



Introduction

- Rehabilitation is important to address disability and enhance health outcomes for people living with Long COVID.
- Determining priorities for rehabilitation is essential, and requires the consultation of people with Long COVID, clinicians, and other key stakeholders.

Purpose

To identify priorities in Long COVID and rehabilitation.

Methods

Context: Long COVID Physio (LCP) is an international patient-led association of physiotherapists living with Long COVID and allies offering peer support, education and advocacy for Long COVID rehabilitation. In 2022, LCP hosted a 2-day online Forum with the aim to identify priorities in long COVID and rehabilitation.

Study design: International online consultation on priorities for Long COVID and rehabilitation.

Consultants: People living with Long COVID, clinicians, researchers, and other key interest-holders who registered for or attended the LCP International Forum.

Data collection:

- Web-based questionnaires
- Zoom chat from the Forum
- Posts on an online platform (Padlet) during the Forum.

Data analysis: Group-based content analytical techniques

Results

The Forum

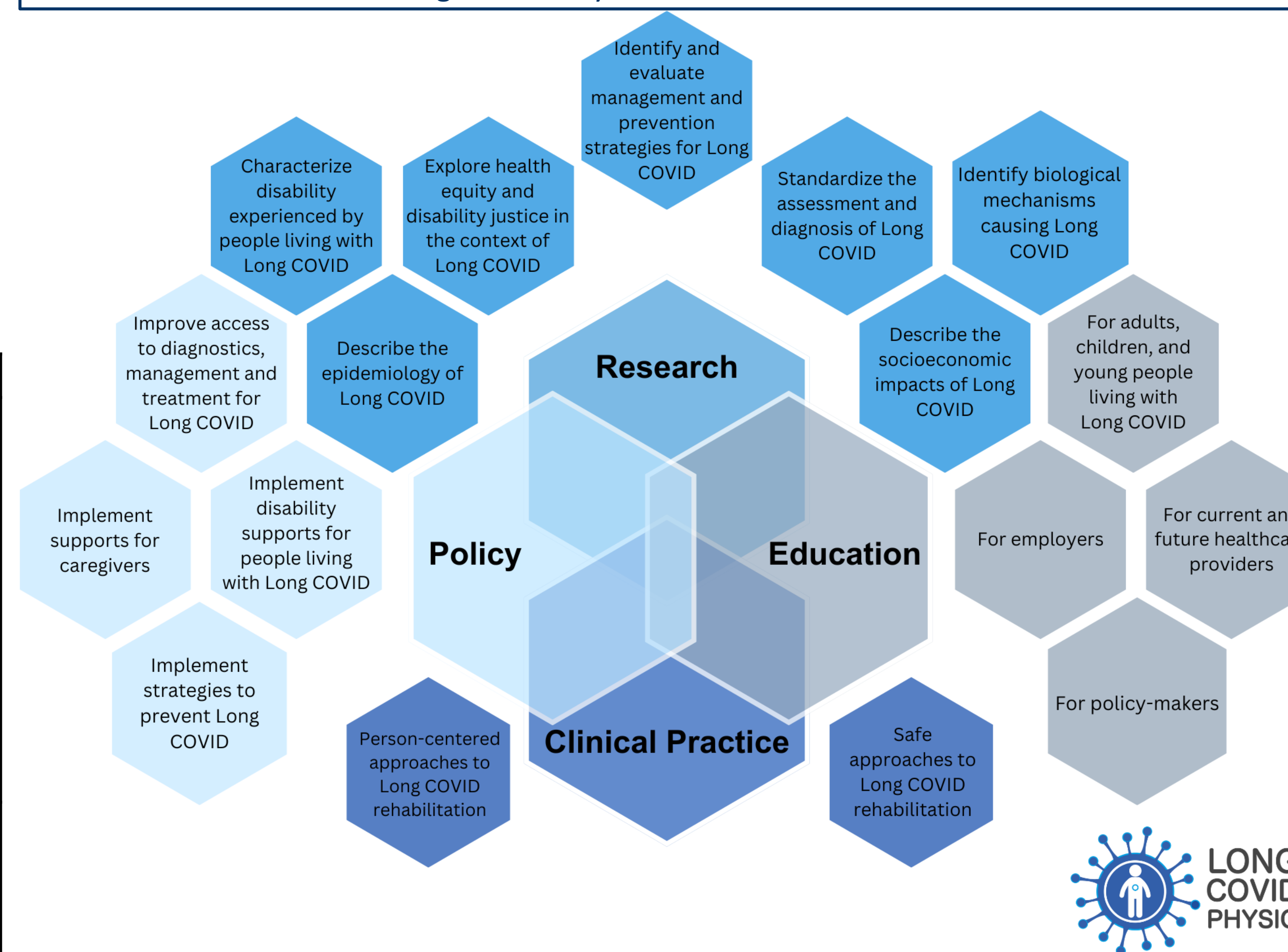
The Forum included **71 speakers** from **18 countries**.

- 794 registrants from 34 countries provided input to a list of priorities during registration (questionnaire).
- ≥175 Forum attendees contributed to the Zoom chat and the online platform (Padlet);
- There were 265 posts and 209 comments on the online platform (Padlet); and hundreds to thousands of messages in the Zoom chat.

Table 1: Characteristics of consultants

Registrants of Long COVID Physio Forum (N=794)		n (%)
Country	United States	256 (32%)
	United Kingdom	224 (28%)
	Canada	136 (17%)
	Australia	30 (4%)
	Ireland	29 (4%)
	Other: Europe (Belgium, Finland, France, Germany, Greece, Italy, Netherlands, Norway, Romania, Spain, Sweden, Switzerland)	75 (9%)
	Other: Asia & Oceania (India, Indonesia, Hong Kong, New Zealand, Philippines)	25 (3%)
	Other: Africa (Cameroon, Egypt, Nigeria, South Africa)	10 (1%)
	Other: South America (Brazil, Chile, Colombia, Ecuador, Guyana)	5 (<1%)
Identity (multiple responses may be selected)	Other: North America (Bahamas, Mexico)	3 (<1%)
	Person living with Long COVID	376 (47%)
	Clinician	290 (37%)
	Service Provider	100 (13%)
	Person living with other chronic condition or disability	85 (11%)
	Researcher	73 (9%)
	Educator	58 (7%)
	Other (Advocate, caregiver, exercise physiologist, communicator, graduate student or trainee, healthcare administration, informationist, medical student, parent, provincial secretariat, radiographer, trustee, undergraduate health professional student)	73 (9%)
Professional Role	Physiotherapist or Physical Therapist	286 (36%)
	Occupational Therapist	36 (4%)
	Physician	25 (3%)
	Athletic Trainer	14 (2%)
	Nurse	11 (1%)
	Other Rehabilitation Professional (Breath instructor, exercise physiologist, neurosomatic therapist, massage therapist, myotherapist, non-clinical, psychologist, recreation therapist, sports therapist, speech-language pathologist)	21 (3%)
	Other (Anthropologist, professor, bioethicist, ME practitioner, community health, dietitian, disability advocate, informatician, nurse practitioner, knowledge broker, not working, nurse technician, osteopath, patient researcher, peer support worker, philosopher, physician associate, psychologist, psychotherapist, virologist)	40 (5%)

Figure 1: Priorities in Long COVID research, education, clinical practice, and policy from the Long COVID Physio International Forum



Methodological Considerations & Recommendations for Research Priorities

Meaningful engagement of people with lived experiences with Long COVID

Involvement of collaborative, interdisciplinary research teams

Meaningful inclusion of people with lived experiences with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)

Development and implementation of a centralized registry/resource center to recruit participants

Use of diverse research methodologies

Engagement of those with lower socioeconomic status in research

Maintaining an emphasis on implementation science

Discussion

- Addressing gaps in access to rehabilitation for people living with Long COVID requires a coordinated approach between research, clinical practice, education, and policy.
- People living with Long COVID need supports to safely return to, stay in, or leave work.
- Addressing the priorities should involve an interdisciplinary, community-engaged approach, and cross-collaboration with people with lived experiences and expertise with other infection-associated chronic conditions.
- Implications:** These priorities may guide future research, policy-writing and implementation, curricula and education for healthcare providers, and developing clinical services to meet the needs of people living with Long COVID.
- Strengths:** Consultation involved interdisciplinary, international, and community-engaged approach to the Forum; multi-method approach to gathering perspectives on priorities.
- Limitations:** Forum priorities may have evolved since the Forum; priorities should be continually revisited and updated based on community needs.

Conclusions

These priorities can help to guide research, practice, education, and policy, to advance health outcomes for people living with Long COVID.

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