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Addressing Rehabilitation Needs During a Pandemic: Solutions to Reduce Burden on Acute and Post-Acute Care

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To the Editor:

The letter by Valenzuela et al "Coronavirus lockdown: forced inactivity for the oldest old?,"[1] calls for the need to address the deleterious effects of isolation-driven inactivity for older adults. Although mitigation of coronavirus disease 2019 (COVID-19) spread is foremost, we recognize another impending crisis: overburden of acute and post-acute care capacity because of noninfectious and avoidable admissions secondary to inactivity. Older adults at the greatest risk for mortality from COVID-19 are also at the greatest risk for functional decline during a period of isolation. The iatro-genic impact of isolation on activity and function is critical to acknowledge when considering impaired physical function is an important and modifiable risk factor for hospitalization.[2]

Access to and utilization of physical therapy/therapist (PT) services can proactively address and intervene on function to reduce the volume of avoidable and noninfectious hospitalizations. However, during the pandemic, many outpatient PT clinics closed, some congregate community facilities (eg, long-term care, assisted living) restricted PT services, and home health PT was delayed or deferred. Thus, during a pandemic, older adults have poor access to necessary healthcare services[3] such as PT, leaving them increasingly vulnerable to falls, fractures, or further disability.[4] Therefore, access to PT is paramount given the strong association between physical function in older adults and healthcare utilization.

An interdisciplinary approach is needed to recognize new declines in function and refer patients for PT. Asking questions regarding recent changes in function may serve as a signal of impending acute crisis (eg, fall) and the need to quickly intervene. For example, "Have you experienced a fall in the last month?," "In the past 2 weeks, have you experienced

new difficulty in climbing the stairs?," or "In the past 2 weeks, have you needed to ask for more help with daily activities such as meal preparation, laundry, or housekeeping?" Clinicians can also observe whether a patient requires upper extremity support to rise from a chair, a key indicator of frailty.[5] Clinicians who recognize the risks of social isolation and physical decline in older adults can refer to a PT who can subsequently evaluate whether functional declines are appropriate for intervention and/or require referral to another healthcare discipline.

A concurrent public health approach on the importance of strength and function during isolation may engage both healthcare providers and the public in efforts to identify functional declines, navigate access to PT, and prevent declines. The Centers for Disease Control and Prevention and the National Council on Aging provide some guidance on safe physical activity during a pandemic.[6,7] *ChoosePT*, through the American Physical Therapy Association, has a 30-minute home exercise video available and is working to build a library of videos geared toward different populations.[8] Health care providers can proactively provide patients with the aforementioned resources and continue to monitor for effects of COVID-19-induced social isolation and physical decline to appropriately intervene with a referral to PT. *ChoosePT* provides additional resources for the public including a search tool for PT services, information on telehealth with a PT, and an overview of PT coverage by insurance.[9] These resources provide a public health foundation for promoting physical activity and function during isolation but have notable gaps in identifying declines and seeking PT services that may be addressed through collaboration between PT professional (eg, American Physical Therapy Association) and public health organizations.

For older adults who need to continue PT or are referred for a new decline in function, options for care delivery include a combination of face-to-face sessions and telehealth. With the pandemic, payment restrictions have temporarily lifted to allow PTs to provide services through telehealth.[10,11] PTs work closely with clinical operations and patients to determine the most appropriate mode of service delivery (ie, face-to-face or telehealth) to meet patient needs when considering coexisting conditions, patient preference, transportation, and technological capability. For example, older adults may have urgent PT needs but are challenged with telehealth due to cognitive, visual, or hearing impairments. Others may be fearful of going outside their home or have transportation issues, thus preferring the use of telehealth. Finally, older adults may not afford internet or own a telehealth compatible device such as a smartphone,[12] which inherently limits their options for virtual visits. Enhancing telehealth access to reduce disparities requires expansion of universal Wi-Fi, accessibility to compatible devices, and caregiver or patient training on devise use.

In the face of a pandemic and the need to conserve acute and post-acute care resources, PT for older adults is a vital service to address current and isolation-induced declines in function across a spectrum of home and community-based settings. This letter serves to generate actionable interdisciplinary discussion regarding the need to define PT as essential for ongoing referral and provide public health education regarding the role of PT during the COVID-19 pandemic. PT researchers, providers, payers, and operational partners continue to work together to increase access to PT through innovative service models that optimize care delivery, meet the needs of the older adults, and reduce disparities.

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