

LETTER TO THE EDITOR**Therapy needs and possibilities in paediatric rehabilitation during the COVID-19 lockdown in the Netherlands**

Although children's health is not directly affected to the same extent as adults by the COVID-19 pandemic, the measures taken by governments to restrain the spread of the virus have a big impact on children with disabilities and their families. On 12 March, the first measures were taken in the Netherlands, including reducing medical therapies to focus on life-saving treatments in the hospitals. Moreover, schools and day care centres were closed per 16 March. This meant that the majority of rehabilitation treatments taking place in schools, day care centres, hospitals and rehabilitation centres were postponed. However, the measures that were taken were not unambiguous. There was discussion about what therapies were—although not life-saving—essential to prevent later adverse events, and the effects of school closing on child health. The Dutch Academy of Childhood Disability performed an inquiry among therapists and paediatric rehabilitation physicians in the Netherlands to provide us with insight on the way the measures were interpreted and effectuated.

Starting 8 April, we conducted a survey study in which open questions were asked about the way the governments' measures were interpreted and which therapies and care were considered essential and were thus continued. In total, 237 therapists and physicians working in rehabilitation units in hospitals, day care centres and rehabilitation centres responded.

Results of the survey show that there was large variation in the therapies and care that were continued despite the governments' measures. Whereas some clinics cancelled all therapies, others continued specific treatments such as eye movement desensitization and reprocessing (EMDR) and serial casting. We found that there was no unanimous interpretation of what urgent/essential care is. The most mentioned interpretation was 'care that, if postponed, leads to irreversible damage or functional limitations'. Therapists, together with physicians, decided whether treatments fit this definition. In all clinics and hospitals, treatments were continued by telehealth, where possible. As described by Fazzi and Galli (2020), telehealth strategies were implemented quickly. The most important strategy was doing video consultations. Our respondents were generally quite satisfied with this relative new treatment modality. However, despite the possibility of telehealth, therapists reported serious worries because some specific subgroups of vulnerable children and families proved hard to keep in touch with. Moreover, they worried about children with progressive conditions. Additionally, there were signs that the strain was high for some families, because physical therapy had to be delivered by parents themselves while healthy siblings were also at home and required attention. Lastly, children who do not have a laptop or

tablet computer cannot take advantage of telehealth innovations, making differences between groups of children larger. These points underline the need to understand the increased risks for vulnerable children and how to minimize them with evidence-based service delivery.


The lockdown also brought creativity and new ideas at light. Implementing new technology suddenly was done faster than previously deemed possible, and many therapists found new ways to provide therapies, for instance, through instructional YouTube videos, the use of short videos made by parents about specific problems at home, and Pinterest pages with activities for children to be carried out. Also, social media were used to maintain communication between therapists and to share ideas about telehealth strategies. Good support for information and communications technology (ICT) therefore proved an essential prerequisite for these digital solutions. These creative ideas might further support parental empowerment and involvement in the (rehabilitation) treatment in the future.

The lockdown and postponement of therapy provide us with insight in the need for therapy by children with disabilities. The next months, we have the ability to reflect critically on what effects the change in therapy has on children with disabilities and on the way we provide services in the new situation. The discussion on 'best care' could possibly get an extra impulse with these new findings in mind (Novak, 2020).

Further research that has been started by the European Academy of Childhood Disability should provide insight in the way parents and families themselves experienced the lockdown in European countries. We believe that despite all negative aspects of the COVID-19 pandemic, we can and should learn from the innovations and transformations for the future.

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