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COVID-19 Treatment Strategies & Interventions Post-Acute Care Setting

Speakers:

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- Mary Casper, MA, CCC-SLP, ASHA Fellow, FNAP

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- Webinar is being recorded and will be available for Members on the NARA Portal under Webinars in 24 – 48 hours
- Attendee Control Panel
 - Chat: Use for technical questions related to the webinar platform
 - Q&A: Use to ask questions of our speaker
- ASHA Participant Forms can be found on <http://www.naranet.org/education/webinars>

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Question & Answer

- Use the Q&A feature in your attendee control panel

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Post-Acute Challenges Responding to the Pandemic

- PPE access and variances; weekly testing, re-opening guidelines
- PRN's – 1 site only to avoid cross-contamination
- Census declines + illness and fear + limited PRN help = staffing challenges
- Providing skilled services differently during the pandemic (1:1 vs. concurrent and group, in-room vs. gym)
- Clinical consultation remote / telemedicine


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Psychosocial Function

- Treatment Strategies and Patient Education:
 - Focus on meaningful and purposeful activities based on their interests/hobbies/goals
 - Establish a daily routine/schedule
 - Use of facetime to connect with family/loved ones
 - Relaxation techniques (diaphragmatic/pursed lip breathing)
 - Encourage outside activities (if allowed) to maintain the body's sleep-wake cycle
 - Engage in physical activities that boost confidence and relieve stress
 - Stress management coping strategies
 - Assuring a normal sleep/wake pattern with non-pharmacologic behavioral modification and/or medications as needed

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OT Assessment for the COVID Patient

- Allen Cognitive Level
- Brief Cognitive Rating Scale
- Brief Interview for Mental Status (BIMS) [video sponsored by CMS on how to perform BIMS
<https://www.youtube.com/watch?v=DAj3TA5w11Y>]
- Cognitive Adaptive Skills Evaluation (CASE)
- Cognitive Performance Test
- Functional Needs Assessment
- Geriatric Depression Scale
- Global Deterioration Scale
- [Occupational Profile](#)
- [Patient Health Questionnaire \(PHQ-9\)](#)
- The Delirium Rating Scale (DRS)3
- Generalized Anxiety Disorder Scale (GAD-7)
- Brief Trauma Questionnaire
- Trauma Checklist
- Trauma Screening Questionnaire (TSQ)
- Occupational Therapy Profile of Sleep
- The Confusion Assessment Model for the ICU (CAM-ICU)
- The 3-D CAM

AOTA's Quality Toolkit includes links to standardized assessments and screeners used by occupational therapy practitioners who work with adults: <https://www.aota.org/Practice/Manage/value/quality-toolkit.aspx>.



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Cognition

- Ardila, A., & Lahiri, D. (2020). [Executive Dysfunction in COVID-19 Patients](#). *Diabetes & Metabolic Syndrome*, 14(5), 1377–1378. doi:10.1016/j.dsx.2020.07.032
- Mccloughlin, B. C., Miles, A., Webb, T. E., Knopp, P., Eyres, C., Fabbri, A., ...Davis, D. (2020). [Functional and Cognitive Outcomes After COVID-19 Delirium](#). *European Geriatric Medicine*, Epub ahead of print. doi:10.1007/s41999-020-00353-8

- Complexities and comorbidities
- Executive function disorder
- Reduced attention

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Executive Function Organization and Regulation

- Self-awareness
- Inhibition
- Non-verbal working memory
- Verbal working memory
- Emotional self-regulation
- Self-motivation
- Planning and problem solving


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Cardio-Pulmonary Function

Interventions:

Rationale	Techniques
Patient/ Family Education Change in functional ability may necessitate alternative ways to perform tasks	Activity pacing Safety awareness to prevent falls Compensatory strategies
Respiratory Strategies Combat respiratory weakness and difficulty due to general muscle weakness or post mechanical ventilation	Diaphragmatic breathing Pursed lip breathing Incentive spirometer Inspiratory muscle training
Postural Control Exercises Promote lung expansion and improve air exchange	Posterior shoulder rolls Chin tucks Scapular retraction
Exercise Prescription Intensity of exercise depends on patients self-report of fatigue	Borg RPE scale 2 minute walk test 6 minute walk test

Reference: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3513482/>

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Respiratory Considerations

- **COVID-19 Pneumonia**
- **Acute Respiratory Distress Syndrome (ARDS)**
- **Sepsis**
- **Other factors**
 - Disease severity
 - Other health conditions

How do therapists incorporate these considerations in the treatment plan?

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Endurance and Dyspnea

- Does the patient need more time to complete tasks?
- Does the patient need an adjustment to the challenge of the task?
- Split visits or b.i.d. treatments?
- Expiratory Muscle Strength Training (EMST)
- Consistent assessment of vitals
 - (sPO2, RR, HR, BP)
 - RPE
 - Dyspnea Scale

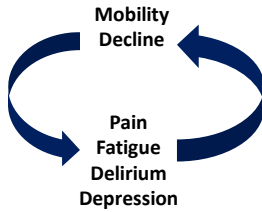
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Mobility & Function

- Patients with COVID-19 are at risk for muscle wasting and weakness due to cytokine storm
 - Early Stage of Illness – high catabolic state triggers immune response
 - Prolonged bed rest can impair anabolic process after recovery causing inability to rebuild
- Early & frequent mobility key to combating muscle wasting
- Focus on intervention, education and training
- **Goal:** prevent hospitalization, readmission, falls and functional decline



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Mobility & Function

Interventions:

Rationale	Assessment	Techniques
Range of Motion (ROM) Due to peripheral muscle weakness patients will benefit from progression to exercise to regain strength	MMT 1RM	ROM exercises Progressive resisted exercises PNF diagonals
Functional Mobility Training Depending on extent of weakness patients will exhibit decline in function	FIM score TUG 5 STS EMS DGI	Bed mobility Transfers Gait training Stair negotiation
Balance Training Neuromuscular changes and weakness affect balance and increase risk of falls	Berg balance scale Sitting balance test	Static/ dynamic sitting and standing balance exercises Negotiating obstacles

Reference: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3513482/>

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Holistic Approach to ADLs

- Establish a daily routine/schedule
- Energy conservation & work simplification techniques
- Borg Exertion Scale incorporation in Daily Activities
- Adaptive equipment integration
- Fall prevention
- Assuring adequate hydration and nutrition
 - Swallowing Disorder (Sections K0100A-K0100D)

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Expressive and Receptive Language

- Neurological effects of COVID may include stroke
- Difficulty expressing basic wants and needs
- Difficulty responding to instructions
- When supporting people to communicate through technology with family and caregivers, aphasia adds an additional burden
- <https://newsinhealth.nih.gov/2020/06/communication-breakdown>

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Lifestyle Recovery


AOTA OCCUPATIONAL PROFILE TEMPLATE

“The occupational profile is a summary of a client’s occupational history and experiences, patterns of daily living, interests, values, and needs” (AOTA, 2014, p. S13). The information is obtained from the client’s perspective through both formal interview techniques and casual conversation and leads to an individualized, client-centered approach to intervention. Each item below should be addressed to complete the occupational profile. Page numbers are provided to reference a description in the Occupational Therapy Practice Framework: Domain and Process, 3rd Edition (AOTA, 2014).

Reason the client is seeking service and concerns related to engagement in occupations	Why is the client seeking service, and what are the client’s current concerns relative to engaging in occupations and in daily life activities? (This may include the client’s general health status.)	
Occupations in which the client is successful (p. S6)	In what occupations does the client feel successful, and what barriers are affecting his or her success?	
Personal interests and values (p. S7)	What are the client’s values and interests?	
Occupational history (i.e., life experiences)	What is the client’s occupational history (i.e., life experiences)?	
Performance patterns (routines, roles, habits, & rituals) (p. S8)	What are the client’s patterns of engagement in occupations, and how have they changed over time? What are the client’s daily life roles? (Patterns can support or hinder occupational performance.)	
What aspects of the client’s environments or contexts does he or she see as:	Supports to Occupational Engagement	Barriers to Occupational Engagement
Physical (p. S28) (e.g., buildings, furniture, pets)		
Social (p. S28) (e.g., spouse, friends, caregivers)		
Cultural (p. S28) (e.g., customs, beliefs)		

- Adapting to my “new normal”
- Experiencing some semblance of “normal” during my recovery
- Meaning, Well-being
- Wellness
- Psychosocial function
- While I Restorate → Compensate & Adapt


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Occupational Deprivation



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Clinical Operations Area Director
Genesis Rehab

What is it?

- Not being able to engage in the occupations which are important to the individual


Impact due to:

- Social distancing and co-horting
- Quarantine/isolation and room changes
- Not having their normal room, belongings, same set up, etc.

How do we help?

- Environment
- Establishing routines
- Accessing leisure

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Slower Progress – Setting up the POC

“I’ve done the quality OT assessment and treatment, now how do I show that in my documentation?”

- Many EMR drop-down boxes for documentation don’t capture OTPF areas
- EMR’s often measure functional deficits > underlying impairments, client factors, performance factors, etc.
- Objective Assessments are key – they enable you to measure increments of progress

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Slower Progress – Setting up the POC

Goals: Measuring Functional Deficits vs.
Underlying Impairments

Patient will don pants with mod physical assist and
50% verbal cues while sitting at EOB.

Max → Mod → Min → CGA /SBA → Mod I

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OT Practice Framework

Why – the cause: Underlying Impairments


Cardiopulmonary <ul style="list-style-type: none"> - vitals stability - endurance - use of compensatory strategies 	Sensory <ul style="list-style-type: none"> - sensory awareness - sensory processing - proprioceptive 	Cognition <ul style="list-style-type: none"> - level of arousal/alertness - attention (selective, shifting, sustained) - orientation - sequencing - memory (STM- working, procedural -LTM) - problem solving - organization - planning - abstract thinking - judgment/insight - executive functions - safety awareness - generalization of learning
Pain	Vision / Perception <ul style="list-style-type: none"> - visual acuity - visual field cut - visual fixation - tracking & scanning - depth perception - figure ground - contrast sensitivity - color discrimination - body scheme - right/left discrimination - neglect syndromes - visual-motor integration - ideational praxis - ideomotor praxis - spatial relations - form constancy - visual closure - topographical orientation 	Psychosocial <ul style="list-style-type: none"> - role performance - self-concept/ self-esteem - interpersonal skills - coping - emotional regulation - time management - values- personal, cultural - habits, routines

What – the outcome: Functional Deficits

Basic ADL's: Bathing/Showering, Bowel and Bladder Management, Dressing, Eating, Feeding, Functional Mobility, Personal Device Care, Hygiene and Grooming, Toileting

Instrumental ADL's (IADL's): Home Management, Meal Preparation, Shopping, Safety and Emergency Maintenance, Health Management, Financial Management, Community Mobility, Rest and Sleep, Social Participation

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Slower Progress – Setting up the POC

Goals: Measuring the Underlying Impairments
with conditions

- To achieve safety while toileting, the patient will demo 5 minutes Fair Plus dynamic sitting tolerance at EOB.
- Patient will don pants with mod physical assist and 50% cueing while sitting at EOB for 5 minutes with Fair Plus dynamic balance.

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Slower Progress – Setting up the POC

Let's Practice!

- Patient will demo 5 minute activity tolerance at a 2-3 cardiac Met level ADL task without abnormal vital signs.
- To reduce anxiety during self ADL performance patient will initiate learned relaxation techniques when anxious without prompts or cues required.
- Patient will demonstrate a 5 minute attention span at a meaningful leisure task in order to achieve improved quality of life with her physical limitations.

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