

# ACUTE CARE PHYSICAL THERAPY AND COVID-19: HOW CAN WE ADD THE GREATEST VALUE?



**MARCH 21, 2020**  
**11:00 A.M.-1:00 P.M. ET**



## **Hosts:**

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Clinical Specialist

University of Colorado Hospital,  
University of Colorado Health

***Brian Hull, PT, DPT, MBA***

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Director of Rehabilitation

Baylor University Medical Center

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Rehabilitation

## **Special Guests:**

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Professor of Physical Therapy

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***Patricia J Ohtake, PT, PhD***

Assistant VP for Interprofessional Education

Associate Professor, Physical Therapy Program  
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***John R. Corcoran, PT, DPT, MS @johnraycor***

Site Director for Rehabilitation Therapy  
Services

NYU Langone Health

Rusk Rehabilitation

# Agenda

1. **Introduction** and Considerations in Pandemic
2. **Triage and targeting:** Asking the right questions regarding acute PT resources [Brian, Kyle]
3. **PT in the ICU** and Patients Requiring **Mechanical Ventilation** [Jim, Patricia, Sujoy]
4. **PT in the ED:** Considerations and Tips for Involvement [Megan]
5. **PT in Acute Care:** Optimizing throughput, function, and risk reduction [Kyle]
6. **Lessons Learned** from the Front Lines: The Directors Perspective: University of California San Francisco, New York University Langone Health [Maurine, John]
7. **Summary** Discussion
8. **Q&A** [All Guests]
9. **Guiding Questions** and **Future Directions** [Brian, Kyle]

# Core Resources-General Information

- Centers for Disease Control and Prevention. Coronavirus (COVID-19)  
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- <https://www.coronavirus.gov/>
- National Institutes of Health <https://www.nih.gov/health-information/coronavirus>
- American Physical Therapy Association: Novel Coronavirus  
<http://www.apta.org/Coronavirus/>
- <https://www.aptahpa.org/page/COVID19>
- <https://www.acutept.org/page/COVID19>
- Ethical Framework for Health Care Institutions and Guidelines for Institutional Ethics Services Responding to the Novel Coronavirus Pandemic  
<https://www.thehastingscenter.org/ethicalframeworkcovid19/>
- University of Virginia: COVID-19 Surveillance Dashboard  
<https://nssac.bii.virginia.edu/covid-19/dashboard/>

# Core Resources-COVID Research and Clinical Guidelines

- Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. World Health Organization [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)
- Characteristics and Outcomes of 21 Critically Ill Patients With COVID-19 in Washington State. *JAMA*. 2020
- <https://jamanetwork.com/journals/jama/fullarticle/2763485>
- Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet*. 2020
- <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930566-3>

# Core Resources-Training and New Roles

- Physical Therapy in the Emergency Department. American Physical Therapy Association <https://www.apta.org/EmergencyDepartment/>
- Expert consensus and recommendations on safety criteria for active mobilization of mechanically ventilated critically ill adults. *Crit Care*. 2014
- <https://www.tandfonline.com/doi/abs/10.3109/09593985.2016.1145311?journalCode=iptp20>
- Critical Care for Non-ICU Clinicians. Society for Critical Care Medicine. <https://www.sccm.org/covid19>
- Silver JK. Prehabilitation could save lives in a pandemic. British Medical Journal Blog. <https://blogs.bmj.com/bmj/2020/03/19/julie-k-silver-prehabilitation-could-save-lives-in-a-pandemic/>
- Role of Physical Therapists in Reducing Hospital Readmissions: Optimizing Outcomes for Older Adults During Care Transitions From Hospital to Community. *Phys Ther*. 2016 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4992143/>

# Core Resources-Twitter

- [@NAChristakis](#) Yale Physician and Professor
- [@medicalaxioms](#) Hospitalist at Denver Health Medical Center
- [@DrSamuelBrown](#) Pulmonary and Critical Physician. Researcher.
- Experience of COVID Symptoms (from an MD)  
<https://threadreaderapp.com/thread/1239587299136098305.html>
- Insight From Wuhan Physicians  
<https://twitter.com/DrSamuelBrown/status/1239555630970499072>

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@mmitche75859120 @johnraycor*

# Triage and Targeting: Asking the right questions regarding acute PT resources [Brian, Kyle]

Daily communication for all resources-small huddle or Teams app

1. Are we providing the best possible care and frequency to expedite recovery for (listed in priority):
  - a. All vented patients to expedite extubation
  - b. All non-vented ICU patients to expedite transfer from ICU
  - c. All floor patients to expedite discharge home or to PAC location
  - d. All floor patients to reduce avoidable disability from decreased activity
2. What help does your team need to accomplish all the above?
3. If all the above is met, what help can you offer?
4. What additional team floating is needed?

# PT in the ICU and Patients Requiring Mechanical Ventilation [Jim, Patricia, Sujoy]

- ICU Liberation Bundle (<https://www.sccm.org/ICULiberation/ABCDEF-Bundles>), built around the acronym “ABCDEF.” The E stands for “early mobility and exercise,” consistent with the Society of Critical Care Medicine’s recommendation for rehabilitation or mobilization for critically ill adults.
- Early Rehabilitation for Patients in the Intensive Care Unit (ICU), available at APTA’s PTNow (<http://www.ptnow.org>).
- Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU. Devlin JW, et al. Crit Care Med. 2018 Sep;46(9):e825-e873. doi: 10.1097/CCM.0000000000003299.
- Surviving critical illness: what is next? An expert consensus statement on physical rehabilitation after hospital discharge. M. E. Major et. Al. Crit Care. 2016; 20: 354. doi: 10.1186/s13054-016-1508-x. PMCID: PMC5086052. PMID: 27793165
- Physical Impairments Associated With Post-Intensive Care Syndrome: Systematic Review Based on the World Health Organization's International Classification of Functioning, Disability and Health Framework. Ohtake PJ et al. Physical Therapy, 98(8):631–645. doi.org/10.1093/ptj/pzy059.



# PT in the ED: Considerations and Tips for Involvement [Megan]

- <http://www.apta.org/EmergencyDepartment/>

## Physical Therapist Practice in the Emergency Department

Physical therapists are increasingly being asked to provide evaluation and management of patients in the emergency department (ED) setting. As part of the emergency department team, physical therapists have the opportunity to collaborate in the care of patients with a wide range of acute and chronic problems coming from the neuromusculoskeletal, cardiovascular pulmonary and integumentary systems. The physical therapist in the ED serves a critical role in screening for appropriateness of care, consultation with other practitioners, and in the direct care of patients.

## Incorporating Physical Therapist Practice in the ED

Considering providing physical therapist services in an Emergency Department? Review the [Emergency Department Toolkit \(.pdf\)](#) and the resources below to learn how to incorporate physical therapist practice in the ED.

[Getting Started](#)

[Resources on the Benefits of PT Services in the ED](#)

[Incorporating Physical Therapist Practice in the ED: A Toolkit for Practitioners \(.pdf\)](#) 

[Value of Physical Therapy in the ED PowerPoint \(.ppt\)](#) 

[Podcast Series: Physical Therapist Practice in the ED](#) 

[Video: Perspectives of Emergency Department Physical Therapists](#) 

[Direct Access in Hospital-Based Outpatient Settings](#)

**PT in Acute Care:** Optimizing throughput,  
function, and risk reduction [Kyle]

# Lessons Learned from the Front Lines:

## The Directors Perspective: [Maurine, John]

- Surge planning – even as the surge is happening! (Build the airplane while flying)
- Building/deploying resource capacity at all levels (ie. OP PTs trained for acute/general ward care so IP PTs can practice at the highest level of their license in more acute settings) – both in health systems and other constructs (community?)
- Getting ahead of “flow failures” at every level Staffing plans – redundancy, redundancy, redundancy
- “Less is Best” – clinical management of patients from afar; telehealth in hospital; other tools/techniques
- (Ultra) marathon not a sprint-Self Care
- Leadership’s role – open to suggestions but found and really liked this <https://www.thehastingscenter.org/ethicalframeworkcovid19/>

# Summary Discussion, Q&A [All Guests]

# Triage and Targeting: Asking the right questions regarding acute PT resources [Brian, Kyle]

1. Are we providing the best possible care and frequency to expedite recovery for (listed in priority):
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# Guiding Questions and Future Directions

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