

## **COVID-19: Therapy Treatment Strategies and Finding Control Throughout the Unknown**

As healthcare workers, we work with and are knowingly or unknowingly exposed to infectious diseases every day. We work with the elderly in nursing homes who are categorized as one of, if not the highest, high-risk populations susceptible to severe illness or death from COVID-19. Although these are unprecedented times with many unknowns, there are still many opportunities for us, as therapists, to take control of our treatment interventions and make a positive impact in the quality of life and outcomes of our patients.

### **Someone Else's Shoes (or non-slip hospital socks)**

Whenever I find myself getting caught up in my own stress and anxieties, I stop and put myself in my patient's shoes (or non-slip hospital socks).

Visitors are no longer allowed in the building, and with activities, dining and rehab gyms closed for social-distancing, residents are isolated in their rooms with little to no human interaction. The TV may be turned on, and there is no escaping the coverage of COVID-19, even during *The Price is Right*. Additionally, our residents require physical assistance for many or all areas of daily life (e.g., eating, dressing, toileting). These factors of isolation and dependence can lead to anxiety, stress and depression.

As an Occupational Therapist whose primary goal is to increase a person's physical independence in these areas of daily life and address psychosocial factors for overall mental and physical health and wellness, I put myself in their shoes. I try to see the world from their perspective. I want to help make a positive impact in their quality of life and functional independence. Robert H. Schuller said, "I'd rather attempt to do something great and fail than to attempt to do nothing and succeed." I want to try to help however I can and, if nothing else, I want to be with my patient, so at least they aren't completely alone.

### **Treatment Interventions**

Sometimes the simplest answer is also the best answer. In the case of COVID-19, which is a virus that causes respiratory illness, the best answer is to breathe.

Many times, we already do breathing exercises with our patients. Rarely, do we document it and incorporate it into our plan of care.

If you haven't already, I would recommend updating each patient's plan of care to incorporate:

1. Breathing exercises – Whether it is diaphragmatic breathing, pursed lip breathing or just singing to some tunes from their era, getting our patients to breathe better and more effectively may make a difference in their recovery if they do contract this virus. When we breathe better and are more effective with our exhale and getting the carbon dioxide out of our system, our bodies can take in more O<sub>2</sub> to use. And with no other available treatments, keeping oxygen saturation levels up throughout the body is the difference between life or death for people with COVID-19.
2. Postural exercises – Start going back to the basics of trunk stability to increase the strength of the diaphragm and intercostal muscles. Decrease kyphotic curvature with measurements as able. Complete overhead stretching exercises. Essentially, focus on the core. By bringing the head-up, shoulders back and trunk upright, you allow for the person to take deeper, more effective breaths. Remember, the lungs work better and more efficiently when we are upright

rather than lying down. The more opportunities we can create for our patients to take deeper breathes, allowing for more oxygen to enter the lungs and body, the better.

3. Vitals – Do you have a pulse-ox? Are you taking and documenting pre- and post-activity vitals? If not, you should. These metrics indicate what is going on inside the patient that we can't see. Our treatment can directly impact a patient's ability to slow their breathing to increase O2 sats from 85% to 92% using pursed lip breathing and proper posture. Vitals help the patient see what a positive difference these breathing exercises make. By being empowered to control their breathing, it also empowers them with some sense of control over their health and wellness.
4. Modify the environment – We know how far our patients can reach since we all commonly incorporate the Functional Reach test as one of our go-to standardized assessments. We also know which side is their stronger side, how far they can see, cognitive abilities to learn new information and more. Let's use these things to make sure they have their remote, call bell and telephone placed where they can easily reach it. If there are visual deficits, modify the call bell use bright stickers or tactile prompts to indicate which button they need to be oriented to (call bell, raising head of bed for ease with breathing, how to turn the light on/off, TV remote power/volume/channel, etc.). Move the telephone to their stronger side so they can answer the phone when a loved one is calling since they can no longer visit face-to-face.
5. Technology – Therapists typically help connect patients to family members. We know that we all call their loved one to figure out how much help they needed before going to the hospital and the home environment before passing the phone off to let them chat. However, our ability to help them connect is needed more than ever now. We know how much we stay connected through social media, so let's use our treatment time to teach patients how to connect whether it is through the phone in their room, cell phone, tablet, or other device. As therapists, we have a unique opportunity to teach skills like these which can make a huge impact in a patient's ability to maximize their independence and remain connected to loved ones.
6. Encourage fluid intake – We may not be able to create goals for this, but we know how important hydration is for our all of our patients, and especially with any type of respiratory illness where excess mucus being produced. Being well hydrated help their cilia not have to work so hard to move it out.

Now I know none of this is new information to any of you. And you may already be doing all these things. But are you giving yourself credit for it? Or more importantly, giving the patient credit for it? Have you updated your POC to reflect your unique skill help someone sit upright, breathe better and be able to use the phone, call bell, bed mechanism or other technology independently?

If you were in your patient's shoes, would you want your therapist to implement these treatments?

Please take this time to take a step back from your normal routine or therapy interventions and consider updating your goals and treatment interventions to focus on, or at least include, breathing techniques, postural exercises, monitoring vitals, modifying the environment and incorporating technology.

### **Gaining Control**

As one of the few people the patient is able to interact with each day, empowering them through these interventions can help alleviate some of their stress and anxiety and give them control. During this time when many feel helpless, we have an opportunity to help our patients gain control with something that we take for granted — breathing in, slowly, gently, deeply and breathing out.