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Occupational Therapy in the Time of COVID-19

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Occupational Therapy in the Time of COVID-19

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The novel coronavirus infectious disease, COVID-19, was first identified in December 2019 and it quickly became apparent that it was developing into a global pandemic as it rapidly spread throughout the world. Some of the common mild symptoms exhibited by people who contract the virus include fever, cough, fatigue, shortness of breath, and loss of smell and taste (Grant et al., 2020). Some people develop more severe symptoms, such as acute respiratory distress syndrome, multi-organ failure, septic shock, and blood clots. The COVID-19 case fatality rate, which is the number of deaths among people who display symptoms, varies from 0.2% to 13.5% depending on the country or region being evaluated (John Hopkins University of Medicine, 2020). Over the past 10 months, we have seen the number of cases expand to 37,109,851 and the number of deaths climb exponentially to 1,070,355 worldwide (World Health Organization, 2020). The number of infections is especially prevalent in the United States with 7,694,865 cases and 213,614 deaths that continue to climb past initial predictions (Centers for Disease Control and Prevention [CDC], 2020a).

Although the pandemic has been highly politicized in the United States, COVID-19 does not discriminate as it affects communities in their entirety regardless of region, religion, or beliefs. It has impacted most significantly, however, the vulnerable people in these communities who are also the people most likely to be the clients of occupational therapists. People who are elderly, have preexisting conditions, such as heart or lung disease or diabetes, or live with marginalized health care have suffered the most severe symptoms or died from COVID-19 related complications. Minority populations for whom health care provision is often limited have also suffered more substantially. Health disparities have been exposed and magnified during the pandemic, and the need for equitable health care has been made apparent.

Health care systems have been pushed to limits not previously experienced in modern times. Standard medical care and elective surgical procedures have been postponed as units and medical staff members are required to meet the intense needs of people who are hospitalized with symptoms of COVID-19. Complications that are not typical of a seasonal flu, such as blood clots in the veins and arteries of the lungs, heart, legs, or brain, and multisystem inflammatory syndrome in children, and acute respiratory failure have added to the required intensive care unit (ICU) treatments, emergency surgeries, intubations, and extra staff needed to manage care (CDC, 2020b). Among these health care providers, occupational therapists have been called to action both to assist in meeting these intense treatment needs as additional ICU staff members and also in the valued role of providing occupational therapy services.

The Role of Occupational Therapy

According to the World Federation of Occupational Therapists, in response to the coronavirus pandemic, “occupational therapists will be working with people to develop strategies to facilitate continued access to their occupations, these will include, but will not be limited to: individual, family, community, social and environmental adaptation, mental health, assistive technology and telehealth” (para. 4, 2020). In addition, the American Occupational Therapy Association (AOTA) stated “we will get to the other side of this pandemic by using our innate problem-solving skills, by coming together to advocate for the continued value of occupational therapy, and by recognizing that this challenging time may create new opportunities for occupational therapy practice now and in the future” (para. 2, 2020).

There are many examples of occupational therapists responding to the needs of the community during this COVID-19 pandemic. While some occupational therapists are assisting with direct medical care of persons with COVID-19 in ICUs and acute care settings, others have changed roles to assist people who have been affected by the shelter-in-place safety measures. For example, Elizabeth Hart, an

occupational therapist who graduated from the University of North Carolina, describes her experience changing roles in a skilled nursing facility from short-term rehabilitation services to a communication facilitator for isolated residents. To help combat the loneliness of isolation, she facilitates connections in the facility and with the outside world through technology to connect residents with loved ones who are no longer allowed to visit (University of North Carolina School of Medicine, 2020).

Occupational therapists are also using telehealth to assist clients who are isolated at home or need additional occupational therapy services because of limited personal assistance during the COVID-19 pandemic. Kim Downs, MS, OTR/L, an occupational therapist at Access Physical Therapy and Wellness, describes occupational therapists as skilled professionals who have the training to help with many common challenges that occur when a person is confined to home, such as establishing healthy habits, roles, and routines, providing strategies for increasing activity level, emotional wellbeing, stress management, socialization, and finding online resources. In addition, she states that occupational therapists can help people who are sheltered-in-place to understand the functional impact and manage issues that have occurred during isolation and to develop strategies to accomplish activities of daily living, especially when in-person help is limited (Access Physical Therapy and Wellness, 2020). An example of occupational therapists using their ingenuity through telehealth is Daniel Dubinsky, MOT, a 2013 graduate of the University of the Sciences, who developed a YouTube channel titled *Dan the OT Man* to provide parents of children of various ages and skill levels the opportunity to create a self-regulation resource at home (Carrera, 2020).

In addition to providing acute care services and working with individuals via telehealth who must shelter-in-place, occupational therapists are needed now, and in the future, to work with people who are in recovery from COVID-19 complications and who suffer the long-term effects of the systemic complications that manifest from the infectious coronavirus disease. In one example, Maura Regan, OTR/L, an acute care occupational therapist at NYU Langone Health's Rusk Rehabilitation, was featured in a story in the *New York Post* for her work helping people who are recovering after being in the ICU on a ventilator. As she described, people who have been this ill from the coronavirus need assistance redeveloping their stamina and learning to perform their basic activities of daily living. Simply getting out of bed, going to the bathroom, brushing one's teeth, and getting dressed can be daunting tasks for someone who is recovering from COVID-19 (NYU Langone Health, 2020). There is also growing evidence of long-term neurological and psychiatric manifestations from COVID-19 that include viral encephalopathy, psychosis, neurocognitive syndrome, affective disorder, Guillain-Barré syndrome, and cerebrovascular events (ischemic strokes, intracerebral hemorrhages, and central nervous system vasculitis) (Ellul et al., 2020). In addition, there is evidence of cardiac complications, acute kidney failure, and sepsis (Sheehy, 2020). It is recommended that occupational therapists are an integral part of the interprofessional team to provide interventions that facilitate functional independence and improve the quality of life for people who have these long-term COVID-19 complications (Sheehy, 2020).

In This Issue

In this issue we are dedicating a special section to the discussion of COVID-19 and the provision of guidance for the role occupational therapists can assume in meeting the needs of people who are diagnosed with COVID-19 and those who are impacted by the need to shelter-in-place.

Ideas related to the role of occupational therapists for working with the population impacted during this pandemic are presented in this issue by Balsler, O'Brien, and Wittman in the article titled

“Doing It Right: OT Meeting Population Needs with COVID-19” (2020). In this article, Balser et al. (2020) discuss the exponential effects of COVID-19 on persons with disabilities in a society that is already limited in its ability to meet their needs, with the health disparities for vulnerable populations exposed and magnified during this pandemic. The authors offer ideas for framing occupational therapy interventions to meet the needs of these populations at the micro, meso, and macro levels.

Also in this issue is an article by Lin and Fisher, titled “Applying the Model of Human Occupation During the Pandemic Stay-at-Home Order” (2020), that provides guidance for occupational therapists to support the volition, habituation, and performance capacity of persons who are following these mandated measures aimed at slowing the spread of COVID-19. These aspects of life are further impacted by the changes in physical, social, and occupational environment and the shifting reliance on technological connections to the world. Examples are given for how the stay-at-home or shelter-in-place mandates can significantly impact a person’s life and how occupational therapists can serve to ameliorate these effects.

Conclusion

The Open Journal of Occupational Therapy (OJOT) editorial board is concerned for all of our members, our patrons, and our readers. We are especially concerned for the occupational therapists who have been working on the front lines treating people who have been diagnosed with COVID-19 and those who are working with clients who may be asymptomatic carriers. The bravery and service of these occupational therapists is inspiring. We hope that all measures are being taken to keep therapists and clients safe, and that an end to this pandemic is in the near future. While we wait for an effective treatment or vaccine to be developed, we hope you and your loved ones are able to stay safe and healthy. OJOT continues to strive to maintain its mission to provide open access to clinical solutions and educational resources as we publish this issue in the midst of a global pandemic.

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