

Impact of COVID-19 on Physical Therapist Practice in Portugal

Vanessa Alpalhão, Miguel Alpalhão

Portugal is one of the European countries most severely affected by the COVID-19 pandemic. Many questions have arisen and adaptations made in the effort to respond to the crisis and the needs of our patients. Many of our colleagues are only now starting to face the consequences of this crisis and the implemented measures to fight it.

Social isolation strategies to contain the rapid spread of COVID-19 have brought deep changes to the routines of society as a whole. Health care systems are facing an abrupt demand for acute care, intended to preserve life. To satisfy this demand, resources are being taken away from longitudinal care offered for chronic conditions, which focus on preserving *quality* of life. Furthermore, the need for chronic care must be weighed against the risk of infection for both patient and health care provider.

The physical therapy profession has been severely affected by the crisis. In Portugal, regulatory rules have determined that only “urgent” care should be provided for the duration of the pandemic—leaving each physical therapist with the discretionary power to determine which cases could benefit the most from their intervention. Although many may recognize the benefit of physical therapy in the face of this infection,¹ many cases may fall into a gray area, resulting in asymmetrical accessibility to care.

Long-term care and convalescence units are particularly sensitive areas. It is hard to define “urgent” interventions in such settings, where the main goal is to reinstitute function and quality of life to patients in the mid to long term. We must also consider that much of the income and social value of these units derive from the rehabilitation care developed and provided by physical therapists. The sudden loss of income may represent a risk for the viability of these institutions. Taking this into consideration, physical therapists continue to intervene in all settings, facing an increased risk for COVID-19 infection due to the physical proximity involved in our usual practice as well as due to the high number of patients treated each day. Furthermore, given that asymptomatic individuals have been shown to spread the infection,² the exposed physical therapist might represent a risk to other patients, many of whom may be older and have significant comorbidities.

Some practices may be adopted to reduce these risks. First, wearing disposable personal protection equipment,

which should be changed between patients, can reduce transmission of the infection; second, decreasing the number of patients and therapists in the same physical space may facilitate social distancing; and third, digital physical therapist practice, making use of technology for communicating with and guiding patients, is proposed by some international agencies.³ These methods, however, have a steep learning curve not suited for an immediate-need context, and many older patients may have limitations using new technologies. Involving family and caregivers in the treatment session may reduce this hindrance and promote participation, particularly in patients with neuropsychiatric conditions and in pediatric patients. This strategy would require legal regulation to prevent uncertified individuals from offering health care services, even if in a virtual setting, without the appropriate accreditation and certification of expertise.

If the COVID-19 crisis lingers for a long time, physical therapists may start shifting their practice toward therapeutic exercise and away from passive techniques that require close proximity. This is far from ideal, as many benefits from an integrative approach could be lost.

Physical therapist interventions remain fundamental for the health of our communities and should not be avoided as a general rule. All available precautions should be taken to reduce the likelihood of infection for both practitioner and patient, and every patient should have an individual examination for risks and benefits of the planned intervention. Therapeutic strategies may be adapted to reduce physical contact to a minimum while providing therapeutic benefit, and new digital strategies may become more widespread, but caution should be taken to ensure the quality of the intervention provided.

V. Alpalhão, PT, Physiotherapy Department, Long-Term Care Unit, Cruz Vermelha Portuguesa, CVP de Vila Viçosa, Olival do Macaco, Rua L, Lote EQ1, 7160-215, Vila Viçosa, Portugal; University of Lisbon, Faculty of Human Kinetics, Lisbon, Portugal. Address all correspondence to Ms Alpalhão at: vanessaluisa@hotmail.com.

M. Alpalhão, MD, MSc, Centro Hospitalar Universitário Lisboa Norte EPE, Lisbon; Faculty of Medicine, University of Lisbon; IMM João Lobo Antunes, University of Lisbon.

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