# Evidence Search Service Results of your search request

## Rehabilitation of recovering Covid 19/coronavirus patients [literature as at 20 April 2020]

**ID of request:** 22793  
**Date of request:** 17th April, 2020  
**Date of completion:** 20th April, 2020

If you would like to request any articles or any further help, please contact:  Paul Lee at [paul.lee@slam.nhs.uk](mailto:paul.lee@slam.nhs.uk)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Rehabilitation of recovering Covid 19/coronavirus patients [literature as at 20 April 2020]. Paul Lee. (20th April, 2020). LONDON, UK: Reay House Library and Knowledge Service.

**Sources searched**  
MEDLINE (20)  
Royal College of Nursing (1)  
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/ (1)

**Date range used** (5 years, 10 years): 2019-2020   
**Limits used** (gender, article/study type, etc.): None   
**Search terms and notes** (full search strategy for database searches below):

A search for papers and guidelines was requested within this mental health trust to contribute to the creation of a care pathway for management of recovering Covid 19 patients. The literature requested had to be focused specifically on Covid 19 but not limiting to mental health patients. Please ask the library for PDF copies of papers or to request related or unrelated further literature searches.

Sources searched included MEDLINE, Embase, Cinahl databases;The WHO Covid 19 global literature database; NICE Evidence; Royal Society of Medicine Covid 19 portal; BMJ Best Practice; Dynamed; Royal College of Nursing portal for mental health nurses.

Search terms: Covid/coronavirus; rehabilitation, recovery, convalescence, physiotherapy, occupational therapy, arts therapies.

For more information about the resources please go to: [www.slam.nhs.uk/library](file:///C:\Users\elain\Downloads\www.slam.nhs.uk\library) .

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## A. National and International Guidance

#### NHS England

**Clinical guide for the management of patients requiring transfer for specialist rehabilitation during the coronavirus pandemic [April, 2020].** (2020)

NHS England & NHS Improvement

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fd68bcb330099a345871a334ab3d066f)

As healthcare professionals, we all have general responsibilities in relation to coronavirus and for these we should seek and act on national and local guidelines. We also have a specific responsibility to ensure that patients with complex rehabilitation needs continue to receive optimal care with the minimum burden on the NHS. We must engage with management and clinical teams across the rehabilitation networks. We may also need to work outside our specific areas of training and expertise and the General Medical Council (GMC) has already indicated its support for this in the exceptional circumstances we may face. Similar guidance has been issued by the Health and Care Professions Council and the Royal College of Nursing. Rehabilitation services may not seem to be in the frontline with coronavirus but we do have a key role to play and this must be planned. In response to pressures on the NHS, rehabilitation services across the country may be under increasing pressure, due to limited bed capacity and staffing issues. However, these services will need to continue to deliver care. We should seek the best regional and national solutions to continue the proper management of our patients while protecting resources for the response to coronavirus. In addition, we need to consider the possibility that the facility for patients may be compromised due to a combination of factors including staff sickness and supply chain shortages. This guidance is to help all healthcare professionals.

## B. Original Research

1. **Covid - 19 and Physical and Rehabilitation Medicine.**  
   Borg Kristian Journal of rehabilitation medicine 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=49dfe8348d84d1a217c4f4d11bd00e55)

1. **Covid-19 and Post Intensive Care Syndrome: A Call for Action.**  
   Stam Henk J. Journal of rehabilitation medicine 2020;:No page numbers.

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 of the experience. 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 shock to the healthcare system.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3b4b6dcfaa7b0355eecc6aa55b0a11bc)

1. **Covid-19, Coronavirus and Mental Health Rehabilitation at Times of Crisis.**  
   Chaturvedi Santosh K. Journal of psychosocial rehabilitation and mental health 2020;:1-2.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=cf55bec15d734fcd4d6c80cdcb815629)

1. **Expert consensus on rehabilitation practice during outbreaks of the novel coronavirus pneumonia and other infectious respiratory diseases**  
   Anon. Chinese Journal of Physical Medicine and Rehabilitation 2020;:No page numbers.

The outbreak of the novel coronavirus pneumonia (NCP), an acute infectious respiratory disease in Wuhan, China in December 2019, which was officially named COVID-19 by WHO, has caused enormous burden on society and health services To ensure safe rehabilitation practice during the epidemic, the Chinese Association of Rehabilitation Medicine formed an expert group to develop a consensus statement for rehabilitation practice The consensus statement provides guidance on: (1) safeguarding medical staff, patients, caregivers and visitors;and (2) timing and methods of effective rehabilitation interventions for treatment of COVID-19 patients It also emphasizes that non-COVID-19 patients still require rehabilitation intervention during the epidemic outbreak, bearing in mind the safety of staff and patients and making adaptations according to the individual conditions and the patients&amp;prime;actual environment This expert consensus statement applies to departments of rehabilitation medicine and related disciplines in general hospitals as well as to specialized rehabilitation facilities, and it provides valuable reference for rehabilitation professionals working with infectious respiratory diseases in the future

1. **First impact on services and their preparation. "Instant paper from the field" on rehabilitation answers to the Covid-19 emergency.**  
   Boldrini Paolo European journal of physical and rehabilitation medicine 2020;:No page numbers.

This paper reports the immediate impact of the epidemic on rehabilitation services in Italy, the first country in Europe hit by Covid-19. In a country with almost 5,000 Physical and Rehabilitation Medicine physicians, the webinar had 230 live viewers (4.5%), and more than 8,900 individual visualizations of the recorded version. The overall inadequate preparation of the rehabilitation system to face a sudden epidemic was clear, and similar to that of the acute services. The original idea of confining the Covid-19 cases to some areas of rehabilitation wards and/or hospitals, preserving others, proved not to be feasible. Continuous reorganization and adaptation were required due to the rapid changes. Overall, rehabilitation needs had to surrender to the more acute emergency, with total conversion of beds, wards and even hospitals. The quarantine needs heavily involved also outpatient services that were mostly closed. Rehabilitation professionals needed support, but also acted properly, again similarly to what happened in the acute wards. The typical needs of rehabilitation, such as human and physical contacts, but also social interactions including patient, team, family and caregivers, appeared clearly in the current unavoidable need of being suppressed. These notes could serve the preparation of other services worldwide.

1. **Global approaches for global challenges: The possible support of rehabilitation in the management of COVID-19.**  
   Coraci Daniele Journal of medical virology 2020;:No page numbers.

1. **Home and Community-Based Physical Therapist Management of Adults With Post-Intensive Care Syndrome.**  
   Smith James M. Physical therapy 2020;:No page numbers.

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.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3cb7f9a49d5bbdf19895052ef40aec86)

1. **How to Conduct an Outpatient Telemedicine Rehabilitation or Prehabilitation Visit.**  
   Verduzco-Gutierrez Monica PM & R : the journal of injury, function, and rehabilitation 2020;:No page numbers.

The novel coronavirus pandemic is resulting in an accelerated conversion of in-person physician visits to virtual visits. As barriers to adoption of telemedicine are rapidly decreasing, it is important to recognize the need for practical and immediately deployable information that can improve doctor-patient interactions, facilitate accurate documentation, and increase confidence in the transition to virtual visits. In this article we aim to outline the components of an outpatient telemedicine visit for physiatrists with a particular focus on an adapted virtual physical examination. Uses of telemedicine may include future largescale concerns such as natural disasters or climate change. We describe a general approach to the visit, review definitions of terms commonly used in telemedicine, and offer tips for optimizing the encounter. This article is protected by copyright. All rights reserved.

1. **Impact of COVID-19 outbreak on rehabilitation services and Physical and Rehabilitation Medicine (PRM) physicians' activities in Italy. An official document of the Italian PRM Society (SIMFER).**  
   Boldrini Paolo European journal of physical and rehabilitation medicine 2020;:No page numbers.

The rapid evolution of the epidemiological scenario has been leading to a number of recommendations, provisions and rules issued by the national, regional and local authorities. There are some differences in the existing prevention measures among regions and/or local health districts, only partially due to real differences in the organisation of services. Moreover, the provisions address general aspects of the prevention or management of the infection and not tailored to the specific needs of rehabilitation services. Moreover, the provisions address general aspects of the prevention or management of the infection, and do not tailored to the specific needs of rehabilitation activities. For these reasons, the Italian Society of Physical Rehabilitation Medicine (SIMFER) has decided to produce a short document with the aim of providing recommendations fully compliant with the national and regional provisions, but specifically focused upon the rehabilitation centre, to support the physical and rehabilitation medicine physicians, other medical specialists, other health professionals, and policymakers in taking decisions in such an unusual and largely unknown circumstance. The document presented here was issued on March 13th by the SIMFER Executive Committee. Ongoing revisions of the document are planned, according to the evolution of the epidemiological picture.

1. **Implications for Online Management: Two Cases with COVID-19.**  
   Huang Sufang Telemedicine journal and e-health : the official journal of the American Telemedicine Association 2020;:No page numbers.

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.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0e1c3954184c49027392db6e72f87be6)

1. **Italian Physical Therapists' Response to the Novel COVID-19 Emergency.**  
   Pedersini Paolo Physical therapy 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e6f40eaf78a3b9aba85725968fe36cac)

1. **Navigating Coronavirus Disease 2019 (Covid-19) in Physiatry: A CAN report for Inpatient Rehabilitation Facilities.**  
   McNeary Lennox PM & R : the journal of injury, function, and rehabilitation 2020;:No page numbers.

We are facing a global pandemic in relation to coronavirus disease 2019 (Covid-19). Emergency preparedness plans often do not consider issues specific to inpatient rehabilitation facilities. The CAN model can be used to prepare for natural disasters, including the COVID-19 pandemic. This report was created to aid specialists in acute Inpatient Rehabilitation Facilities. This article is protected by copyright. All rights reserved.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=70deaeb5108563f10b06713b5b37368f)

1. **Physical exercise as therapy to fight against the mental and physical consequences of COVID-19 quarantine: Special focus in older people.**  
   Jiménez-Pavón David Progress in cardiovascular diseases 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=9ae20327a0572e481fd9a39525fec9c6)

1. **Recommendations for respiratory rehabilitation in adults with COVID-19.**  
   Zhao Hong-Mei Chinese medical journal 2020;:No page numbers.

Coronavirus disease-2019 (COVID-19) is a highly infectious respiratory disease that leads to respiratory, physical, and psychological dysfunction in patients. Respiratory rehabilitation is an important intervention as well as cure for clinical patients. With increased understanding of COVID-19 and the accumulation of clinical experience, we proposed recommendations for respiratory rehabilitation in adults with COVID-19 based on the opinions of frontline clinical experts involved in the management of this epidemic and a review of the relevant literature and evidence. Our recommendations are as follows: 1. for inpatients with COVID-19, respiratory rehabilitation would relieve the symptoms of dyspnea, anxiety, and depression and eventually improve physical functions and the quality of life; 2. for severe/critical inpatients, early respiratory rehabilitation is not suggested; 3. for patients in isolation, respiratory rehabilitation guidance should be conducted through educational videos, instruction manuals, or remote consultation; 4. assessment and monitoring should be performed throughout the respiratory rehabilitation process; 5. proper grade protection should be used following the present guidelines. These recommendations can guide clinical practice and form the basis for respiratory rehabilitation in COVID-19 patients.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1f3cfd8e4afe09e30835bcb28bb62cae)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=64627cdbb51ab469957b5dd1352e615a)

1. **Rehabilitation and respiratory management in the acute and early post-acute phase. "Instant paper from the field" on rehabilitation answers to the Covid-19 emergency.**  
   Kiekens Carlotte European journal of physical and rehabilitation medicine 2020;:No page numbers.

Covid-19 is a respiratory infectious disease that can cause respiratory, physical and psychological long-term dysfunctions in patients. First recommendations on respiratory management were published, but they were not based on the specific needs due to Covid-19. In this paper we share the early experiences from the clinical field in Northern Italy, where the epidemic started in February. This paper summarizes the second webinar on Covid-19 (230 live attendees, 11,600 viewers of the recorded version) organized by the Italian Society of Physical and Rehabilitation Medicine about rehabilitation and in particular respiratory management in the acute (Intensive Care Unit - ICU) and immediate post-acute phases. There is the need to prepare for the post-acute phase. ICU length of stay is relatively long, with immobilisation in prone position. Some specific problems are described, including severe muscle weakness and fatigue, joint stiffness, dysphagia, (neuro)psychological problems, impaired functioning concerning mobility, activities of daily life and work. A lot is yet unknown and patients can experience long-term consequences as we know from the literature on the post-intensive care syndrome, but Covid-19 has unique features to be investigated and understood. As one colleague stated during the Covinar: this is a marathon, not a sprint….

1. **Rehabilitation following critical illness in people with COVID-19 infection.**  
   Simpson Robert American journal of physical medicine & rehabilitation 2020;:No page numbers.

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.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=992bdf47c60b0dc1c48543f533585064)

1. **Rehabilitation of COVID-19 patients.**  
   Brugliera Luigia Journal of rehabilitation medicine 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=21e90309bce80ca75a402653e019a0a5)

1. **Respiratory physiotherapy in patients with COVID-19 infection in acute setting: a Position Paper of the Italian Association of Respiratory Physiotherapists (ARIR).**  
   Lazzeri Marta Monaldi archives for chest disease = Archivio Monaldi per le malattie del torace 2020;90(1):No page numbers.

Respiratory physiotherapy in patients with COVID-19 infection in acute setting: a Position Paper of the Italian Association of Respiratory Physiotherapists (ARIR) On February 2020, Italy, especially the northern regions, was hit by an epidemic of the new SARS-Cov-2 coronavirus that spread from China between December 2019 and January 2020. The entire healthcare system had to respond promptly in a very short time to an exponential growth of the number of subjects affected by COVID-19 (Coronavirus disease 2019) with the need of semi-intensive and intensive care units.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=127a34ac243a2b036a43e6f3da7a3643)

1. **[Pulmonary rehabilitation guidelines in the principle of 4S for patients infected with 2019 novel coronavirus (2019-nCoV)].**  
   Yang F. Zhonghua jie he he hu xi za zhi = Zhonghua jiehe he huxi zazhi = Chinese journal of tuberculosis and respiratory diseases 2020;43(3):180-182.

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.

1. **[Recommendations for respiratory rehabilitation of coronavirus disease 2019 in adult].**  
   Chinese Association of Rehabilitation Medicine Zhonghua jie he he hu xi za zhi = Zhonghua jiehe he huxi zazhi = Chinese journal of tuberculosis and respiratory diseases 2020;43(4):308-314.

COVID-19 is a highly infectious respiratory infection disease, which leads to dysfunction of respiratory, physical, and psychological of the patients. pulmonary rehabilitation is an important intervention for clinical patients as well as cure patients. With the deeper cognition of COVID-19 and accumulation of clinical experience, we proposed the recommendations for pulmonary rehabilitation of COVID-19 in adults based on the opinions of front-line clinical experts involved in the management of this epidemic and a review of the relevant literature and evidences: (1)for the inpatients with COVID-19, pulmonary rehabilitation would relieve the symptoms of dyspnea, anxiety, and depression; eventually improve physical function and the quality of life; (2)For severe/critical inpatients, the early performance of pulmonary rehabilitation is not suggested. (3)For isolating patients, the pulmonary rehabilitation guidence should be conducted through education video, instruction manual or remote consultation. (4)Assessment and monitor should be performed throughout the entire pulmonary rehabilitation process.(5)Taking proper grading protection following the guideline. These recommendations can serve as a clinical practice guidence and basis for pulmonary rehabilitation of COVID-19.

1. **[Recommendations for respiratory rehabilitation of COVID-19 in adult].**  
   Chinese Association of Rehabilitation Medicine Zhonghua jie he he hu xi za zhi = Zhonghua jiehe he huxi zazhi = Chinese journal of tuberculosis and respiratory diseases 2020;43(0):E029.

COVID-19 is a highly infectious respiratory infection disease, which leads to dysfunction of respiratory, physical, and psychological of the patients. pulmonary rehabilitation is an important intervention for clinical patients as well as cure patients. With the deeper cognition of COVID-19 and accumulation of clinical experience, we proposed the recommendations for pulmonary rehabilitation of COVID-19 in adults based on the opinions of front-line clinical experts involved in the management of this epidemic and a review of the relevant literature and evidences: 1. for the inpatients with COVID-19, pulmonary rehabilitation would relieve the symptoms of dyspnea, anxiety, and depression; eventually improve physical function and the quality of life; 2. For severe/critical inpatients, the early performance of pulmonary rehabilitation is not suggested. 3. For isolating patients, the pulmonary rehabilitation guidence should be conducted through education video, instruction manual or remote consultation. 4. Assessment and monitor should be performed throughout the entire pulmonary rehabilitation process.5. Taking proper grading protection following the guideline. These recommendations can serve as a clinical practice guidence and basis for pulmonary rehabilitation of COVID-19.

### Opening Internet Links

The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

### Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](https://openathens.nice.org.uk/).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

### Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

**Portable Document Format / pdf / Adobe**  
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

**Word documents**  
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

## C. Search History

|  | **Source** | **Criteria** | **Results** |
| --- | --- | --- | --- |
| 1. | Medline | (Covid OR coronavirus\* OR "SARS COVID 2").ti,ab | 15288 |
| 2. | Medline | \*"CORONAVIRUS INFECTIONS"/ | 3961 |
| 4. | Medline | (1 OR 2) | 16818 |
| 6. | Medline | exp REHABILITATION/ | 414129 |
| 9. | Medline | (recovery OR rehabilitation OR convalescen\* OR physiotherap\*).ti,ab | 603164 |
| 12. | Medline | ((occupational OR physical OR physio OR art OR arts OR music OR drama) ADJ3 therap\*).ti,ab | 53839 |
| 13. | Medline | (6 OR 9 OR 12) | 976873 |
| 14. | Medline | (4 AND 13) | 502 |
| 15. | Medline | 14 [DT FROM 2019] | 153 |
| 16. | EMBASE | (Covid OR coronavirus\* OR "SARS COVID 2").ti,ab | 15098 |
| 17. | EMBASE | exp \*CORONAVIRIDAE/ | 7491 |
| 18. | EMBASE | (16 OR 17) | 17539 |
| 19. | EMBASE | (recovery OR rehabilitation OR convalescen\* OR physiotherap\*).ti,ab | 812934 |
| 20. | EMBASE | ((occupational OR physical OR physio OR art OR arts OR music OR drama) ADJ3 therap\*).ti,ab | 77014 |
| 21. | EMBASE | \*REHABILITATION/ OR "MENTAL HEALTH RECOVERY"/ OR "PULMONARY REHABILITATION"/ OR "PSYCHOSOCIAL REHABILITATION"/ OR "RECREATIONAL THERAPY"/ OR "REHABILITATION CARE"/ OR TELEREHABILITATION/ | 62161 |
| 22. | EMBASE | (19 OR 20 OR 21) | 893431 |
| 23. | EMBASE | (18 AND 22) | 450 |
| 24. | EMBASE | 23 [DT FROM 2019] | 93 |
| 25. | CINAHL | (Covid OR coronavirus\* OR "SARS COVID 2").ti,ab | 1608 |
| 26. | CINAHL | (recovery OR rehabilitation OR convalescen\* OR physiotherap\*).ti,ab | 188550 |
| 27. | CINAHL | ((occupational OR physical OR physio OR art OR arts OR music OR drama) ADJ3 therap\*).ti,ab | 57828 |
| 28. | CINAHL | exp REHABILITATION/ | 303007 |
| 29. | CINAHL | (26 OR 27 OR 28) | 457817 |
| 30. | CINAHL | (25 AND 29) | 40 |
| 31. | CINAHL | 30 [DT FROM 2019] | 8 |

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