



Approach of Physiotherapist towards Patient during COVID-19 Pandemic in Rural Area

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ABSTRACT

COVID-19 is an acute respiratory disease associated with coronavirus, SARS-CoV-2 named coronavirus disease (COVID-19), coronavirus is interspecies, and can also be transmitted from human to human that has triggered a global pandemic over the past one year. As no particular medication is available at present as said preventive is better than cure must pursued. Many health professional like physiotherapist play a big role in understanding of COVID-19 and its precautionary steps to stop the spread of corona virus. Because a strong immunity will protect us, but prevention and recovery is an important way to cope up with the dangerous situation of COVID -19 diseases. And in rural area there is lack of hospital facilities so the need for the awareness, precautionary measures and rehabilitation is essential measures to spread of corona virus in community. Physiotherapist plays a primary rolls in awareness about precautionary and safety measures also physiotherapeutic care during acute and post Covid situation. Physiotherapist plays internal roll in

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community rehabilitation through home workouts, training for physical fitness by exercise, yoga and respiratory care exercises to increase strength and reduce disability. During this pandemic physiotherapist work on digital platform through telehealth, virtual group rehabilitation methods which work on health rehabilitation with also proper ergonomic training during work from home to reduce work hazards and improve productivity.

Keywords: COVID-19; Pandemic; Physiotherapist; Rural.

1. INTRODUCTION

1.1 Background of COVID-19

The Coronavirus Disease 2019 (COVID-19) has brought about a worldwide pandemic affecting a huge share of the international locations of the world. COVID-19 is an acute respiration sickness related to coronavirus, SARS-CoV-2 named coronavirus sickness (COVID-19), coronavirus is interspecies, and also can be transmitted from human to human that has induced a worldwide pandemic over the last one year [1].

Corona virus comes from the own circle of relatives of viruses that variety from the Middle East respiration syndromes (MERS) to intense acute respiration syndromes (SARS) (SARS). In the many years of 1930-1940, one of a kind lessons of corona viruses have been located in animals organisms. In the span of 1960, severa experiments have been investigating approximately the newly located species of corona virus, of which earliest one turned into studied from human sufferers with the not unusualplace bloodless which have been later referred to as human corona virus 229E and human Corona virus OC43. Since other corona viruses had been diagnosed along with SARC-COV in 2003, HCOVNL sixty three in 2004, HKU 1 in 2005, MERS-CO in 2012 and SARS-COV 2 in 2019. a number of them additionally concerned extreme respiration tract infection [2].

Transmission of intense acute respiration syndrome coronavirus 2 (SARS-CoV-2) happens specially thru respiration droplets from face-to-face touch and, to a lesser degree, thru inflamed surfaces. Aerosol unfold can arise, however the function of aerosol unfold in people stays uncertain. An anticipated 48 % to 62 % of transmission might also additionally arise thru presymptomatic carriers [2]

The first signs are typically diagnosed as fever, dry cough, tachypnea, and shortness of breath . Although diarrhea turned into found in approximately 20–25% of sufferers with MERS-

CoV or SARS-CoV infection, intestinal signs are not often visible in sufferers with COVID-19. In another study, confusion, chest pain, vomiting, and nausea have been additionally mentioned as COVID-19 signs [3]. Other signs consist of, sore throat, sneezing, nasal congestion, sputum production, anosmia and dyspepsia, rash on the skin, or discoloration of arms or toes, and viral conjunctivitis.

In bound cases, a molecular check is employed to diagnose SARS-CoV-2 and validate infection. enzyme chain reaction (PCR) is that the most widely used molecular test. Samples are obtained from the nose and/or mouth using a swab. Molecular experiments diagnose virus within the sample by amplifying viral genetic material to measurable amounts. For this purpose, a molecular test is employed to verify a vigorous infection, sometimes among a couple of days when exposure and regarding the amount that symptoms could begin. speedy matter tests (sometimes referred to as a speedy diagnostic assay – RDT) determine microorganism proteins (known as antigens) (known as antigens). Samples are obtained from the nose and/or mouth employing a swab. Tests are cheaper than PCR and might offer results additional easily, though they are sometimes less reliable. Experiments work well once there's additional virus circulating within the population and once sampled from an individual at the amount they are most contagious [4].

Antibody testing can tell United States of America if associated one has had an infection within the past, although they have not had symptoms. usually referred to as medical science tests and typically performed on a blood sample, these tests notice antibodies fashioned in response to associate infection. In most people, antibodies begin to grow when days to weeks and may show whether or not an individual has had previous infection. protein testing cannot be accustomed notice COVID-19 within the early stages of unhealthiness or illness however may show whether or not or not anyone has knowledgeable the illness within the past [5].

The virus could also be cytotoxic throughout the primary days of infection. In diagnostic assay or autopsy tests of patients infected with COVID-19, pulmonary pathology disclosed diffuse alveolar disruption with the event of hyaline membranes, penetration of air areas by mononucleate cells/macrophages, and a diffuse thickening of the alveolar wall. The lungs from patients with COVID-19 conjointly displayed important epithelium harm associated with the involvement of intracellular virus and broken cell membranes. microorganism particles were detected within the animal tissue cells through electron microscopy, indicating that these lesions could also be partially caused by direct cytotoxicity [1,4].

Popular laboratory anomalies in hospitalized patients embrace blood disorder (83%), elevated inflammatory markers (eg, erythrocyte geological phenomenon volume, C-reactive protein, ferritin, tumour death factor- α , IL-1, IL-6), and irregular natural action parameters (eg, extended prothrombin duration, thrombocytopenia, elevated D-dimer [46 percent of patients], low fibrinogen) (eg, prolonged coagulation factor time, thrombocytopenia, elevated D-dimer [46 % of patients], low fibrinogen) [6]. Popular radiographic observations of people with COVID-19 include predominantly longitudinal infiltrates in the lower lobes on chest x-rays and bilateral, peripheral, lower lobe focusing opacities and / or convergence on chest CT imaging [6].

There is not a single drug specifically designed to treat patients with COVID-19. This disease is treated with symptomatic drugs for symptoms such as cough, cold, fever, and other respiratory-related diseases, but for a period after the onset of this pandemic, patients experience various symptoms that are non-respiratory in nature, such as headache, loss of taste and smell, physical pain, and fatigue. are treated with medication. Hydroxychloroquine is the first drug chosen to treat the disease. Umifenovir, remdesivir, and fevipiravir are considered to be the most promising antiviral drugs for improving the health of infected patients. Dexamethasone is a first known steroid drug that can save the lives of patients with chronic diseases. The new analysis summarizes the available evidence for potential therapeutics, peptides, humanized antibodies, seizure plasma and vaccines that have shown promise in combating COVID-19 infections [7]. Numerous randomized, controlled clinical trials have been conducted to further confirm the safety and effectiveness of these agents in the treatment of COVID-19. Since there

is no specific drug today, such a preventive agent is better than a cure [8]. There will be significant numbers of COVID-19 patients in need of extensive recovery assistance after recovery. Strong immunity will protect us, but prevention and recovery are an important way to deal with the dangerous situation of COVID-19 diseases.

1.2 Roll of Physiotherapist in Awareness and Promoting for Precautionary Measures during Outbreak of Pandemic

As no particular medication is available at present as said preventive is better than cure must pursued. A strong immunity will protect us, but prevention and recovery is an important way to cope up with the dangerous situation of COVID -19 diseases. Any health professional like physiotherapist play a big role in understanding of COVID-19 and its precautionary steps to stop the spread of corona virus.

So as said prevention is better than cure and probably only way available to prevent the spread of the infection and a good way is to start early precautionary measures and protect yourself and others around you. So, some precautions that must be followed are;

- Cover your nose and mouth with plastic tissue or scarf, strictly when you are going to busy areas.
- Frequently wash your hands or massage your hands daily for 20 sec, with alcohol-based sanitizers, soap, and water and prevent touching to the eyes, nose, and lips. It would help to restrict the entrance of microorganisms within the body.
- Avoid direct contact with the persons who are ill, who have some form of infectious illness, or who have recently travelled from other countries or other confirmed affected areas, so the virus may be transmitted and can spread to others.
- The outside situation is unsafe which is a safe way to avoid illness is to stay home and self-isolate from others in the family if you feel unwell.
- Children and geriatric people require extra supervision because they are more vulnerable to infection. And must be segregated if sick and timely action must be taken.
- Eating nutritious food is another way to enhance immunity and avoid infection.

Foods high in Vitamin 'C' must be eaten, well-cooked food kills much of the micro-organisms, avoid outside food, buying food products from hygienic sites is very necessary, and taking care of cleanliness during cooking is another activity that must be practiced periodically.

- If you are ill and having the signs of COVID-19, have any history of traveling or contact with the suspected persons or any affected area, then you must first self-quarantine and immediately visit the medical professional working in the field dealing with COVID-19.
- Maintaining social distance is an effective and easiest measure to prevent infection.
- Individuals who have poor immunity and co-morbid conditions like elevated blood pressure, hypertension, diabetes, cancer, and other health-related problem are more likely to get compromised and thus must stop going out and taking all precautionary steps with highest priority.

1.3 Physiotherapy Care and Recovery of Patients with Unique Rehabilitation Conditions in Healthcare Setup

Presently there is no cure for COVID-19. The management given in hospital settings is compassionate and it is possible that there will be a substantial number of COVID-19 survivors who need additional rehabilitation assistance when they recover.

When the patient is in a difficult posture and needs airway support, chest physical therapy is one of the most effective treatments that can be provided. Breast physiotherapy is one of the most effective treatment methods for infected patients who need breathing assistance. These methods ensure that the airways are cleared during the inflammatory phase, and manual techniques (such as vibration) are used to help clear the secretions from the lungs. Strikes and then inhale helps reduce infection and maintain respiratory function. This allows the patient to stop the ventilator prematurely, avoid irreversible lung damage and shorten the hospital stay [7].

Active cycle of respiratory exercises accommodates diaphragmatic breathing, pursed lips breathing, forceful breath respiratory rhythm, reward spirometry, that helps to preserve the hygiene of the tract yet as reinforce the respiratory muscles and increase utilization

capability of lungs. It permits the bronchioles to induce open as way as attainable and provides economical chemical element absorption. It involves rising tract hygiene by performing arts daily vigorous respiratory exercises, which can facilitate to clear the airway and improve the operating capability of lungs [4].

Proper medical aid for symptoms, physiotherapy rehabilitation management, nutritious diet with fitness training, and taking safety precautional measures we will scale back the danger of morbidity and unfold of corona virus.

1.4 Post-Acute COVID-19 Rehabilitation

Critically ill patients who have been mechanically ventilated for more than 7 days usually require a lot of rehabilitation expenses. For example, 60% of these patients cannot walk initially. Long-term recovery is required; in some cases, they need life-long support. Many patients who recover from the symptoms of this disease may also be at risk of long-term deterioration. Although early studies indicate that these patients need to recover from all stages of the disease: acute, post-acute and long-term, the extent of this disease and condition remains unclear [9].

Rehabilitation is defined as "a continuum of interventions designed to reduce disability and improve functioning of individuals with health issues in interaction with their environment." Rehabilitation can very well be a vital method to mitigate the impact of COVID-19 on the health and overall of individuals [10].

- After recovery from COVID-19 disease there is a need to attain regular body function to resume everyday activities of normal life. Hence, the patient needs physical therapy to obtain better outcomes. There are long term consequences to note such as:
 - sickness
 - Reduced function
 - Post Intensive Care Syndrome (PICS)
 - Reduced inspiratory muscle strength
 - Severe fatigue
 - Anxiety, Depression
 - Loss of quality of life
 - Poor endurance

In the post-acute phase, the following respiratory rehabilitation may be included:

- Inspiratory muscle exercises if inspiratory muscles are poor
- Diaphragmatic breathing
- Thoracic expansion (with shoulder elevation)
- Mobilisation of breathing muscles, End stretch technique, PNF technique for breathing pattern
- Airway clearance techniques (as needed),
- Positive expiratory devices may be added if needed
- dependent on the degree of normocapnic respiratory failure, associated physical dysfunction (asthenia, muscle weakness), emotional dysfunction; the presence of other comorbidities.
- Clinical parameter assessing protocols are recommended on a daily basis – temperature, SaO₂, SpO₂/FiO₂, cough, dyspnea, respiratory rate, thoraco-abdominal dynamics
- Analyze peripheral muscular ability with MRC scale, manual muscle checking, isokinetic muscle test; calculation of joint range of motion
- Exercise with steady pressure increases and based on subjective symptoms can help to maintain or restore normal function.
- Exercise ability and oxygenation reaction across effort should be measured.
- Be careful and not overload the respiratory system and cause respiratory discomfort and Follow the Covid 19 recovery guidelines.

Beside urgent respiratory support, long term physiotherapy services after the patients were stabilized would be useful as this will aid in increasing the general wellbeing and functioning ability of the patient which was decreased due to hospitalization and would also improve immunity.

1.5 Community Rehabilitation in COVID-19 Support during a Pandemic for People with Distinct Rehabilitation Strategies

COVID-19 pandemic threat growing in society very fastly. Now an in these pandemic not only urban but rural area has affected strongly. Migrated people come back to the home to their native town due to which it also increase the chances of spreading virus to that area. And because of fewer health care coverage and

knowledge about the problem and shortage of laboratory research facilities in rural area people became connivance. So, the every health care person has the big priority to work in the community for understanding and for stopping the spread of corona virus. With taking the steps and safety measures we will make the gap from the spreading, but the early health care measures can improve the immunity, and having them physically and emotionally fit with recovery care is the important aspect of the society [11].

Community-based physiotherapists will be vital in the continuing rehabilitation of survivors of COVID-19 and optimise management of these patients. Can conduct other duties such as home safety reviews, procurement of appropriate medical devices as well as caregiver preparation after patients have been released from hospital. Can offer interventions to non-COVID-19 patients and probably scale back the amount of recent hospital admissions for this population, which successively can scale back the burden on already stretched hospitals. conjointly physiotherapist will build a home rehabilitation program [12].

Patients suffering from COVID-19 will also require rehabilitation after release from a hospital or a rehabilitation centre. Rehabilitation techniques may include:

- Graded exercise
- Education on energy efficiency and behaviour modification
- Home modification
- Assistive Technologies

Patients can also benefit from pulmonary rehabilitation interventions – this addresses physical and respiratory impairments which provide a combination of standardized activity, schooling, activities of daily life and psychosocial assistance.

For non-covid patients Start awareness of learning various healthy tips for boost up our immunity and fitness.

- Specific mobility exercises for improvement of physical activity
- Home based workout rather than going to gym during pandemic,
- Yoga postures to give flexibility to body and additional with breathing control techniques and meditation will helps to facilitate mental health fitness.

- Basic ergonomic advices during work from home may helps to increase productivity.
- Also make some physical exercises indoor games which helps for children to make more enthusiastic and boost their immunity.
- Exercises in geriatric group and in which more focus on breathing training to improve their lung capacities
- Follow some basic fundamental advices such as doing thoracic expansion exercises regularly, lying down in prone, doing yoga postures, aerobic exercises, give some specific stretching and strengthening exercises to body and eat nutritious healthy and fit active.

1.6 Innovation is the key to Providing Rehabilitation during the COVID-19 Pandemic

Rehabilitation programs are, however, critical if patients are to optimise their physical and cognitive functioning and minimize impairment. However, during a pandemic where social distancing is appropriate, healthcare providers need to seek innovative approaches to rehabilitation to ensure that all COVID-19 and non-COVID-19 patients obtain adequate support and assistance. They also need to consider ways of providing services to a larger number of patients than usual.

- Telehealth care: Any reduction in treatment services has a significant impact on patients, families and healthcare workers. One way in which recovery services can prevent damage to programs during the COVID-19 pandemic is to incorporate telehealth or automated rehabilitation. Telehealth refers to the distribution of healthcare services via electronic contact (phone, internet, video calls) (phone, internet, video calls) (phone, internet, video calls). Telehealth medical care covers prevention, promotive and curative forms of health and several different healthcare professionals are interested with its implementation. A key benefit of immersive therapy is that it encourages personalised consultations and treatments to proceed via electronic media (phone and/or video) after the pandemic. This lowers the chance of

infection of the virus. This is important as it protects all patients and the healthcare staff [13].

- Remote tracking of patients- The creation of software that track the entire recovery process of a patient and provides evidence to enhance interventions and provide research in that area [14].
- Mobile recovery team- it has been suggested that the use of mobile rehabilitation teams may be helpful in handling the elevated numbers of patients in the hospital during the pandemic. These teams have been working in hospitals and are equipped to provide both recovery and discharge preparation services to intensive care patients. Since then, they need been ready to minimize hospital stay and facilitate early discharge/transfer to prisoner patient facility.
- Almost of patients managed by these types of organisations, teams; patients are discharged to straight home. This cuts prisoner stays, releasing up beds for substitute patients [4].
- Innovative technology is also attractive to consumers, which may improve acceptance and decrease the risk that patients will avoid treatment. Direct communication with patients and caregivers and the opportunity for continuous reviews promotes trust, as well as peace of mind.
- Online Virtual group rehabilitation platform: UCL could be used for virtual group rehabilitation (via laptop/tablet/phone) for up to twenty and more participants through an online site. Medical care sessions are organized and patients are encouraged to attend. Sessions contains physiotherapy, physical rehabilitation, speech and language therapy, learning techniques, the treatment of exhaustion and social help [5,13]. There are also opportunities for one-to-one appointments and the programme provides links to other applications, as well as fitness videos on YouTube.

Similarly, numerous organizations are developing methods to provide Pulmonary Therapy through telehealth and other online platform. These programmes are tailored to promote a patient's physical and psychological wellbeing and help to increase quality of life.

2. DISCUSSION

Acute respiration syndrome SARS syndrome coronavirus 2 (SARS-CoV-2) is a current coronavirus that originated in 2019 and which is the reasons for coronavirus infection 2019 (COVID-19). Peter Thomas et al. included on their analysis on the present condition related to COVID-19 the actual mortality rate is 3 to 5 percent, with recent estimates of up to 9 percent, which is in comparison to influenza at about 0.1 percent. The rates of entry to an intense Around 42% of patients admitted to the hospital will require oxygen therapy [15,16]. Based on emerging evidence, persons with the greatest risk of contracting serious COVID-19 disease needing hospitalization and/or assistance from ICU. People with serious COVID-19 illness have recovery needs at various periods of the disease and physiotherapists are vital to the rehabilitation of these patients while still helping to offer rehabilitation for non-COVID-19 patients [17].

Devid K et al. Stated that many patients suffering from the symptoms of this disease would also be at risk of long-term injury and impairment. The seriousness of this disease and illness is still unclear, but it is clear from early research that in all stages of the condition these patients will need therapy-acute, post-acute, and long-term. Rehabilitation is defined as a series of interventions designed to reduce disability and strengthen functioning in the interaction with their community in persons with health conditions [18]. A number of related studies were reviewed [19-21]. Jachak et. al. reported on telerehabilitation physiotherapy during COVID-19 pandemic [22]. Sahu and Naqvi suggested some exercises in the time of COVID-19 quarantine [23].

For physiotherapists, there are really acute service improvements that could involve treating patients in the general wards that are medically more unwell than normal when they were released early from the intensive care to free up beds. The association between critical care and wards is a significant task for physiotherapists, while still, physical exercise tends to get a cure from the infections. It has also an effect on cardio-respiratory and physical health, which makes for a happier life.

3. CONCLUSION

From this report, it is inferred that COVID-19 is the severe infectious disease that affects the

human respiratory system and physical health. And there is no direct vaccination or cure to treat it. But with the right precautionary measures and rehabilitative methods people can shield themselves from being poisoned and if it happens we good functional ability and health we can heal quickly without any lasting harm to the body.

CONSENT

It's not applicable.

ETHICAL APPROVAL

It's not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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