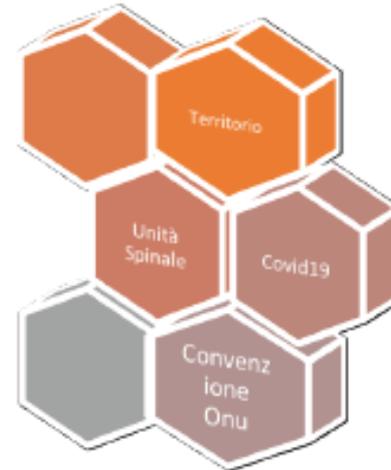




*La Centralità della  
Persona  
in tempo di Covid  
Unità Spinali Unipolari  
e Servizi dedicati*



*“XII Giornata Nazionale della Persona con lesione Midollare”*

*Digital Talk di approfondimento e analisi*

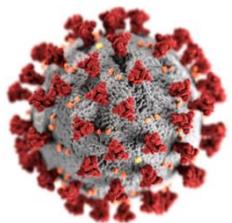
*09 aprile 2021 - ore 16.00*

**dott. Simone Cecchetto**

*presidente Associazione Italiana di Fisioterapia – AIFI*

*dirigente delle professioni sanitarie – Area Riabilitazione APSS Trento*





***misure di prevenzione***

***epidemia***

***infezione***

malattia COVID19

**danni neurologici**

**danni respiratori**

**danni muscolo-scheletrici**

isolamento sociale

riduzione di mobilità e di attività del tempo libero

sovraccarico dei sistemi sanitari

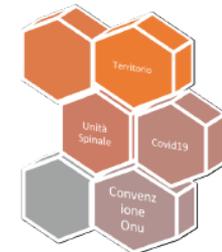
riduzione posti letto di degenza riabilitativa

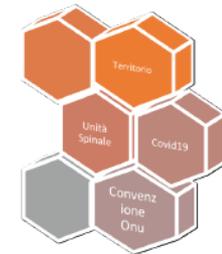
riduzione delle attività ambulatoriali

**danni da isolamento sociale**

**danni da ridotta mobilità**

**danni da mancata riabilitazione**





ARTICLE



## COVID-19 and spinal cord injury and disease: results of an international survey as the pandemic progresses

Kristin Gustafson<sup>1</sup> · Michael Stillman<sup>1</sup> · Maclain Capron<sup>1</sup> · Colleen O'Connell<sup>2</sup> · Melina Longoni Di Giusto<sup>3</sup> · Nishu Tyagi<sup>4</sup> · Giorgio Scivoletto<sup>5</sup>

Received: 15 October 2020 / Revised: 2 November 2020 / Accepted: 2 November 2020  
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### Abstract

**Study design** An online survey.

**Objectives** To follow-up with and re-query the international spinal cord community's response to the Coronavirus Disease 2019 (COVID-19) pandemic by revisiting questions posed in a previous survey and investigating new lines of inquiry.

**Setting** An international collaboration of authors and participants.

**Methods** Two identical surveys (one in English and one in Spanish) were distributed via the internet. Responses from both surveys were pooled and analyzed for demographic and response data.

**Results** Three hundred and sixty-six respondents were gathered from multiple continents and regions. The majority (63.1%) were rehabilitation physicians and only 12.1% had patients with spinal cord injury/disease (SCI/D) that they knew had COVID-19. Participants reported that the COVID-19 pandemic had caused limited access to clinician and support services and worsening medical complications. Nearly 40% of inpatient clinicians reported that "some or all" of their facilities' beds were being used by medical and surgical patients, rather than by individuals requiring inpatient rehabilitation. Respondents reported a 25.1% increase in use of telemedicine during the pandemic (35% used it before; 60.1% during), though over 60% felt the technology incompletely met their patients' needs.

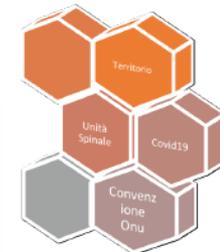
**Conclusion** The COVID-19 pandemic has negatively impacted the ability of individuals with SCI/D to obtain their "usual level of care." Moving forward into a potential "second wave" of COVID-19, patient advocacy and efforts to secure access to thorough and accessible care are essential.



**Table 2** Barriers to care and unexpected medical complications during COVID-19.

Table name		N (%)
In recent months, which of the following barriers to care have your SCI patients faced	Fear of in person visits for medical concerns	157 (42.9)
	No availability of in person visits for medical concerns	102 (27.9)
	Decreased therapy availability	175 (47.8)
	Decreased availability of transportation	123 (33.6)
	Decreased availability of caregivers	112 (30.6)
	Decreased availability of supplies (specific to SCI care)	70 (19.1)
	Decreased availability of medications	40 (10.9)
	Inability to have equipment repairs	47 (12.8)
	Lack of technology to provide and/or receive telehealth care	86 (23.5)
	None	10 (2.7)
Have any of your patients had unexpected complications or increased morbidity due to new barriers because of COVID	Yes	73 (29)
	No	179 (71)
Which categories would the unexpected complications or increased morbidity fall into?	Skin injury	22 (30.1)
	Increased urinary tract infections	14 (19.2)
	Depression or anxiety	33 (45.2)
	Poorly controlled spasticity	24 (32.9)
	Pain control	12 (16.4)
	Respiratory (not COVID related)	7 (9.6)
	Other	13 (17.8)

# Teleriabilitazione (?)



## Point of View

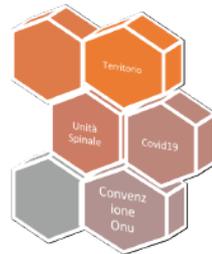
### Musculoskeletal Physical Therapy During the COVID-19 Pandemic: Is Telerehabilitation the Answer?

Andrea Turolla, Giacomo Rossetini, Antonello Viceconti, Alvisa Palese, Tommaso Geri

Implications for Health Policy Decision Makers, Physical Therapists, and Researchers During the COVID-19 Pandemic and Beyond<sup>a</sup>

Health Care Levels	Actions
Health policy	<p>Health care decision makers should implement telerehabilitation for patients with MSK pain, with the aim to:</p> <ol style="list-style-type: none"> <li>(1) reduce the risk of COVID-19 contagion, eliminating physical proximity during therapy meeting;</li> <li>(2) reduce costs by redistributing resources from high to low intensity of care to be delivered by telerehabilitation;</li> <li>(3) guarantee accessibility to the best standard of care, in accordance with MSK clinical practice guidelines and WCPT recommendations;</li> <li>(4) offer specialised MSK physical therapy treatment to patients living in the COVID-19 outbreak areas, or diagnosed as COVID-19 infected, thus limiting the burden of mobility.</li> </ol>
Physical therapists	<p>Physical therapists should adopt telerehabilitation for patients with MSK pain, with the aim to:</p> <ol style="list-style-type: none"> <li>(1) promote their engagement and their own decision-making strategies, to help the transition from being passive to becoming active protagonists of their physical therapy program;</li> <li>(2) stimulate their self-efficacy and self-confidence capability, by alleviating fears and uncertainty, correcting maladaptive beliefs and expectations through education and advices;</li> <li>(3) guarantee their optimal recovery, minimising potential complications through the delivery of physical assessment, exercises, and periodical follow-ups.</li> </ol>
Researchers	<p>Researchers should run further studies on telerehabilitation for patients with MSK pain, with the aim to:</p> <ol style="list-style-type: none"> <li>(1) evaluate efficacy in different phases (eg, acute, chronic) and conditions (eg, injury, post-surgery) of MSK pain, including patients' drop-out and adverse effects;</li> <li>(2) inform about impact on long-term outcomes, using large sample sizes to establish which patients are likely to take advantage from this modality;</li> <li>(3) consider socioeconomic implications for patients, health care professionals, and National Health care Systems worldwide, embracing cost-effectiveness analyses;</li> <li>(4) develop virtual environments where the interaction with the physical therapist and the execution of exercises is enriched through patient's unique profiling.</li> </ol>

<sup>a</sup>COVID-19 = coronavirus disease 2019; MSK = musculoskeletal; WCPT = World Confederation for Physical Therapy.



# Teleriabilitazione (?)

**Table 1** The Sunnaas model of telerehabilitation.

Health service delivery	Intention
Collaborative meeting with the municipality	<p>Multidisciplinary meetings</p> <ul style="list-style-type: none"> <li>• Before discharge</li> <li>• Before admission</li> <li>• After hospitalization</li> </ul> <p>Courses and knowledge exchange</p>
Knowledge translation, meetings, and courses	<p>Courses, competence exchange, and discussions related to specific topics via videoconference, web or e-learning courses.</p> <ul style="list-style-type: none"> <li>• More participants and more discussion =increased knowledge translation</li> <li>• Learning and coping courses</li> </ul>
Assistive aid dissemination	<p>Dialogue with the assistive aid office</p> <p>Increased consumer participation</p>
Interpreter services	<p>Interpreter assisting via videoconferencing</p> <ul style="list-style-type: none"> <li>• Regional interpreting center is established</li> <li>• Qualified health interpreters</li> <li>• Aim; 40% videoconference interpretation</li> <li>• Great potential also in the municipality</li> </ul>
Isolation rooms due to infectious disease	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Education about infection routines</li> <li>• Municipal meetings</li> <li>• Interpreter assistance</li> <li>• Dialogue with the nurse-staff room when needed</li> <li>• Fill out forms with help from members of the multidisciplinary team</li> </ul>

Spinal Cord Series and Cases (2020)6:88  
<https://doi.org/10.1038/s41394-020-00338-6>

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## PERSPECTIVE

### Optimal management of health care for persons with disability related to spinal cord injury: learning from the Sunnaas model of telerehabilitation

Ingebjørg Irgens<sup>1,2</sup> · Bodil Bach<sup>3</sup> · Tiina Rekand<sup>4,5</sup> · Sveinung Tornås<sup>1</sup>

Consultations with specialists in other hospitals

Patient consultations with specialists in other hospitals

Example:

- Pressure injury, burn injury, fractures, and spinal cord injury
- External camera is connected to the screen to secure detailed visual information

Outpatient follow-up consultations

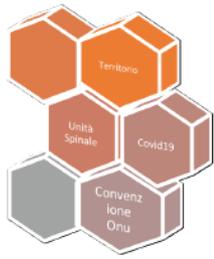
Consultation with the outpatient clinic

- Videoconference to the patient in his and her home
- Local health care providers attending
- GP attending
- Attendance from external medical specialists

Exercise

Physiotherapists performing adjusted exercise via videoconference

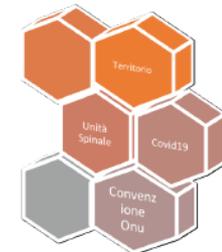
Services delivered via videoconference by the multidisciplinary team.



## Teleriabilitazione (?)

- alcune **potenzialità** (prosecuzione di alcuni obiettivi del trattamento, verifica a distanza di esecuzione esercizi, riduzione degli spostamenti e del rischio di contagio, ...)
- alcuni **limiti**: (potenziale) integrazione (per alcuni pazienti) e non sostituzione della riabilitazione in presenza

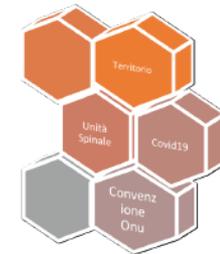
*(**shared decision**) il professionista della riabilitazione decide con il paziente, sulla base delle sue aspettative e delle caratteristiche se, quando e come integrare la tele-riabilitazione nel percorso riabilitativo*



# Rehabilitation considerations during the COVID-19 outbreak

<https://iris.paho.org/handle/10665.2/52035>

Phase of care	Rehabilitation Interventions	Typical delivery setting
Acute	While patients with severe COVID-19 are receiving ventilatory support, rehabilitation professionals may be involved in supporting acute respiratory management <sup>29</sup> , and the maintenance and improvement of functioning to facilitate early recovery. Specialized rehabilitation professionals can provide interventions that assist in improving oxygenation, airway secretion clearance, and ventilation weaning, <sup>23, 21</sup> and can also play a role in promoting nutrition <sup>21</sup> and preventing aspiration pneumonia, especially post-intubation and/or in patients with a tracheostomy. <sup>22</sup>	Intensive and/or critical care units, high dependency units (including in SARI centres)
Sub-acute	In the early recovery period, once patients have returned to a hospital ward or stepdown facility, or for patients where illness severity did not warrant admission to an intensive care unit and who have been managed in a hospital ward, rehabilitation interventions may focus on addressing ongoing impairments in mobility, respiratory function, cognition, swallow and nutrition, and communication. <sup>24, 25</sup> Interventions during this period further aim to promote independence with activities of daily living, and to provide psychosocial support. Rehabilitation professionals also contribute significantly to discharge preparation and planning, which can be particularly complex for older patients and those with comorbidities. <sup>26</sup>	Hospital wards, stepdown facilities (including in SARI centres)
Long-term	Following discharge, rehabilitation professionals can provide graded exercise, education on energy conservation and behaviour modification, home modification, and assistive products, as well as rehabilitation for any specific individual impairments. During the long-term recovery of severe COVID-19, patients may benefit from pulmonary rehabilitative interventions, which target physical and respiratory impairments, and include a combination of graded exercise, education, activity of daily living, and psychosocial support. <sup>27</sup>  In many contexts, pandemic related constraints (physical distancing, limited human resources and limited public transport) and infection risks mean that telehealth <sup>28</sup> is likely to be required following discharge. This could be extended to include remote exercise (e.g. "virtual group" education and exercise) and peer-to-peer support from COVID-19 patients who have received the appropriate training. Rehabilitation services located in people's communities are often best placed to deliver longer-term care.	Rehabilitation centres, outpatient programmes, in-home services, mobile services, telehealth



### Inseriti aggiornamenti:

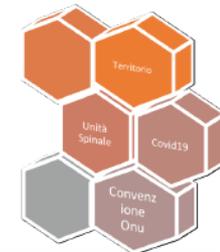
- Norwegian Institute of Public Health. Evidence map su COVID-19: <https://www.fhi.no/en/qk/systematic-reviews-hta/map/>
- Australian National COVID-19 Clinical Evidence Taskforce. [Methods for Living Guidelines for Management and Care of People in Primary, Hospital and Critical Care with Suspected or Confirmed COVID-19 Infection: Technical Report](#). 21 October 2020 (scarica file)
- Australian National COVID-19 Clinical Evidence Taskforce. [Australian guidelines for the clinical care of people with COVID-19](#) (scarica file)
- BMJ Best Practice Coronavirus disease 2019 (COVID-19). November 2020 (scarica file)
- Vitacca M, *et al.* [Documento di Consenso Italiano sulla Riabilitazione Pneumologica nei pazienti post insufficienza respiratoria da CoViD-19: risultati di un processo Delphi \(2020\)](#) (scarica file)
- *The National Academies of Science Engineering Medicine.* [Evidence-Based Practice for Public Health Emergency Preparedness and Response \(2020\)](#) (scarica file)

## Nuovi modelli organizzativi

### 1) integrazione diretta di professionisti riabilitativi nei reparti per acuti

#### **Documento di Consenso Italiano sulla Riabilitazione Pneumologica nei pazienti post insufficienza respiratoria da CoViD-19: risultati di un processo Delphi**

Michele Vitacca<sup>1</sup>, Marta Lazzeri<sup>2,3</sup>, Enrico Guffanti<sup>4</sup>, Pamela Frigerio<sup>5</sup>, Francesco D'Abrosca<sup>3</sup>, Silvia Gianola<sup>6</sup>, Mauro Carone<sup>1</sup>, Mara Paneroni<sup>1,3</sup>, Piero Ceriana<sup>1</sup>, Franco Pasqua<sup>7</sup>, Paolo Banfi<sup>8</sup>, Francesco Gigliotti<sup>9</sup>, Carla Simonelli<sup>1</sup>, Serena Cirio<sup>1</sup>, Veronica Rossi<sup>10</sup>, Chiara G. Beccaluva<sup>11</sup>, Mariangela Retucci<sup>12</sup>, Martina Santambrogio<sup>3,12</sup>, Andrea Lanza<sup>3,13</sup>, Francesca Gallo<sup>12</sup>, Alessia Fumagalli<sup>4</sup>, Marco Mantero<sup>12,14</sup>, Greta Castellini<sup>6</sup>, Mariaconsiglia Calabrese<sup>15,16</sup>, Giorgio Castellana<sup>1</sup>, Eleonora Volpato<sup>8</sup>, Marina Ciriello<sup>16,17</sup>, Marina Garofano<sup>16</sup>, Enrico Clini<sup>18</sup>, Serena Tammaro<sup>19</sup>, Giuseppe Gaudiello<sup>3</sup>, Nicolino Ambrosino<sup>1</sup> a nome di AIPO (Associazione Italiana Pneumologi Ospedalieri), ARIR (Associazione Riabilitatori dell'Insufficienza Respiratoria), SIP (Società Italiana di Pneumologia), AIFI (Associazione Italiana Fisioterapisti) e SIFIR (Società Italiana di Fisioterapia e Riabilitazione)



HOME LAVORO SALUTE FORMAZIONE APPUNTAMENTI APICALI SPECIALI PODCAST MELA AL GIORNO

LAVORO | 4 Dicembre 2020 08:03

## Con le USCAR i fisioterapisti a casa dei pazienti Covid positivi: in Toscana la prima sperimentazione in Italia

Le Unità Speciali di Continuità Assistenziale Riabilitativa attivate nella USL Toscana Centro andranno dai pazienti per accoglierli nel percorso riabilitativo. «In questo modo gli ospedali dimetteranno con più facilità» spiega il fisioterapista Fabio Bracciantini

*di Giovanni Cedrone*

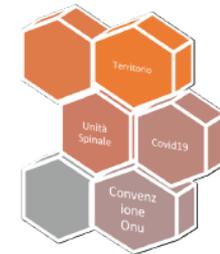


aree del Paese.

Per fronteggiare l'emergenza Covid-19 la sanità italiana sta compiendo quello che probabilmente è il più grande sforzo dal dopoguerra a oggi. Il Sars-Cov-2, se da un lato ha messo in luce la straordinaria abnegazione di medici e professionisti sanitari, dall'altro ha evidenziato l'assoluta **necessità di ripensare e potenziare la sanità del territorio** anche guardando alle buone pratiche che stanno nascendo in alcune

**Nuovi modelli organizzativi**

**2) “fisioterapista di comunità”**



## Lo sviluppo di competenze specialistiche

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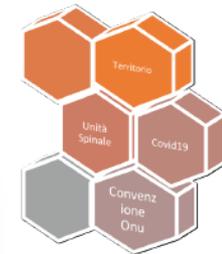


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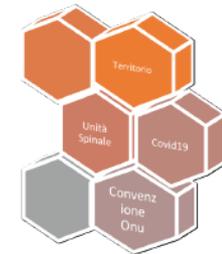
Nel mezzo delle  
difficoltà nascono  
le opportunità.

(Albert Einstein)

Finirà anche  
la notte più buia  
e sorgerà il sole.

(Victor Hugo)





*Grazie!*