Long-COVID Rehab Hubs across Derbyshire

Occupational Therapists at FNCH have delivered a vocational rehabilitation service to those with persisting symptoms of COVID-19 since May 2020. A rehabilitation hub has now been commissioned which will offer services from 4 different localities throughout Derbyshire. Due to such a high proportion of patients being of working age, patient care will be case managed by a specialist in vocational rehabilitation. In an effort to reduce waiting times and streamline care, the hub will also offer specialist services in chronic fatigue and respiratory rehabilitation and psychology to those who need them. Patients will be referred from the medically led Long-COVID assessment clinic, where they will have already undergone a battery of medical assessments and screening.

Patient care will be delivered through telephone, face-to-face, virtual groups, gym-based work hardening groups, and assistant led sessions. The vocational specialist will also provide return-to-work recommendations via AHP reports, letters and workplace assessment. Interventions will be prescribed based on the patients' unique presentation of symptoms and functional ability; evaluating factors such as post-excertional malaise and sensitivity to sensory stimulus. Part of this evaluation will require the BTE Primus RS.

Initial telephone call

1. 30-minute telephone conversation which aims to:
    - Gather work status/history
    - Review symptoms, past medical history, presenting symptoms (all gathered in the Long COVID assessment clinic)
    - Determine whether or not a face-to-face functional ability assessment would be appropriate (some patients may not be at a stage where they can attend face to face appointments)
    - Identify if the patient requires specialist input from respiratory, chronic fatigue, or psychology/CBT
    - Identify if any screening tools are required e.g. DSQ-PEM or breathlessness scale

Initial face to face assessment

1. OT assessment of functional deficit to include task analysis of their specific job role
2. Standardised objective assessment on the Primus RS used as an outcome measure and to track progress. Evaluations carried out:
    - 162 – Isometric grip. Left and right. Pin 2. Results will be compared to normative data for the JAMAR Hand Dynamometer.
    - Work specific evaluations on the BTE Primus and in the workshop. Any work-specific isotonic, repetitive, evaluations will be carefully assessed beforehand. Some patients may not be asked to exert maximum effort due to the delayed onset of symptoms. The therapist will use their judgement based on previous assessments.
    - Leg press

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3. Functional, work focussed goals will be agreed and will inform their on-going rehabilitation/ intervention (see intervention options)
4. AHP fit notes can be provided at this stage, if required.

Re-assessment at 6 weeks

Patient progress will be discussed during weekly MDT's with all rehab specialists.

The functional ability assessments from the initial face to face evaluation will be repeated with all appropriate patients, and progression will be noted and discussed with the patient. Data will be used to plan ongoing rehab and/or discharge. This will also be used to inform fit notes or other reports that may be requested for the workplace.

If objective evaluations do not indicate improvement, this will prompt discussion between the vocational case manager, rehabilitation specialists (if involved), and the patient regarding on-going treatment. The patient's subjective experience of overall wellbeing and functional ability will also be evaluated. In some cases, no progress or minimal improvements may mean discharge and referral back to the Long COVID assessment clinic. However, patients with persisting COVID symptoms do not always present with linear improvements, and this would always be taken into account by the MDT.

If the patient requires further input in the rehab hub, the case manager will review goals, treatment options, and support with any vocational needs. They will report back to the MDT as required.

Intervention Options

Each patient's treatment plan will include **at least one** of the following:

1:1 appointments with the vocational case manager ideally face to face:

- For AHP work report extensions
- Return to work recommendations
- Review of any work-related issues
- Additional work-specific functional reviews
- General updates on medical investigations or changes to condition.

Gym-based work-hardening sessions:

Up to 8 patients will attend the gym 1-2 times per week for an individualised programme of work simulation. This may include:

- Progression towards lifting
- Manual handling
- Dynamic movement

Review by the therapist as required (at least every 3 sessions). A Band 4 Therapy Assistant will be present to demonstrate programmes and support patients.

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Treatment sessions on the BTE Primus RS:

BTE Primus RS will be used as part of the individual's work-hardening programme. Each patient will complete their programme with a trained member of staff; who will set-up their programme and discuss improvements/changes in their overall power output. Work-output during each treatment will be monitored and the data will be used to develop return-to-work plans and to communicate and justify recommendations to the workplace.

Virtual Groups:

Will be delivered on MS teams and will be made-up of 6 sessions. Each session will focus on a different area of symptom management and will be led by one of the specialist therapists. The group will also facilitate group interaction and peer support.

Assistant led sessions:

Will be delivered virtually and face to face. This will include sessions on Tai Chi, the practice of symptom management strategies (e.g. diaphragmatic breathing, pacing, or stretches). Assistants will also support patients in and independent work; such as activity diaries or home exercise programmes

Specialist input:

This might be required if patients have needs which extend beyond the virtual symptom management sessions. The need for specialist input can be identified at any time during the patient's care under the rehabilitation hub by the treating therapist or on discussion with the MDT. On identification of need, the patient will be booked into the clinician's diary for an initial assessment.

Service Evaluation

The service will be evaluated in several ways:

- For those using the BTE Primus (evaluation and treatment), percentage improvement in power output will be recorded.
- Return-to-work status on DC and after 8 weeks (including information on phased return-to-work, months of sickness absence, and rate of failed return to work)
- Improved scores on the 3-question Work Ability Index
- Each specialist service may utilise their own standardised assessments.
- Patient feedback

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