House of Representatives Standing Committee on Health, Aged Care and Sport Inquiry into Long COVID and Repeated COVID Infections

Submission by the

Australian Physiotherapy Association

November 2022

PO Box 6021
Parliament House
CANBERRA
Canberra ACT 2600

Health.Reps@aph.gov.au

Authorised by:

Anja Nikolic
Chief Executive Officer

Australian Physiotherapy Association
Level 1, 1175 Toorak Rd Camberwell VIC 3124
Phone: (03) 9092 0888
Fax: (03) 9092 0899
www.australian.physio

Table of Contents

Terms of Reference

The House of Representatives Standing Committee on Health, Aged Care and Sport will inquire into and report on:

1. The patient experience in Australia of Long COVID and/or repeated COVID infections, particularly diagnosis and treatment;

2. The experience of healthcare services providers supporting patients with Long COVID and/or repeated COVID infections;

3. Research into the potential and known effects, causes, risk factors, prevalence, management, and treatment of Long COVID and/or repeated COVID infections in Australia;

4. The health, social, educational and economic impacts in Australia on individuals who develop Long COVID and/or have repeated COVID infections, their families, and the broader community, including for groups that face a greater risk of serious illness due to factors such as age, existing health conditions, disability and background;

5. The impact of Long COVID and/or repeated COVID infections on Australia's overall health system, particularly in relation to deferred treatment, reduced health screening, postponed elective surgery, and increased risk of various conditions including cardiovascular, neurological and immunological conditions in the general population; and

6. Best practice responses regarding the prevention, diagnosis and treatment of Long COVID and/or repeated COVID infections, both in Australia and internationally.

1. Introduction

The Australian Physiotherapy Association (APA) welcomes this opportunity to respond to the House of Representatives Standing Committee on Health, Aged Care and Sport inquiry into Long COVID. Our submission is relevant to the six Terms of Reference as it canvasses critical issues in patient experiences with Long COVID, diagnosis, treatment and best practice responses.

The Committee should note that many practicing physiotherapists in Australia contracted COVID. The APA's National President Scott Willis contracted COVID from a COVID positive passenger who disembarked from the Ruby Princess cruise ship, and his first-hand personal experience managing the impact of Long COVID while treating others forms part of this submission.

Our submission also includes information on the specific role of physiotherapy in the treatment of Long COVID, which is reprinted here from the physiotherapy *InMotion* magazine.

The APA welcomes the opportunity to present further evidence and information to the Committee.

2. Executive Summary

The lasting health impacts from coronavirus SARS-CoV-2 (COVID-19), known as Long COVID, are not yet fully understood or even consistently recognised. Long COVID is still an umbrella term denoting conditions and symptoms that are still being defined. Although the evidence is still emerging, it is estimated that between 10 to 30 per cent of people will continue to have symptoms from COVID-19 for up to 12 weeks or longer after their acute infection.

The Australian Physiotherapy Association (APA) is calling for Long COVID to be recognised as a chronic medical condition.

As a condition, Long COVID is largely being understood by patient experiences. Unlike “known” medical conditions that are categorised by clinical definitions, those with Long COVID experience a wide range of symptoms that cause fatigue, loss of physical functions, and cognitive difficulties.

We do not yet know the extent to which Long COVID treatments will be needed, however, the health system must prepare for the current and future health emergencies.

The APA is particularly concerned about the lack of access to multidisciplinary Long COVID treatments in rural and regional Australia.

Long COVID is different from the acute infection and as such it requires dedicated public funding to support those with Long COVID access the ongoing and specialised care they need.

To manage the diagnosis and treatment of Long COVID, federal and state/territory governments must invest in multidisciplinary health care teams, which include physiotherapists.

Physiotherapy rehabilitation treatment is, and will continue to be, essential to the recovery of Australians afflicted by COVID-19.

3. Summary of Recommendations

The APA recommends that federal, state and territory governments, as funders of the health system:

Recommendation 1	Recognise Long COVID as a distinct medical condition that requires the appropriate publicly funded access to treatment.
Recommendation 2	Recognise that the role of physiotherapists during the coronavirus pandemic has been vital, and that physiotherapists are delivering vital health services in rehabilitation during the acute phase of COVID-19.
Recommendation 3	Establish a national Long COVID tracking system and data collection to better understand the prevalence of this condition.
Recommendation 4	Adequately support patients living with Long COVID through appropriate measures to reduce out-of-pocket costs associated with treating COVID-related conditions.
Recommendation 5	Provide patients with funded Long COVID access to physiotherapists as part of a multidisciplinary care team.
Recommendation 6	Develop Standards with a focus on the interdisciplinary rehabilitation of patients with Long COVID.
Recommendation 7	Expand Long COVID treatment and rehabilitation services and specialised clinics, and support regional and remote outreach clinics to help those unable to access existing services.
Recommendation 8	Engage with the highly-trained physiotherapy profession in the critical strategic planning and delivery of Long COVID health services.
Recommendation 9	Explore new models of integrated care for those affected by COVID at state level, including with the Primary Health Networks (PHNs) and Local Hospital Networks (LHNs).
Recommendation 10	Fund integrated care clinics to include qualified physiotherapists who play a vital role in treating patients with conditions affecting the heart and lungs, and specialise in chronic respiratory and other long-term conditions.
Recommendation 11	Urgently plan and invest in multi-system integrated team health care that include specialist therapies to successfully transition patients from acute to post-acute care, and support them through their rehabilitation.

4. Best practice

Recognising Long COVID as a distinct medical condition would be best practice response to preventing, diagnosing and treating Long COVID.

The APA position on Long COVID is supported across the world by medical experts. Our approach is consistent with the World Health Organization (WHO) formally recognising Long COVID with a definitive clinical case definition.

In 2021, WHO formally recognised Long COVID with a definitive clinical case definition: "Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually three months from the onset of COVID-19 with symptoms and that last for at least two months and cannot be explained by an alternative diagnosis." WHO called on countries to offer patients more rehabilitation, and urged countries to prioritise rehabilitation for the medium and long term consequences of COVID-19 and to gather information on Long COVID more systematically.

Around the world we are seeing governments recognise Long COVID and invest in specialised multidisciplinary clinics to treat and manage patients.

In 2021, the British Medical Association (BMA) said Long COVID must be recognised as occupational disease. The BMA called on the UK Government to recognise Long COVID as an occupational disease and invest in its monitoring, research, and treatment. A motion passed at the BMA annual conference also called for a multidisciplinary approach to the management of Long-COVID that includes primary, specialist, and occupational medicine.

5. The Role of Physiotherapy in Long COVID

[From *InMotion*, September 2022 edition. Feature article written by Melissa Trudinger]

What exactly is Long COVID?

Early in the COVID-19 pandemic, doctors and patients noticed that some people were left with lingering symptoms long after the infection had passed. It wasn't only the severely ill patients, either. Many people whose COVID-19 symptoms were relatively mild experienced ongoing fatigue, shortness of breath, cognitive issues and other symptoms. Long COVID has since been officially recognised by the World Health Organization.

Estimates of the number of people with Long COVID vary widely, ranging from two to 30 per cent, potentially a significant proportion of the infected population. Given that to date Australia has had more than 9.6 million cases, this suggests that hundreds of thousands of people in Australia alone may have some ongoing symptoms after recovering from COVID-19. While vaccination reduces the risk of Long COVID, it doesn't prevent it, and there is evidence that reinfection increases the risk of long-term symptoms.

Even among Long COVID patients there is a considerable difference in symptoms (see page 39). The major ones include fatigue and shortness of breath, both exacerbated by exercise or exertion, and cognitive issues, commonly known as brain fog. COVID-19 can also worsen existing conditions and comorbidities, which may complicate diagnosis.

"Long COVID is not necessarily related to severity requiring hospitalisation. It could be anyone who got COVID-19. Sometimes it's the people who got COVID-19 more mildly. We have a lot to learn in

that space," says Jennifer Alison APAM, Professor of Respiratory Physiotherapy at the University of Sydney.

Patients who have been in the intensive care unit may also suffer from a condition known as post-intensive care syndrome. Professor Carol Hodgson APAM FACP, Head of the Division of Clinical Trials and Cohort Studies, School of Public Health and Preventive Medicine, Monash University and an intensive care unit physiotherapist at the Alfred Hospital, has been looking at the recovery of critically ill patients with and without COVID-19.

"We know that with acute respiratory failure, lots of patients have ongoing problems, in part due to an inflammatory reaction through the whole body. It affects their lungs and their muscles and they become very weak. It can also affect their mental health," Carol says.

"We've been looking at whether there are differences between recovery in critically ill patients with and without COVID-19 and post-intensive care syndrome in terms of disability—psychological, cognitive or physical function—and we can't see any difference. However the survivors of COVID-19 report some symptoms that are quite unique," Carol says.

Her research has shown that around a third of patients who have been severely ill with COVID-19 have ongoing disability at six months after they recover from the acute disease.

"The COVID-19 patients have a bigger change in their health-related quality of life and in their disability scores from baseline. They really do have a new impact of disability that is different from some of our other critically ill patients," she says.

Helping patients find appropriate care

Like others around the world, Australia's health system is grappling with Long COVID. In New South Wales, Victoria, South Australia and the Australian Capital Territory, Long COVID clinics are being set up, usually in association with local health districts and hospitals, to assist with following up patients who have symptoms of Long COVID and helping them to find and access suitable treatments. Physiotherapy, along with other allied health professions, is proving to be an integral part of the rehabilitation process.

Jennifer's involvement with COVID-19 started early in the pandemic, as COVID-19-positive travellers entered Australia on international flights and cruise ships. In her role as Professor of Allied Health for Sydney Local Health District, she assisted with managing patients in quarantine hotels in Sydney. She has also been involved in developing clinical guidelines for COVID-19 care. More recently, she helped set up the Long COVID clinic at the Royal Prince Alfred Hospital in Sydney and is running a rehabilitation research project in the post-COVID Respiratory Clinic.

She says the most important role of the post-COVID-19 clinics is to ensure that people with Long COVID get the help they need, whether that is pulmonary rehabilitation, neuro rehabilitation or other assistance. In New South Wales, patients access the Long COVID clinic through their GPs.

"There's a post-COVID-19 functional scale that we've asked GPs to use to assess those patients. If it indicates that they're not functioning all that well, they should be referred to the Long COVID clinic

where they'll be triaged and then seen by the clinic's rehab physicians and the multidisciplinary team," Jennifer says.

Physiotherapists play an important role in the clinic, she notes, ensuring that any rehabilitation is appropriate for each patient and listening to the patient's responses to exercise-based rehabilitation, especially symptoms of fatigue.

In Victoria, Monash University's Professor of Physiotherapy Anne Holland has also been closely involved in the COVID-19 response. She established the post-COVID-19 follow-up service at Alfred Health, which routinely screens patients in the Alfred Health service who have been monitored at home or admitted to hospital with COVID-19, about two months after they were diagnosed with COVID-19.

"We look at typical COVID-19-related persistent symptoms like shortness of breath, fatigue, anxiety, depression and post-traumatic stress disorder. We look at symptoms of cognitive changes—memory, concentration and brain fog—and ask about things like weight loss and return to work," Anne says.

For patients who have symptoms of Long COVID, the next step is a thorough medical assessment to ensure that there are no other conditions present that might explain the symptoms. COVID-19 can exacerbate existing chronic conditions and has been implicated in triggering chronic diseases in previously healthy individuals, including heart disease and diabetes.

"We need to make sure there's nothing else that could explain those symptoms," Anne says. "Most patients will go through assessment by our general medicine physicians because their expertise is in people with complex medical conditions and difficult symptoms. People with respiratory symptoms will go through a respiratory clinic; patients with ongoing cardiac symptoms or symptoms of autonomic dysfunction might go through cardiology. Once that's done, we can decide what sort of supportive care or rehabilitation a patient might need."

Anne says that due to the variability of Long COVID, each patient will have different needs, ranging from information and education on self-management of symptoms to intensive rehabilitation and support from a multidisciplinary team of clinicians.

"Some patients will have physical rehabilitation needs, which can be addressed by physiotherapy and exercise- based rehabilitation. They might need pacing and advice about a gentle return to activity. There are patients with pulmonary rehabilitation needs. There can be a need for things like management of musculoskeletal pain and a small number of patients need management of dysfunctional breathing," Anne says.

"The challenge that everybody across the world is facing is how to get the right patient to the right place and along the right pathway to make sure they're getting what they need."

The good news is that many of the symptoms of Long COVID improve over time.

"We've done some follow-up at six and 12 months—not large numbers, but some—and it looks like the number of people with persistent symptoms is about half of what it was at two or three months. In most people it gets better, but there is a small group of people with symptoms that seem very persistent, regardless of the underlying severity of acute COVID-19 infection," says Anne.

The ongoing symptoms can be incredibly distressing for patients and their families, say both Anne and Carol (pictured below), especially if the patient is unable to go back to work.

"It's important for physios to note that they'll very much be dealing with the family and the support system around the person who's unwell. We know from our other studies that people recover more

quickly if they feel that they're in a supportive environment. Anything you can do to support the family is very important for the patient with Long COVID," says Carol.

Adapting rehab techniques to help Long COVID patients

The choice of rehabilitation methods for COVID-19 patients depends on their symptoms. Respiratory physiotherapists have been involved in patient care since the beginning of the pandemic and play a huge role in helping acute COVID-19 patients as well as working with patients during the post-acute stage.

"Breathlessness and fatigue are two of the big symptoms as people recover from COVID-19 and they're symptoms that may be managed well in pulmonary rehab. The important thing is that we need to make sure that those symptoms are not due to other things," says Jennifer.

David Putrino is an Australian physiotherapist and researcher with a focus on neurological rehabilitation for people with conditions including dysautonomia and postural orthostatic tachycardia syndrome. Based in the USA, he is an assistant professor at the Icahn School of Medicine, part of the Mount Sinai Health System in New York. Prior to COVID-19, he and his team developed an app for remote patient monitoring, used by patients with neurological conditions.

"When COVID-19 hit New York and things were pretty bad, we mobilised the team to do home monitoring for people with acute COVID-19, as there wasn't a lot of support for individuals with acute COVID-19 at the time. We didn't know anything about COVID-19 when we started in March 2020; we were learning as we went," David says.

Within a short time, the team was monitoring a few thousand patients in the Mount Sinai Health System. David says that over the next couple of months, it became clear that 10 to 15 per cent of patients being monitored were staying on the app and reporting new symptoms, well after the acute infection had passed.

"They started reporting extreme fatigue, post-exertional symptom exacerbation, heart rate variations and heart palpitations, cognitive issues, gastrointestinal symptoms, headache, you name it—all of the symptoms that we now have been able to cluster together as Long COVID. It was very evident to us that the symptoms were consistent," he says.

David and his team started looking at post-infection chronic diseases, including chronic fatigue syndrome and Lyme disease, to figure out what was happening to these patients and to come up with rehabilitation strategies. The similarity in symptoms—fatigue, dizziness, tachycardia and exercise exacerbation—to some neurological conditions, including dysautonomia and postural orthostatic tachycardia syndrome, led them to adapt strategies initially developed for autonomic rehabilitation.

"We stuck to our strength, which was neuro rehab. We thought about the patients we were treating with autonomic rehabilitation for postural orthostatic tachycardia syndrome and dysautonomia and that became our baseline. We've learned a lot over the past couple of years about Long COVID and we continue to learn," David says.

His program of autonomic rehabilitation focuses on teaching patients physiological breathing techniques to calm down the autonomic nervous system and increase carbon dioxide levels. Through simple exercises, the program aims to slowly improve fatigue and exercise intolerance.

"Over a three-month period we see a 50 per cent reduction in fatigue and an almost two times increase in gait speed using the 10-metre walk test," David says. "The majority of our patients are still reporting symptoms; they're just also reporting improved function, improved quality of life and improvements in the severity of their symptoms. The only conclusion that we're comfortable making right now is that

autonomic rehabilitation eases the symptoms of Long COVID. There's still underlying pathology occurring that needs to be addressed with something else."

There are various theories about the underlying cause of Long COVID and some or all of them may end up being correct. Chronic inflammation, autoimmune disease, micro blood clots and persistent virus particles are all possible triggers for the syndrome. In fact, it may turn out that Long COVID is actually a collection of post-viral diseases. David hopes that by teasing out the subsets of Long COVID and treating the underlying physiological impairment, more patients can be helped.

"Right now, physio, when properly applied, is instrumental in symptom relief. This is crucial for the 50 per cent of our patients who have had to change their employment status. If we can get that 50 per cent back to work with careful rehab that addresses their most prominent symptoms, that's a huge help while we're looking for a cure," David says.

Western Australian physiotherapist Associate Professor Dale Edgar, better known for his work with burns patients, says that the massive systemic inflammatory response that many patients have to COVID-19 is similar to the systemic inflammation experienced by burns patients.

"When we've looked at burn injury, whichever system we've looked at—cardiac, neuro and so on—there is an increased risk of ongoing disease. There's also an increased risk of more severe disease if you develop those sorts of things compared to people who haven't had a burn. We're interested in whether that same pattern occurs at the back end of COVID-19,' Dale says.

Dale's team will soon publish the results of the LATER-19 study, a longitudinal study comparing the physical and mental health of COVID-19 patients with controls who had non-COVID-19 respiratory illnesses over the acute phase of their illness and then at three time points up to 12 months after infection. The cohort included both hospitalised patients and those with milder symptoms. He says that early analysis shows the presence of long-term physical impairments in a subset of COVID-19 patients compared to the controls as well as strong indications that more severely ill patients may have post- traumatic stress disorder.

What do physiotherapists need to know about Long COVID?

While physiotherapists who work within the hospital, rehabilitation and aged care sectors have borne much of the Long COVID load to date, the sheer number of people with Long COVID means that physiotherapists in private practice are increasingly likely to see patients with Long COVID symptoms, whether they are clients returning to regular treatment following a bout of COVID-19 or new patients.

First and foremost, says Jennifer, physiotherapists need to be aware of the most prevalent symptoms, including breathlessness, fatigue and tachycardia.

"Physiotherapists who are treating patients for conditions other than Long COVID need to know that people could be having those issues and to take that into account with the exercises or the rehabilitation or the treatments that they're giving them. It's important for private practitioners to recognise the impact of the continuing symptoms on the person's life and on their participation in the treatment regimen that the physiotherapist prescribes," Jennifer says.

Physiotherapists should also be aware that the symptoms of Long COVID come and go.

"They feel all right for a while and then it all comes back. That's where people think it's all in their head, but it's well recognised that the symptoms can fluctuate," says Jennifer.

Anne and Carol agree that all physiotherapists need to educate themselves on Long COVID.

"As physios, we need to have a basic level of understanding about what it looks like as well as what we can offer as physiotherapists that might be helpful. We need to know the limits of our expertise,

when onward referral is needed and what the pathways for that might be. Providing patients with accurate information and support is important as well," Anne says. "Setting realistic expectations is part of that because what we provide at the moment is supportive care and rehab. There are no specific treatments yet for Long COVID, so at this point it's essentially managing a chronic disease. People should expect to improve over time, because that's what happens to most people, but often it is quite a slow process."

What are the symptoms of Long COVID?

Post COVID-19 condition, also known as Long COVID, has been defined by the World Health Organization as follows: "the illness that occurs in people who have a history of probable or confirmed SARS-CoV-2 infection; usually within three months from the onset of COVID-19, with symptoms and effects that last for at least two months. The symptoms and effects of post COVID-19 condition cannot be explained by an alternative diagnosis."

While some people who have COVID-19 experience it as a mild to severe cold from which they recover quickly, others have symptoms that linger for weeks and even months.

Symptoms can include:

- shortness of breath cough fatigue/exhaustion
- concentration/memory issues
- changes in mood—anxiety, depression, stress, feelings of guilt
- loss of smell or taste headache
- sleep issues
- heart pounding/palpitations/racing heart/ chest pain
- skin rashes
- muscle aches and joint pains symptoms that worsen after physical or mental activities.

Living with Long COVID: A Personal Account

APA National President Scott Willis caught COVID-19 in the early stages of the pandemic. While his symptoms during the acute phase were moderate, he has lived with Long COVID ever since. Here he describes what it's like.

In April 2020, I was an inpatient at North West Regional Hospital here in Burnie, Tasmania at the same time as a passenger from the Ruby Princess. Along with 220 other patients and staff, I contracted COVID-19. I wasn't that sick, more fatigued, with a cough and loss of taste and smell, lasting for about 10 days. I was lucky that my symptoms were not too bad and I had great support from everyone within the APA and in the physiotherapy and broader health professions.

The scary thing for me was not knowing what the impact of contracting COVID-19 would be on my business and personal life in a small rural area where everyone knows you had it. I remember many health professionals being verbally abused for shopping because they had been working in a hospital where COVID-19 was. Some of my health colleagues were very sick; they were hospitalised and ventilated.

About six months later, I still had periods of fatigue or malaise but I thought I needed to recover my fitness. I was swimming one day, turned to do another lap and lost all power and strength—I thought I was going to drown. I am a very competent swimmer and I had never felt like this before. I even had trouble getting myself out of the pool. For the next few days, I was fatigued, with no energy, and I started to think that something was not right.

My Long COVID symptoms have continued since then. Even now, I have episodes if I push myself too hard and I suffer from intermittent fatigue and malaise. It fluctuates depending on my physical load, so if I exercise at a high intensity or for a longer duration, then I need to take it easy for the next day or so. If I have to push, pull or carry a load for a distance or upstairs, then I get quite short of breath and will need to rest for a minute. I now have a pretty good understanding of what triggers it and what signs to watch out for and I have learned some strategies to reduce the impact. When I swim, I know to within five seconds when it's time to get out of the pool because if I go over that point, I suffer later. Sometimes I can do two kilometres in the pool and feel fine and other days I can only do one kilometre.

More importantly, I know that the symptoms don't last for too long. I just have to listen to my body, take things slowly and rest when I need to. I attempt to exercise daily, whether swimming, walking, doing Pilates or even going for a run if I can. As I tell my patients, it's all about finding a balance between physical activity and rest, pacing and recovery. I am so lucky that I can live a near normal life; many others can't. It is not like a fitness issue where you can push past that point and you get better—I have tried that on numerous occasions but it didn't end well. Workwise, I try to have a few more admin spots in my schedule just in case I need them, but luckily it hasn't affected this much at all.

The positive side of my diagnosis is that I can use my personal experience to assist other patients, advocate for the profession to be involved and advise the government on what needs to be done to reduce the impact on the country and the health system.

6. APA Position Statement on Long COVID [released July 2022]

APA Position

The Australian Physiotherapy Association (APA) believes that all Australians deserve equal access to safe, high-quality, evidence-based care.

Increasing clarity on the prevalence and incidence of Long COVID globally has seen its status shift from a contested health concern to a fully recognised public health problem.

The condition is now embedded in global policy through new guidelines released by the World Health Organization in January 2022 stating that all patients should have access to follow-up care in case of Long COVID.1 Despite this certainty, health systems locally have lagged behind in ensuring impacted Australians are supported in their recovery. We know the number of patients with Long COVID will almost certainly rise becoming a significant public health and service challenge over the coming months.

Planning for Long COVID recovery and rehabilitation is a national health priority. Encouraging new models of collaboration and publically funded access to treatment will be key so that patients have unencumbered access to the multidisciplinary health care they need. A recovery and rehabilitation pathway is now long overdue and we call on the Federal Government to act to ensure the health system is funded and structured to adapt and be flexible to the longer term effects of the pandemic.

Preamble

The lasting health impacts from coronavirus SARS-CoV-2 (COVID-19), known as Long COVID, are not yet fully understood or even consistently recognised.

Long COVID is still an “umbrella” term denoting conditions and symptoms that, at this stage, are to a certain extent being defined by patient experiences.

Some people will continue to experience health problems long after contracting COVID-19. Although the data is still emerging, it is estimated that between 10 to 30 per cent of people will continue to have symptoms from COVID-19 for up to 12 weeks or longer after their acute infection.

We do not yet know how long symptoms of Long COVID will last.

We also do not know how many people will experience Long COVID, but one estimate puts the number at 400,000 Australians at mid-2022.

Policy discussion

In considering the future implications on managing the health aspects of Long COVID, we need to move fast to advance pathways to COVID recovery.

The APA’s position is that those who have Long COVID will significantly benefit from access to multidisciplinary health care delivered by a co-ordinated health system properly structured and financially equipped to adjust and be flexible to the longer term effects of the coronavirus.

Physiotherapy rehabilitation treatment is, and will continue to be, essential to the recovery of hundreds of thousands of Australians afflicted by COVID-19.

The role of physiotherapists in collaborative COVID and Long COVID care will be specifically needed as Australia manages rehabilitation and the various phases of the coronavirus and its variants. The consequences of increased patient demands for rehabilitation will likely be experienced by those on waitlists for surgical procedures, and in regional, remote and rural areas. Already, in remote and regional Australia, COVID-19 has placed considerable stress on an already stretched health system.

As the strain on our health workforce is likely to continue, governments are urged to engage with physiotherapists and use this highly skilled workforce to ensure Australians are receiving the best quality health services in rehabilitation and managing the myriad effects of the coronavirus.

From what we are seeing, both here and overseas, the evidence is clear that many people will require on-going access to integrated health care, which must include physiotherapists. It is inconsistent, but physiotherapists are already integrated as part of the management of Long COVID in acute care facilities such as intensive care units (ICUs), emergency departments and high acuity respiratory wards; and also in outpatient care.

Given the multi-system nature of Long COVID a holistic multidisciplinary approach is needed to optimise patient recovery.

Multidisciplinary and integrated team based care is already a well-established pathway for treating many chronic conditions - the same approach to diagnosis, treatment, recovery, rehabilitation, prevention, on-going monitoring and health management must be initiated for Long COVID. However, this requires major reforms to Medicare and the cumbersome referral systems and barriers to access and continuity of care.

Background - The role of physiotherapy

The World Health Organization (WHO) defines post-acute sequelae of COVID-19 (Long COVID) as "[a] condition that occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms and that last for at least 2 months and cannot be explained by an alternative diagnosis."

Individuals with Long COVID report a range of symptoms, which can include but is not limited to: fatigue, muscle aches and joint pain, shortness of breath, respiratory issues, chest pain, dizziness, palpitations, cognitive impairment, and anxiety/depression.

Long COVID can affect anyone. Severity of the acute infection of COVID-19 is not a predictor for developing Long COVID.

We are still learning about the condition and what is effective against it, however, there is a clear, defined role for physiotherapy. As research findings become available, our approach may adapt and evolve. Data systems and research will need to be prioritised to better understand and fully capture and chart the disease course nationally. There is also an urgent need to advance new education and training programs, and develop Standards with a focus on the interdisciplinary rehabilitation of patients with Long COVID.

Physiotherapists will be key to managing this, and some of the longer term conditions and rehabilitation pathways. Our profession offer Long COVID patients tailored, individualised treatments; they have qualifications and experience with chronic disease management, assisting in fatigue management, pacing, individualised activity management, pain management, strength/control improvements and productivity advice.

Cardio-respiratory physiotherapists, who treat patients with conditions affecting the heart and lungs, and specialise in chronic respiratory and other long-term conditions, will be central to rehabilitation and recovery programs. Rehabilitation programs can also help ease fatigue and improve the mood of people with ongoing COVID symptoms.

Pathway planning and delivery

Across the world, physiotherapists working within multidisciplinary teams are supporting patients to recover their mobility, and assist them pace through their fatigue.

However, the coronavirus pandemic has brought to the fore barriers to appropriate care that adversely impact on patient care and make the patient journey more time consuming and expensive. Long COVID is one reason why fundamental reform is urgently needed to provide a way forward to overcome the barriers to team-based care.

As Australia tries to manage this pandemic, we know that other viruses may follow, and our health system must facilitate essential care and patient access to physiotherapy services beyond current and very limited MBS chronic disease items.

It takes a team

Multidisciplinary collaboration will be essential to provide integrated care for patients presenting with post-recovery symptoms and co-morbidities following COVID infection. Similar in approach to other chronic conditions, a fully funded multidisciplinary integrated care pathway response will be required.

The APA wants MBS and PBS benefits that adequately support patients living with Long COVID and other safety net measures to reduce out-of-pocket costs. We want the systemic barriers around public funding and delivery models to be resolved at a national health system level.

We also want to see PHNs properly funded to support innovative models of integrated care beyond general practice.

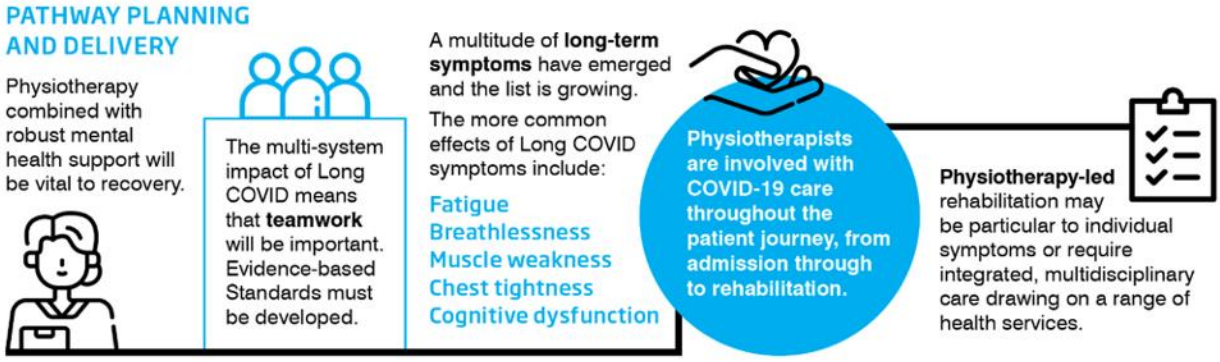
Workforce factors

Physiotherapy must be funded to support patients throughout the patient journey, from admission through to rehabilitation, and across a range of settings, in hospitals and acute settings, in the home, and in the community.

The APA anticipates an impact on demand and supply of physiotherapists as a direct consequence of the ongoing pandemic. Workforce supply (and possible shortages) may have broader consequences on increased patient need for rehabilitation. In addition, there may be impacts in relation to access in the context of already diminished resources in rural and regional Australia.

Workforce strategies across all aspects of the Australian health care system must also recognise the impact of Long COVID and the epidemic. With fewer overseas-trained physiotherapists arriving through the Priority Migration Skilled Occupation List (PMSOL) due to pandemic restrictions, it is likely demand for Long COVID physiotherapy services will place additional demands on an already over-extended workforce.

Diagram 19 | Long-COVID | Rehabilitation pathway planning



Conclusion

We cannot afford to repeat past mistakes in recognising and managing diseases and illness that cause fatigue and other loss of physical functions. All governments must act collectively to support those with Long COVID symptoms access the ongoing care they need.

Multidisciplinary teams which include physiotherapists will be critical to how Australia manages and emerges from this particular pandemic – and how we are prepared for future such health emergencies.

The Medicare system must be flexible and able to rapidly respond with new MBS items and funding to properly help the millions of Australians and Australian residents affected by Long COVID.

Australian Physiotherapy Association

The APA's vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 31,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

References

World Health Organization. (2021) *Interim Guidance. COVID-19 Clinical management: Living guidance, 25 January 2021.* Available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021-2