

Post COVID Recovery – Re-Engagement in the Community

Provincial COVID Rehabilitation Provider Education Sessions

Tiffany Morin, RecT, CTRS, BCommRehab

Josée Amyotte MSc SLP, R.SLP, S-LP(C), LSVT-Cert

July 20, 2021

Copyright (2021) Alberta Health Services, Allied Health Profession Practice and Education, practice.consultation@ahs.ca

This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. AHS staff who require legal advice regarding copyright should contact the Corporate & Commercial Division within AHS Legal & Privacy for further assistance. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

Land Acknowledgement

We acknowledge that we are gathered virtually today on the Territories of Treaty 6, Treaty 7, and Treaty 8 and Métis Regions 1, through 6.

These territories are home to many Indigenous Peoples, including the Blackfoot, Cree, Dene, Saulteaux, Ojibwe, Stoney Nakota Sioux, and Tsuut'ina peoples, the Métis Nations of Alberta and the 8 Métis Settlements.

We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to moving forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.



Outline

- Our COVID reality
- Barriers to community re-engagement
- Client stories & common concerns
- Considerations to support re-engagement
- Summary

COVID's Impact

COVID-19 experience of social isolation, uncertainty, loneliness, fear, depression, PTSD, and stigma negatively affect individuals' functioning and quality of life.

Recovery aims at improving function, reducing complications and disability, and promoting psychological health, quality of life and community reintegration.

Pistarini et al, 2021, p.2

Socializing in our new world

- Uncertainty and unpredictability
- Mix of emotions being around others and returning to activity
- We are out of practice; we might be awkward
- Normalize the unease
- Acknowledge the challenges
- Support post-COVID patients and all members of the community as we are all on our own journey learning to re-engage



Community Re-engagement:

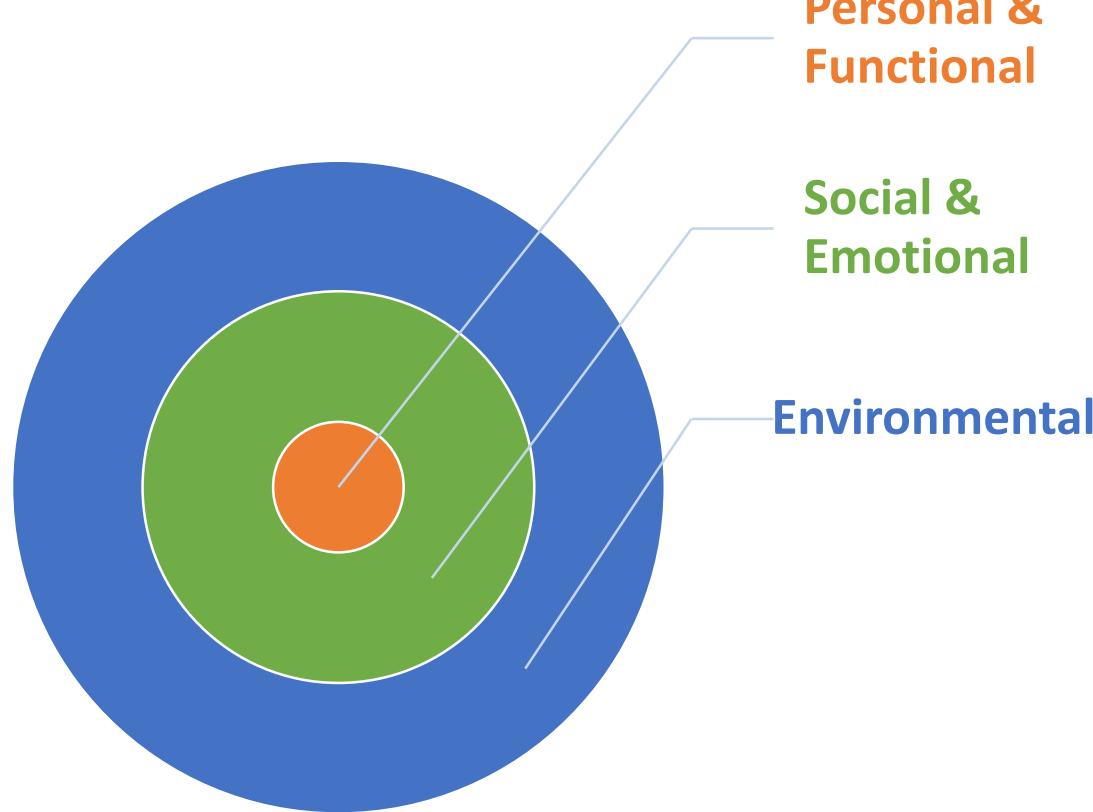
“The reorganization of physical, psychological and social characteristics so that an individual can resume well adjusted living after illness”

“re-entering community or resuming lifestyle after experiencing disruption to their functional abilities”

(Wood-Dauphinee and Williams, 1987, & Passmore, 2012)

[Rehabilitation Conceptual Framework © AHS 2018 \(albertahealthservices.ca\)](http://albertahealthservices.ca)

Barriers to community re-engagement



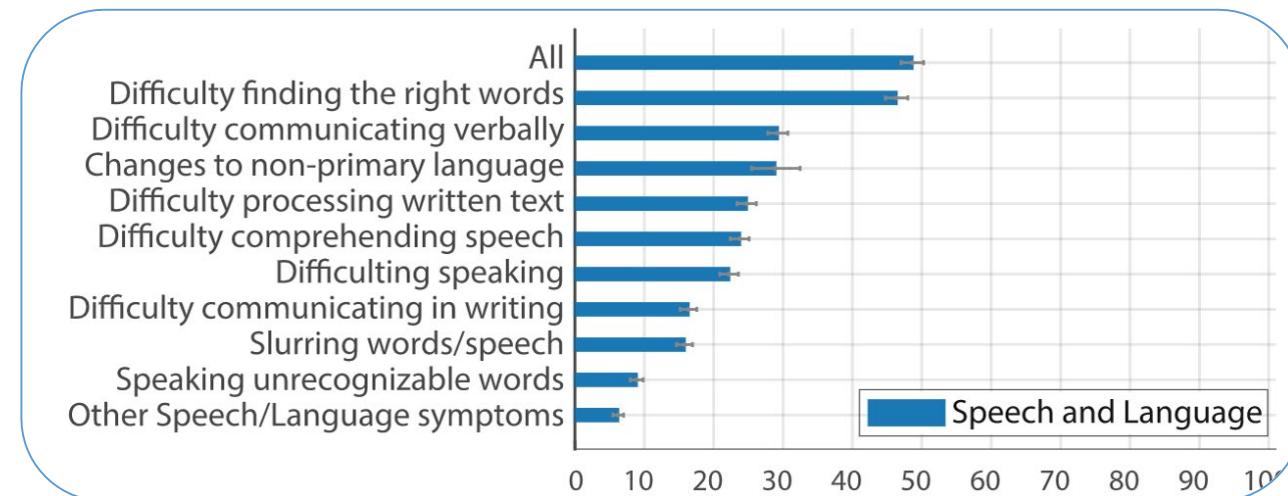
- COVID symptoms
- Recovery & treatment complications
- Stigma, anxiety, fear, communication
- Adjustment: changes, norms, routines
- Access, resources
- Navigating rules & procedures
- Masks, PPE, hand hygiene

Setting the stage – client stories



Common concerns: Communication

- “I find myself forgetting words”
- “People think I’m sick because my voice is hoarse since I was intubated”
- “I can’t remember what my neighbor told me yesterday”
- “I can’t follow a conversation in big groups with lots distractions”
- “I have trouble hearing when someone speaks wearing a mask”
- “I’m awkward around people now, I don’t know what to do or say”



(Davis, H.E., 2021)

Eating in Social Settings

- “I’m so tired, it takes me forever to finish a meal”
- “I’m scared I’m going to choke when I eat breads and meat”
- “I cough all the time and people stare and look at me like I’m contagious”
- “I can’t focus or follow conversation around the BBQ”
- “I had COVID 10 months ago and I still can’t taste anything”



Social eating connects communities

Research has revealed that the more often people eat with others the more likely they are to feel happy and satisfied with their lives.

[Social eating connects communities | University of Oxford](#)

Cognition

Top 5 patient-reported cognitive dysfunctions:

Memory • Attention • Thinking • Executive Functioning • Problem Solving
(Davis, H.E., 2021)

- “My brain is foggy”
- “I can’t concentrate”
- “I don’t remember what my neighbor said yesterday”
- “I’m having a hard time driving”
- “My spouse needs to do all of our finances now; I wouldn’t trust myself to get it right”

Readiness

- “I’m worried about the delta variants”
- “I’m uncomfortable around other people now”
- “I’m not ready to go back to the gym”
- “My community centre has closed down. I don’t know if it will ever open again”
- “My manager is encouraging me to come back to the office, I’m worried how I will make the change”



[Personal and Social Activities | COVID-19 | CDC](#)

Self-Efficacy

- “I should be healthy by now”
- “I want to be myself again”
- “I feel bad that my husband has to do all of the work around the house and take care of the kids, I can hardly take care of myself”
- “I don’t know how I can ever make plans with friends”

Return to work

- “I don’t have energy to keep up with my toddler, how am I supposed to work?”
- “I’m terrified I won’t be able to manage my full work day, or go lie down for a nap”
- “I can’t focus my attention and I’m supposed to be working in Excel all day”
- “I can’t keep up; I can’t do what I was doing before”

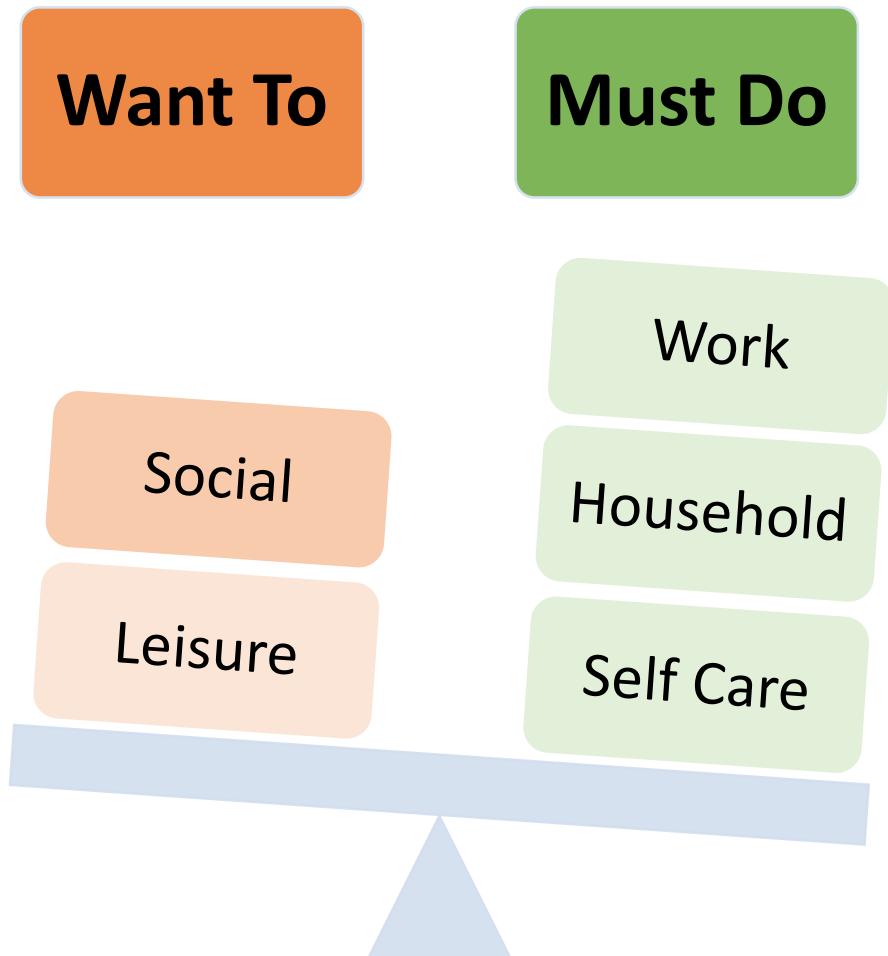
Considerations to support re-engagement

- Setting goals
- Personalized approach
- Clear communication
- Stamina and energy
- Planning and scheduling
- Return to work
- Access to resources
- Caregiver resources
- Peer support
- Mental Health

Path to goal attainment – *Want vs. Must*

- During long recovery, when energy is limited, leisure and social activities are deprioritized
- Patients benefit most when they have meaningful activities to look forward to
- Activities that we freely choose and are intrinsically-motivating contribute greatly to our health

Setting goals – what the client wants to do



- Al wants to socialize with family, return to dining out, resume business and re-connect in spiritual community.
- Maya wants to actively play with her children, manage household tasks and overcome fear of going out and returning to work.

Personalized approach

- One size does NOT fit all
- Build on strengths
- Not everyone will be ready at the same time
- Possible changes to individual's roles, income, community etc.
- Recognize individual recovery needs (e.g. relapses, energy budget)
 - Consider COVID screening tool
 - Connect with members of care team
- Providing more than a list of resources
 - Engage in a supportive process to connect to the right service
- Ensure timely follow-up to evaluate success

Personalized approach: Communication

- Communication is key in a time of crisis
 - Practice kindness
 - Be open
- Model clear communication
 - Give extra time to process information
 - Check-in for understanding
 - Repetition helps
 - Write it down
- Be positive
 - Client's will be looking to you for hope
- Respect differences
 - All at different stages in COVID journey
- Pay special attention to those with previous impairment who are at increased risk
 - People with previous conditions / aphasia / dementia / disabilities / hearing impairment, English Language Learners, etc.

Re-building stamina

- Personalized through meaningful leisure and purposeful activities
- Consider conditioning beyond structured physical activity program
 - Home, outdoors, nature, yoga
- Consider what can be accessed for no/low cost
- Consider opportunities that do not require return to busy environments where readiness, fear, anxiety, fear of re-exposure may be barriers

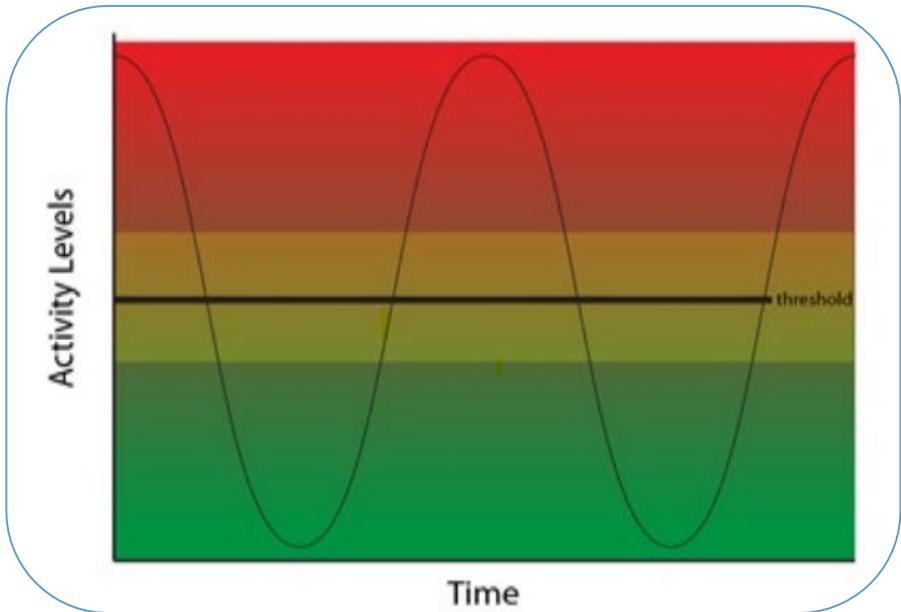


[Yoga Asanas For Post-COVID Recovery: 5 Postures to Combat Weakness And Build Immunity](#)

[Exercise and Yoga as Modalities for Post COVID-19 Rehabilitation](#)
[\(\[researchgate.net\]\(https://www.researchgate.net\)\)](https://www.researchgate.net)

Energy Maximization

Avoid the push/ crash cycle



6 P's

- **Pacing with precaution**
- **Planning**
- Positioning
- Prioritizing
- Problem Solving
- **Permission**



Energy Maximization Presentation (June 15 2021)

Planning and scheduling

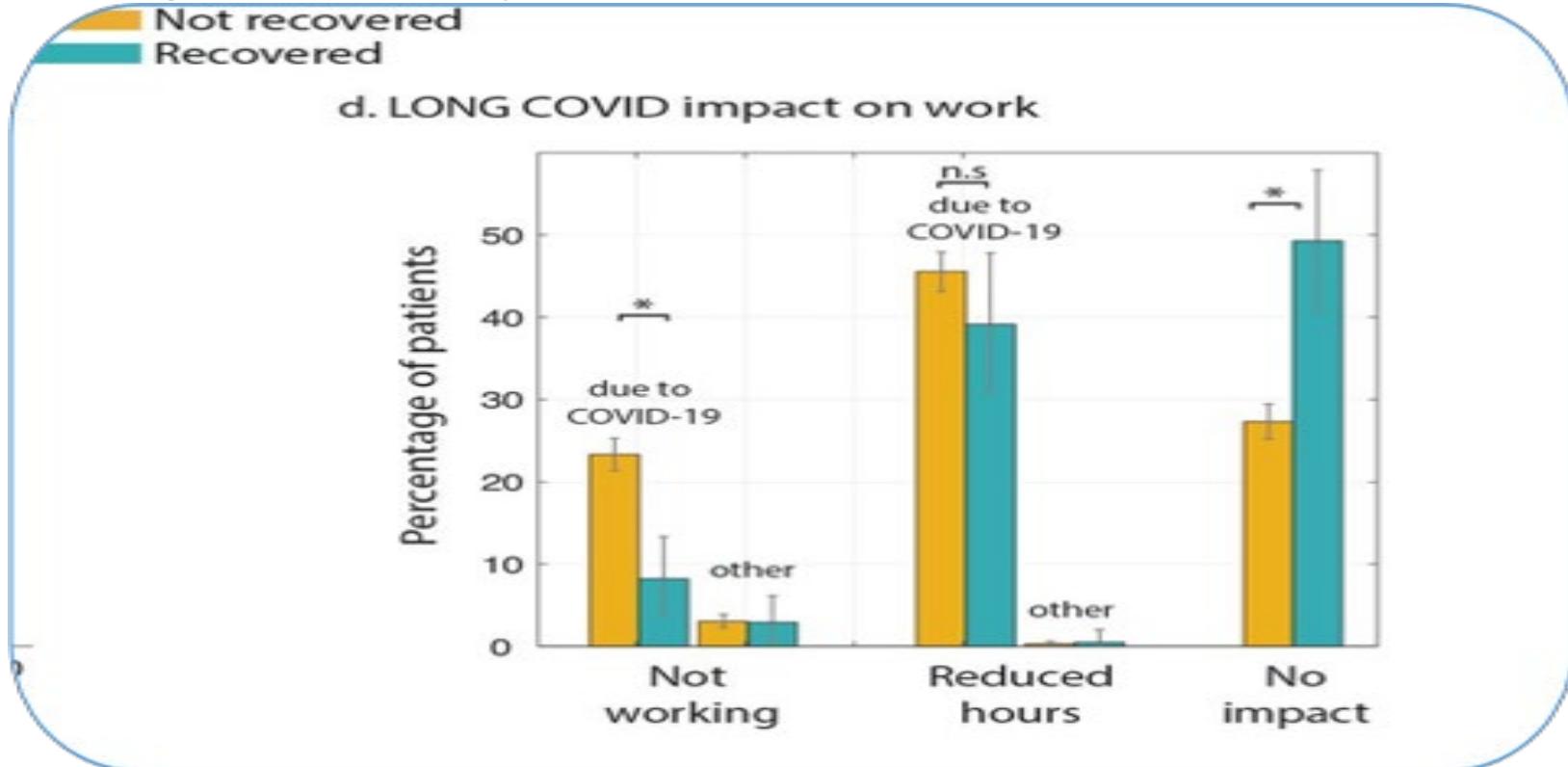
WEEK OF	SUNDAY	MONDAY
THIS WEEK'S FOCUS	TODAY'S FOCUS	TODAY'S FOCUS
	6:00	6:00
	6:30	6:30
	7:00	7:00
	7:30	7:30
	8:00	8:00
	8:30	8:30
	9:00	9:00
	9:30	9:30
	10:00	10:00
	10:30	10:30
	11:00	11:00
	11:30	11:30
	12:00	12:00
	12:30	12:30
	1:00	1:00
	1:30	1:30
	2:00	2:00
	2:30	2:30
	3:00	3:00
	3:30	3:30
	4:00	4:00
	4:30	4:30

PERSONAL TO-DO LIST		WORK TO-DO LIST	
TOP PRIORITY			
PRIORITY			

SPACE OF INFINITE POSSIBILITY

Return to work (RTW)

- Given the high prevalence of breathlessness, fatigue, cognitive dysfunction and psychological symptoms, it is not a surprise that there is a significant impact on fitness for work.



Return to work (RTW)

Job duty activity analysis

- Job demands (duties/ tasks):
 - Identify Post Exertional Symptom triggers: **physical**, **cognitive** and **emotional**

Check readiness

- Use activity logs to ensure current activity levels are supportive for RTW – sleep, activity levels both cognitive, physical, and emotional readiness

Will aids/devices be supportive?

- (6P's positioning) ergonomics, aids/adaptions, computer accessibility, assistive devices and technology, mental wellness supports, etc.

Return to work - cont.

Work with employers/ insurance company

- Duty to accommodate:

“...an employer has a legal duty to take **reasonable** steps, in policies or conditions of work, to accommodate an employee's individual needs.”

“However, this legal duty does not apply if the only way to resolve the problem will cause the employer undue hardship.”

- Alberta Human Rights Commission Employment Duty to Accommodate Worksheet July 2017

Return to work (RTW)- cont.

RTW planning

- Avoid push/crash cycle, 6 P's, rules for rest, energy budget
- Accommodations
 - Individualized, based on clinical reasoning
 - Length of work day / days of work, frequency/ length of breaks
 - Duties: physical, emotional and cognitive
- May be more gradual when compared to a musculoskeletal injury population.
- Progression is not based on timelines but on absence of “crashes.”
 - Plan to re-adjust if progression is not manageable.
- Needs to be sustainable.
 - Can they also keep up with rest of their daily activities?
- Managing an illness takes energy try to build this into RTW plan (e.g. medical appointments).

People living in facility-based community

- Acknowledge re-engagement concerns for those who define ‘community’ within facility-living
 - Fear, loss of social routine, loss of function
- May be recovering from COVID-19 but did not require acute care
- Screen for changes from prior to COVID-19 diagnosis
- May be challenging to distinguish functional changes from COVID-19 vs. progression of pre-existing condition (e.g., dementia)
- Personalized approach

Community access and services

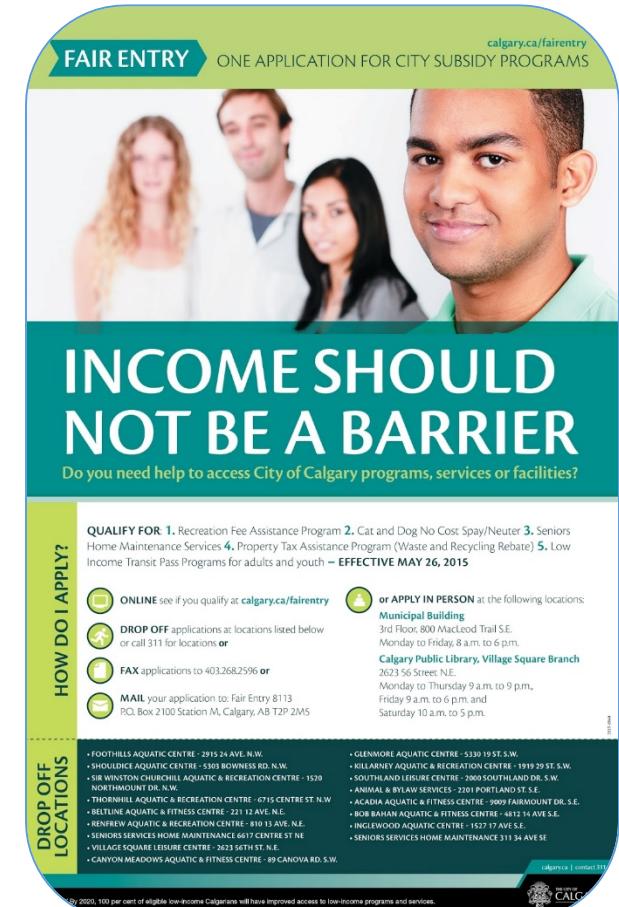
- Due to lockdown, leisure and community spaces have been restricted or closed
- We've re-evaluated how leisure contributes to our quality of life
- Heightened social inequity
- We need leisure in our lives to be happy and successful



Access to resources

- Address social inequity and lack of access to leisure that may have been heightened for some
- Advocacy and community capacity building
- Consideration of low/no cost options to access facilities and programs

Resources: City recreation (e.g., Fair Entry, Leisure Access Program), YMCA Opportunity Fund, Primary Care Networks, community centres, libraries, social clubs, modified/gentle exercise programs



Caregiver resources

- Consider both the impact of caregiving but also the health benefits for caregivers to re-engage in the community and experience opportunities for pleasure and leisure
- Study showing those needing care assistance while recovering from COVID-19 even if never hospitalized
- Additional caregiver responsibilities due to loss of programs/services during COVID-19 (e.g., cancellation or virtual Adult Day Programs)

[COVID Education \(caregivercare.ca\)](#)

[REACT Care Partner Workbook \(albertahealthservices.ca\)](#)

[REACT Care Manager workbook \(albertahealthservices.ca\)](#)

Dementia Advice 8-1-1

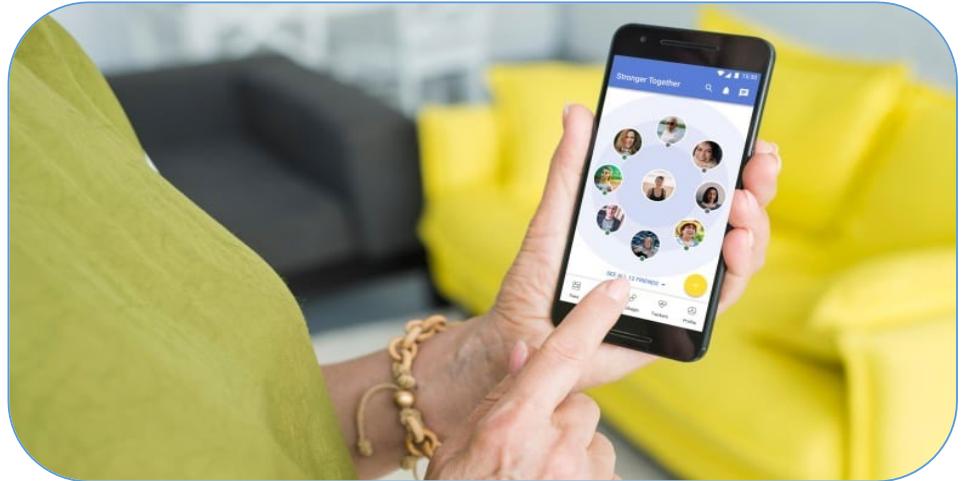
Peer Support

- Peer support may improve psychological well-being, increase motivation for rehabilitation therapy and reduce social isolation
- May provide survivors with internal and external validation of recovery progress
- May facilitate resilience, trust and a sense of purpose
- Helps build a sense of community

[Going Out While Staying In \(alberta.ca\)](https://www.alberta.ca/going-out-while-staying-in.aspx)

[Survivor Corps | Facebook](#)

[Stronger Together – Curatio \(COVID-19 Survivors & Long Haulers\)](#)



Digital health companies, Curatio and Cloud DX have combined efforts to create peer-to-peer communities on the Stronger Together app to support COVID-19 patients and long-haulers with their unique health needs.

[Few resources for COVID-19 long-haulers suffering symptoms for months, new app offers hope | CBC News](#)

Summary

- Person-centred goal setting
- Start small
- Personalized approach in re-engaging with activities and resources
- Recognize individual readiness, anxiety, fears
- Acknowledge barriers that may be beyond the individual
- Faster recovery when we balance fun with “must-do”
- Engage care partners in the process
- Multi-disciplinary allied health involvement is best approach
 - Consider referral to: OT, PT, SLP, RecT, SW, Psych, RT, RD, Audiology, Spiritual Care, etc.



Questions?

For more information

- [WHO/Europe | Disability and rehabilitation - Video gallery - Rehabilitation self-management after COVID-19](#)
- Post COVID Provider Resource Webpage (AHS external)
[COVID-19 Recovery & Rehabilitation After COVID-19: Resources for Health Professionals](#)
- Allied Health Practice and Education Hub (for staff)
[Post-COVID Clinician Resources - All Documents \(ahsnet.ca\)](#)
- [Rehabilitation & Allied Health Practice Considerations Post COVID-19 Working Documents \(albertahealthservices.ca\)](#)
- <https://myhealth.alberta.ca/after-covid/returning-to-work-or-school>
- <https://albertahumanrights.ab.ca/Documents/EmplDutyToAccom.pdf>
- <https://www.canada.ca/en/government/publicservice/wellness-inclusion-diversity-public-service/health-wellness-public-servants/disability-management/fundamentals-return-to-work-plan.html>
- Practice.consultation@ahs.ca

Rehabilitation Advice Line

Rehabilitation advice can help you recover from injury, orthopedic surgery, COVID-19 or manage a neurological condition.

A healthcare professional on the line can provide you with:

- Activities and exercises to help with physical concerns
- Strategies to manage day-to-day activities affected by these concerns
- Rehabilitation services open for in-person or virtual visits
- Community organizations available for support

1-833-379-0563

9 a.m. to 5 p.m. Mon-Fri

Mental Health Help Line

24 hour, 7 day a week confidential service that provides support, information, and referrals to Albertans experiencing mental health concerns.

The line is staffed by a multidisciplinary team comprised of nurses, psychiatric nurses, social workers, occupational therapists, and psychologists.

- Confidential, anonymous service
- Information about mental health programs and services

1-877-303-2642

Webinars

Recordings are available: [COVID-19 Recovery & Rehabilitation After COVID-19: Resources for Health Professionals | AHS](#)

- Physical Sequelae and Screening
- Maximizing Energy and Returning to Daily Activities and Meaningful Occupations
- Resuming Activity & Exercise
- Psychological, Spiritual and Social Considerations Important in Post-COVID Care
- Neurocognitive Sequelae, Functional Cognition and Cognitive Communication
- Nutrition, Eating, Feeding and Swallowing
- Re-engagement in the Community

Community of Practice Education Series

Caring for the Person: Psychological, Cognitive, Social, and Spiritual Considerations with Post-COVID Patients

- **July 27, 11:00-noon** – Managing Stress and Distress with Post-COVID Patients, Families, and Caregivers
- **August 3, 11:00-noon** – Facilitating Engagement and Supporting Treatment Related Behaviors with Post-COVID Patients
- **August 10, 11:00-noon** – Identifying and Addressing Social Determinants of Health with Post-COVID Patients
- **August 18, 1-2pm** – Cognitive Post-COVID Impacts and Your Practice
- **August 25, 1-2pm** – Providing Care to Post-COVID Patients with Anxiety, Depression, Post-Traumatic Stress, or other Mental Health Concerns
- **September 1, 1-2pm** – Addressing Loss, Meaning, Purpose and Hope

[Poster](#)

References

- Bethany Teachman Professor of Psychology. (2021, June 23). *Going beyond 'back to normal' – 5 research-based tips for emerging from pandemic life*. The Conversation. <https://theconversation.com/going-beyond-back-to-normal-5-research-based-tips-for-emerging-from-pandemic-life-161467>.
- Davis H.E. et al., (2021) Characterizing long COVID in an international cohort: 7 months of symptoms and their impact, EClinicalMedicine, 101019, 2589-5370, <https://doi.org/10.1016/j.eclim.2021.101019>
- Giebel, C., et al. (2020). A UK survey of COVID-19 related social support closures and their effects on older people, people with dementia, and carers. International Journal of Geriatric Psychiatry, 36, 3, 393-402. doi.org/10.1002/gps.5434
- Greenhalgh, T., et al. (2020). Management of post-acute covid-19 in primary care. BMJ 2020;370:m3026 <http://dx.doi.org/10.1136/bmj.m3026>
- Hope, A., et al. (2021). Establishing a peer support program for survivors of COVID-19: A report from the critical and acute illness recovery organization. Am J Crit Care, 30, 2, 150-154. doi.org/10.4037/ajcc2021675
- Khatoonabadi, A. et al. (2020). Considerations about cognitive communication deficits following COVID-19. PCN, 74, 12. <https://doi.org/10.1111/pcn.13159>
- Lashua, B., Johnson, C., & Parry, D. (2021). Leisure in the time of coronavirus: A rapid response special issue. Leisure Sciences, 43, 1-2, 6-11. doi [10.1080/01490400.2020.1774827](https://doi.org/10.1080/01490400.2020.1774827)
- Passmore, T. (2012). Community integration/reintegration: A recreational therapy intervention. American Journal of Recreation Therapy, 11(4) 7-13
- Pistarini C, et al. (2021). Cognitive and Emotional Disturbances Due to COVID-19: An Exploratory Study in the Rehabilitation Setting. Front. Neurol. 12:643646. doi: 10.3389/fneur.2021.643646
- Verma, Bhawna & Kundu, Z. (2021). Exercise and Yoga as Modalities for Post COVID-19 Rehabilitation. International Journal of Science and Research (IJSR). 10. 75-85. 10.21275/SR201202155829.