-19 epidemic has led to the need for unprecedented decisions to be made to maintain the provision of neurological care. This article addresses operational decision-making during the epidemic. Development: We report the measures taken, including the preparation of a functional reorganisation plan, strategies for hospitalisation and emergency management, the use of telephone consultations to maintain neurological care, provision of care at a unit outside the hospital for priority patients, decisions about complementary testing and periodic in-hospital treatments, and the use of a specific telephone service to prioritise patients with epileptic seizures. Conclusion(s): Despite the situation of confinement, neurology departments must continue to provide patient care through different means of operation. Like all elements of management, these must be evaluated.Copyright © 2020 Sociedad Espanola de Neurologia

**Database:** EMBASE

**19. COVID-19: A Time for Alternate Models in Cardiac Rehabilitation to Take Center Stage**

**Author(s):** Babu A.S.; Arena R.; Ozemek C.; Lavie C.J.

**Source:** The Canadian journal of cardiology; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Editorial

**PubMedID:** 32344000

Available at [The Canadian journal of cardiology](https://doi.org/10.1016/j.cjca.2020.04.023) - from Unpaywall

**Database:** EMBASE

**20. COVID-19 and the Advancement of Digital Physical Therapist Practice and Telehealth**

**Author(s):** Lee A.

**Source:** Physical therapy; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Article

**PubMedID:** 32343836

Available at [Physical therapy](https://academic.oup.com/ptj/advance-article/doi/10.1093/ptj/pzaa079/5824828) - from HighWire - Free Full Text

Available at [Physical therapy](https://academic.oup.com/ptj/advance-article-pdf/doi/10.1093/ptj/pzaa079/33138944/pzaa079.pdf) - from Unpaywall

**Database:** EMBASE

**21. Disruption of Arthroplasty Practice in an Orthopedic Center in Northern Italy During the Coronavirus Disease 2019 Pandemic**

**Author(s):** D'Apolito R.; Faraldi M.; Ottaiano I.; Zagra L.

**Source:** Journal of Arthroplasty; 2020

**Publication Date:** 2020

**Publication Type(s):** Article

Available at [The Journal of arthroplasty](https://doi.org/10.1016/j.arth.2020.04.057) - from Unpaywall

**Abstract:**Background: The Coronavirus disease 2019 (COVID-19) outbreak has put strain on many healthcare systems around the world, with important consequences. The aim of this paper is to describe the impact of the COVID-19 pandemic on hip and knee arthroplasties in an Italian high-volume orthopedic center, located in the region of the country first and worst affected by the Coronavirus. Method(s): Data from an institutional database were retrospectively analyzed to obtain the number of hip and knee arthroplasties performed from February 24 to April 10 2020. The figures were compared with those of the same 7-week period of the last year (2019). Result(s): The number of hip and knee arthroplasties showed a decrease from 706 in the same period of 2019 to 166 (76.5% less) in the current year. In 2019, a mean of 101 +/- 9 hip and knee arthroplasties were performed per week compared with a mean of 24 +/- 34 in 2020. Ten patients tested positive for SARS-CoV2 during their hospital stay. Two of these patients died after a regular postoperative period after developing unexpectedly COVID-19 during rehabilitation. The mortality in the 7-week period of the current year was 1.2% compared with 0% in 2019. Conclusion(s): The outbreak of COVID-19 had a considerable effect in our center on the number of hip and knee arthroplasties that rapidly decreased to 0 in parallel to the worsening of the situation in the country. Efforts will be soon requested because our practice is going to deal with the after-effects of the pandemic in the near future.Copyright © 2020 Elsevier Inc.

**Database:** EMBASE

**22. Effect and enlightenment of rehabilitation medicine in COVID-19 management**

**Author(s):** Li J.

**Source:** European journal of physical and rehabilitation medicine; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Article

**PubMedID:** 32329589

**Abstract:**Corona virus disease 2019 (COVID-19) is a new disease characterized by lung damage and involvement in multiple tissues and organs in the whole body. Some of the patients may have long-term impairment and dysfunctions, including pulmonary fibrosis, heart, liver, kidney, nerve and immune system. Rehabilitation has certain beneficial effect in the acute stage, and especially in the recovery stage, including improving respiratory function, exercise endurance, self-care in daily living activities, as well as psychological support, etc. Rehabilitation is not offside or absent. A reasonable rehabilitation program needs scientific research to avoid arbitrary conclusions.

**Database:** EMBASE

**23. The care of patients with Duchenne, Becker and other muscular dystrophies in the COVID-19 pandemic**

**Author(s):** Veerapandiyan A.; Wagner K.R.; Apkon S.; McDonald C.M.; Mathews K.D.; Parsons J.A.; Wong B.L.; Eichinger K.; Ciafaloni E.; Shieh P.B.; Butterfield R.J.; Rao V.K.; Smith E.C.; Proud C.M.; Connolly A.M.

**Source:** Muscle & nerve; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Article

**PubMedID:** 32329920

Available at [Muscle & nerve](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fonlinelibrary.wiley.com%2Fdoi%2Ffull%2F10.1002%2Fmus.26902) - from Wiley Online Library

**Abstract:**The corona virus disease 2019 (COVID-19) pandemic has resulted in the reorganization of healthcare settings affecting clinical care delivery to patients with Duchenne and Becker muscular dystrophy (DBMD) as well as other inherited muscular dystrophies. The magnitude of the impact of this public health emergency on the care of patients with DBMD is unclear as they are suspected of having an increased risk for severe manifestations of COVID-19. In this paper, the authors discuss their consensus recommendations pertaining to care of these patients during the pandemic. We address issues surrounding corticosteroid and exon skipping treatments, cardiac medications, hydroxychloroquine use, emergency/respiratory care, rehabilitation management, and the conduct of clinical trials. We highlight the importance of collaborative treatment decisions between the patient, family, and health care provider, considering any geographic or institution-specific policies and precautions for COVID-19. We advocate for continuing multidisciplinary care for these patients using telehealth. This article is protected by copyright. All rights reserved.

**Database:** EMBASE

**24. Telemedicine from research to practice during the pandemic. "Instant paper from the field" on rehabilitation answers to the Covid-19 emergency**

**Author(s):** Negrini S.; Kiekens C.; Bernetti A.; Capecci M.; Ceravolo M.G.; Lavezzi S.; Zampolini M.; Boldrini P.

**Source:** European journal of physical and rehabilitation medicine; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Article

**PubMedID:** 32329593

**Abstract:**Covid-19 pandemic is creating collateral damage to outpatients, whose rehabilitation services have been disrupted in most of the European countries. Telemedicine has been advocated as a possible solution. This paper reports the contents of the third Italian Society of Physical and Rehabilitation Medicine (SIMFER) webinar on "experiences from the field" Covid-19 impact on rehabilitation ("Covinars"). It provides readily available, first-hand information about the application of telemedicine in rehabilitation. The experiences reported were very different for population (number and health conditions), interventions, professionals, service payment, and technologies used. Commonalities included the pushing need due to the emergency, previous experiences, and a dynamic research and innovation environment. Lights included feasibility, results, reduction of isolation, cost decrease, stimulation to innovation, satisfaction of patients, families, and professionals beyond the starting diffidence. Shadows included that telemedicine can integrate but will never substitute face-to-face rehabilitation base on the encounter among human beings; age, and technology barriers (devices absence, bad connection and human diffidence) have also been reported. Possible issues included privacy and informed consent, payments, cultural difficulties in understanding that telemedicine is a real rehabilitation intervention. There was a final agreement that this experience will be incorporated by participants in their future services: technology is ready, but the real challenge is to change PRM physicians' and patients' habits, while better specific regulation is warranted.

**Database:** EMBASE

**25. Correspondence to the EJPC in response to position paper by Ambrosetti M et al. 2020: Cardiovascular rehabilitation and COVID-19: The need to maintain access to evidence-based services from the safety of home**

**Author(s):** Dalal H.; Taylor R.S.; Purcell C.; McDonagh S.T.J.; van Beurden S.B.; Greaves C.; Doherty P.J.

**Source:** European Journal of Preventive Cardiology; 2020

**Publication Date:** 2020

**Publication Type(s):** Letter

Available at [European Journal of Preventive Cardiology](https://journals.sagepub.com/doi/pdf/10.1177/2047487320923053) - from Unpaywall

**Database:** EMBASE

**26. Future-proofing cardiac rehabilitation: Transitioning services to telehealth during COVID-19**

**Author(s):** Thomas E.; Gallagher R.; Grace S.L.

**Source:** European Journal of Preventive Cardiology; 2020

**Publication Date:** 2020

**Publication Type(s):** Letter

**PubMedID:** 32324047

Available at [European journal of preventive cardiology](https://journals.sagepub.com/doi/pdf/10.1177/2047487320922926) - from Unpaywall

**Database:** EMBASE

**27. The suspected SARS-Cov-2 infection in a Charcot-Marie-Tooth patient undergoing postsurgical rehabilitation: the value of telerehabilitation for evaluation and continuing treatment**

**Author(s):** Prada V.; Bellone E.; Schenone A.; Grandis M.

**Source:** International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Article

**PubMedID:** 32317558

**Abstract:**We report, to the best of our knowledge, the first case of a probable COVID-19 infection in a 28-year-old man with Charcot-Marie-Tooth disease. The diagnosis was established through a remote interaction with the patient after early discharge from outpatient therapy due to upcoming traveling restrictions. The COVID-19 disease appeared mild, without major respiratory problems, and no obvious neuromuscular deterioration was reported or observed. Telerehabilitation provided an opportunity to continue with hand rehabilitation after tendon transfer surgery, perform an ad-hoc online evaluation, and advise the patient how to prevent the spread of infection and cope with restrictions limiting outpatient visits. This experience seems valuable for further development of telerehabilitation in anticipation of future pandemics or adversarial events since it allows reaching out to patients unable to travel and overcomes the need for regular outpatient visits.

**Database:** EMBASE

**28. Early pulmonary rehabilitation for SARS-CoV-2 pneumonia: Experience from an intensive care unit outside of the Hubei province in China**

**Author(s):** Zhu C.; Ma X.; Zhang Z.; Wu Y.; Ban Y.; Liu H.

**Source:** Heart and Lung; 2020

**Publication Date:** 2020

**Publication Type(s):** Letter

**PubMedID:** 32312554

Available at [Heart & lung : the journal of critical care](https://doi.org/10.1016/j.hrtlng.2020.04.007) - from Unpaywall

**Database:** EMBASE

**29. Guidelines of clinical practice for the management of swallowing disorders and recent dysphonia in the context of the COVID-19 pandemic**

**Author(s):** Mattei A.; Galant C.; Robert D.; Giovanni A.; Amy de la Breteque B.; Crestani S.; Woisard V.; Crevier-Buchman L.; Hans S.; Julien-Laferriere A.; Lagier A.; Lobryeau C.; Marmouset F.

**Source:** European Annals of Otorhinolaryngology, Head and Neck Diseases; 2020

**Publication Date:** 2020

**Publication Type(s):** Article

Available at [European Annals of Otorhinolaryngology, Head and Neck Diseases](https://doi.org/10.1016/j.anorl.2020.04.011) - from Unpaywall

**Abstract:**Procedures putting healthcare workers in close contact with the airway are particularly at risk of contamination by the SARS-Cov-2 virus, especially when exposed to sputum, coughing, or a tracheostomy. In the current pandemic phase, all patients should be considered as potentially infected. Thus, the level of precaution recommended for the caregivers depends more on the type of procedure than on the patient's proved or suspected COVID-19 status. Procedures that are particularly at high risk of contamination are clinical and flexible endoscopic pharyngo-laryngological evaluation, and probably also video fluoroscopic swallowing exams. Voice rehabilitation should not be considered urgent at this time. Therefore, recommendations presented here mainly concern the management of swallowing disorders, which can sometimes be dangerous for the patient, and recent dysphonia. In cases where they are considered possible and useful, teleconsultations should be preferred to face-to-face assessments or rehabilitation sessions. The latter must be maintained only in few selected situations, after team discussions or in accordance with the guidelines provided by health authorities.Copyright © 2020 Elsevier Masson SAS

**Database:** EMBASE

**30. Rehabilitation following critical illness in people with COVID-19 infection**

**Author(s):** Simpson R.; Robinson L.

**Source:** American journal of physical medicine & rehabilitation; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Article

**PubMedID:** 32282359

Available at [American journal of physical medicine & rehabilitation](https://journals.lww.com/ajpmr/Abstract/9000/Rehabilitation_following_critical_illness_in.98021.aspx) - from Unpaywall

**Abstract:**The current COVID-19 pandemic will place enormous pressure on healthcare systems around the world. Large numbers of people are predicted to become critically ill with acute respiratory distress syndrome (ARDS) and will require management in intensive care units (ICUs). High levels of physical, cognitive and psychosocial impairments can be anticipated. Rehabilitation providers will serve as an important link in the continuum of care, helping move patients on from acute sites to eventual discharge to the community. Likely impairment patterns, considerations for healthcare practitioner resilience, and organization of services to meet demand are discussed. Innovative approaches to care, such as virtual rehabilitation, are likely to become common in this environment.

**Database:** EMBASE

**31. Home and Community-Based Physical Therapist Management of Adults With Post-Intensive Care Syndrome**

**Author(s):** Smith J.M.; Lee A.C.; Zeleznik H.; Coffey Scott J.P.; Fatima A.; Needham D.M.; Ohtake P.J.

**Source:** Physical therapy; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Article

**PubMedID:** 32280993

Available at [Physical therapy](https://academic.oup.com/ptj/advance-article/doi/10.1093/ptj/pzaa059/5818366) - from HighWire - Free Full Text

**Abstract:**More than 4 million adults survive a stay in the intensive care unit each year, with many experiencing new or worsening physical disability, mental health problems, and/or cognitive impairments, known as the post-intensive care syndrome (PICS). Given the prevalence and magnitude of physical impairments after critical illness, many survivors, including those recovering from COVID-19, could benefit from physical therapist services after hospital discharge. However, due to the relatively recent recognition and characterization of PICS, there may be limited awareness and understanding of PICS among physical therapists practicing in home healthcare and community-based settings. This lack of awareness may lead to inappropriate and/or inadequate rehabilitation service provision. While this perspective article provides information relevant to all physical therapists, it is aimed toward those providing rehabilitation services outside of the acute and post-acute inpatient settings. This article reports the prevalence and clinical presentation of PICS and provides recommendations for physical examination and outcomes measures, plan of care, and intervention strategies. The importance of providing patient and family education, coordinating community resources including referring to other healthcare team members, and community-based rehabilitation service options is emphasized. Finally, this perspective article discusses current challenges for optimizing outcomes for people with PICS and suggests future directions for research and practice.Copyright © 2020 American Physical Therapy Association.

**Database:** EMBASE

**32. Have a heart during the COVID-19 crisis: Making the case for cardiac rehabilitation in the face of an ongoing pandemic**

**Author(s):** Yeo T.J.; Wang Y.-T.L.; Low T.T.

**Source:** European Journal of Preventive Cardiology; 2020

**Publication Date:** 2020

**Publication Type(s):** Note

**PubMedID:** 32233671

Available at [European journal of preventive cardiology](https://journals.sagepub.com/doi/pdf/10.1177/2047487320915665) - from Unpaywall

**Database:** EMBASE

Strategy 848680

Reviewer’s Note 15/5/20:

Search NICE Evidence, AMED, CINAHL and PEDro (<https://www.pedro.org.au/>) also.

Use text terms in conjunction with subject headings:

(*physiotherap\* or “physio therap\*” or “physical therap\*” or exp “PHYSICAL THERAPY”/*)

*((neuro\* adj3 rehab\*) or (exp NEUROLOGY/ AND exp REHABILITATION/))*

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| --- | --- | --- | --- |
| **#** | **Database** | **Search term** | **Results** |
| 1 | Medline | exp CORONAVIRUS/ | 12971 |
| 2 | Medline | exp "CORONAVIRUS INFECTIONS"/ | 11503 |
| 3 | Medline | ("2019-nCoV" OR 2019nCoV OR nCoV2019 OR "nCoV-2019" OR "COVID-19" OR COVID19 OR "CORVID-19" OR CORVID19 OR "WN-CoV" OR WNCoV OR "HCoV-19" OR HCoV19 OR "2019 novel\*" OR Ncov OR "n-cov" OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19" OR Ncovor OR Ncorona\* OR Ncorono\* OR NcovWuhan\* OR NcovHubei\* OR NcovChina\* OR NcovChinese\* OR SARS2 OR "SARS-2" OR SARScoronavirus2 OR "SARS-coronavirus-2" OR "SARScoronavirus 2" OR "SARS coronavirus2" OR SARScoronovirus2 OR "SARS-coronovirus-2" OR "SARScoronovirus 2" OR "SARS coronovirus2").ti,ab | 9228 |
| 4 | Medline | ((corona\* OR corono\*) ADJ1 (virus\* OR viral\* OR virinae\*)).ti,ab | 776 |
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| 6 | Medline | (1 OR 2 OR 3 OR 4 OR 5) | 29540 |
| 7 | Medline | exp "PHYSICAL THERAPY SPECIALTY"/ | 2788 |
| 8 | Medline | exp REHABILITATION/ | 415295 |
| 9 | Medline | exp NEUROLOGY/ | 18334 |
| 10 | Medline | exp REHABILITATION/ | 415295 |
| 11 | Medline | (6 AND 7) | 0 |
| 12 | Medline | (6 AND 9) | 4 |
| 13 | Medline | (6 AND 10) | 115 |
| 14 | Medline | (6 AND 9 AND 10) | 0 |
| 15 | Medline | 13 [DT 2019-2020] | 26 |
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| 22 | EMBASE | exp PHYSIOTHERAPY/ | 84631 |
| 23 | EMBASE | exp NEUROLOGY/ | 61948 |
| 24 | EMBASE | exp REHABILITATION/ | 383626 |
| 25 | EMBASE | (21 AND 22) | 24 |
| 26 | EMBASE | (21 AND 23) | 12 |
| 27 | EMBASE | (21 AND 24) | 108 |
| 28 | EMBASE | (21 AND 22 AND 24) | 4 |
| 29 | EMBASE | (21 AND 23 AND 24) | 0 |
| 30 | EMBASE | 27 [DT 2019-2020] | 35 |