Experiences of Accessing Rehabilitation by People Living with Long COVID

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Background

Little is known about the experiences of individuals living with Long COVID with regards to access to healthcare services.

Objective

To better understand the need for, access to, and quality of Long COVID rehabilitation services in Alberta, Canada.

Methods

Interpretive Description: A practice-oriented qualitative approach partly aimed at informing clinical decisions.



Results

.	Inductive and iterative analytic approach using Braun ar
	reflexive thematic analysis

THEMES

Theme 1: The Burden of Searching for Guidance to Address Challenges with Functioning and Disability	 Impact of physical symptoms on functioning triggered the search Lack of clarity puts the onus on the patient (to find services) Flying solo – A trial and error process at their own expense 	<i>"I'm grateful tha</i> were there [but about it, I had to know how to acce had to make it ho media co
Theme 2: Supportive Relationships Promote Engagement in Rehabilitation	 Patient-provider relationships were pivotal Integrating peer support into rehabilitation 	"non-judgmento focusedlike a teo the expert giving patie (P8-F, private
Theme 3: Conditions for Participation in Safe Rehabilitation	 Flexible care delivery Ability to self-monitor symptoms during and after rehabilitation 	"the first week I hours of appoin kept saying it's a then they sayw but then they just then I just went d WCB pro
<section-header></section-header>	 Early education on pacing, rest, and energy management Coordinated care that can address multiple symptoms Communication of local information about safe rehabilitation 	<i>"…if there</i> <i>multidisciplinary</i> <i>you could just go</i> <i>information for l</i> <i> pace track y</i> <i> just kind of an</i> <i> it would be red</i> <i>have that info</i>



nd Clarke's

it the resources it] I had to know find it, I had to cess it and then I appen" (P12-F, overage)

al and patientam...not just like g advice to the ent" te PT clinic)

think I had nine ntments. And I too much, and *ve'll* cut it back, st never did. And downhill" (P17-F, ogram)

e were ... y clinics where ... then have ... like how to rest *your heart rate* all-in-one place ally helpful to ... have that information up front..." (P11-F, private PT clinic)

		DEMOGRAPHICS			
60.7% female					
89.3% Unvaccinated at time of infection			Ethnic MinorityEuropean		
12 WAVE 1	33 WAVE 2		MIN AGE	MEAN AGE	MAX AGE
10	1		20	49.29	74



Conclusions and Implications

years

vears

years

WAVE 4



WAVE 3

Educate providers on multi-disciplinary Long COVID services, referral pathways, self-management resources, and emerging evidence



Encourage providers to listen, reassure, and validate patients' experiences and support development of local peer support networks



Provide clear and simple information about the importance of pacing and energy or activity management earlier



Ensure flexibility in appointment scheduling and delivery format (i.e., in-person versus virtual)



Exercise caution when prescribing exercise or conducting physical testing to avoid post-exertional symptom exacerbation

Read the paper



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conditions





