

8<sup>TH</sup> SEPTEMBER 2020

BULLETIN OF THE POLISH CHAMBER OF PHYSIOTHERAPISTS

# CORONAVIRUS

SARS-CoV-2

'Voice of  
Physiotherapist' -  
Special Issue  
on the occasion of  
**THE WORLD PT  
DAY 2020**

## KiF actions during the pandemic

We call for support  
for physiotherapists

## Physiotherapists fight with COVID-19

Real stories of patients,  
physicians and physiotherapists

## Pulmonary physiotherapy



ISSN 2545-3637

**KiF**

The Polish Chamber  
of Physiotherapists

voice of  
**physiotherapist**

SPECIAL EDITION

# voice of physiotherapist

SPECIAL EDITION

- 4 A brief introduction by Maciej Krawczyk, President of the Polish Chamber of Physiotherapists
- 5 KIF actions in the face of pandemic threat caused by the outbreak of SARS-CoV-2 virus
- 11 About the Solidarity Fund
- 14 New opportunity for legal advice on Physiotherapy Portal
- 16 Keep documentation in Finezjo!
- 17 Let us not lose touch with our patients! Telerehabilitation in the age of epidemic
- 18 "Physiotherapy moves"... seniors
- 19 Pulmonary physiotherapy comes to the rescue of COVID-19 patients
- 21 Pulmonary physiotherapy - more than breathing exercises and expectoration
- 24 The Brave Bear - on a brave fight  
Physiotherapist in the age of pandemic
- 30 Patients on COVID-19 wards keep asking for physiotherapy
- 32 People were surprised what a physiotherapist can do on such a challenging ward
- 34 How to fight with an unknown enemy
- 36 Is six weeks enough to change your mind?
- 38 One is completely helpless in this chaos  
Brand new physiotherapy
- 41 A patient's trust is truly important to us
- 42 Good work organization is the key
- 43 Anyone could have reported on us
- 44 There are still many unknowns
- 46 Making difficult decisions for the sake of our patients
- 47 We couldn't let the effects of long term physiotherapy go for nothing
- 48 We are glad to be back at work!
- Patient's stories
- 49 Everyone must build their profit and loss statement
- 50 Give up physiotherapy? Never!
- 50 The risk is too high
- Physiotherapists fight with COVID-19
- 52 Refraining from rehabilitation is like asking for complications
- 55 Physiotherapy of COVID-19 patients in the ICU
- Patient's stories
- 58 Although I am a doctor, I don't always see the progress
- 59 One day I am going to jump two steps

#### Editorial team:

Paweł Adamkiewicz, Wojciech Komosa,  
Weronika Krzepkowska, Dominika Kowalczyk

#### Secretary to the editorial team:

Aleksandra Mróz, [aleksandra.mroz@kif.info.pl](mailto:aleksandra.mroz@kif.info.pl)

Editing: Agnieszka Gierczak-Cywińska

Graphic design and typesetting: Katarzyna Dobrakowska

#### "Voice of Physiotherapist" The Polish Chamber of Physiotherapists Bulletin

#### Editorial office address:

Plac Stanisława Małachowskiego 2, 00-066 Warsaw  
phone: +48 22 230 2380, [redakcja@kif.info.pl](mailto:redakcja@kif.info.pl)

Publisher: The Polish Chamber of Physiotherapists

ISSN 2545-3645

[www.glosfizjoterapeuty.pl](http://www.glosfizjoterapeuty.pl)

All rights reserved. Using any content from this periodical must first be approved by the Publisher.

The editorial team reserves the right to change or abridge the articles and letters it receives, as well as to give them titles.

We hereby inform that the Polish Chamber of Physiotherapists publishes statements which represent the Chamber's positions and opinions exclusively on the [kif.info.pl](http://kif.info.pl) website, in the "Voice of Physiotherapist" information bulletin, as well as on social media profiles (e.g. Facebook) belonging to KIF and ran by authorised persons. Please note that any information regarding the actions of KIF which appears in places other than the ones mentioned above - e.g. on internet forums, online discussion groups, private social media profiles or in comments - are published under the sole responsibility of their authors. KIF does not take responsibility for such information.



## **Dear Colleagues,**

2020 will definitely go down in history: the epidemic changed our lives. We are still fighting the coronavirus and it is not an easy struggle. The pandemic significantly influenced the entire world around us, and thus also our physiotherapeutic field. It was and is a very difficult period for physiotherapists. Fear for yourself, responsibility for patients and concerns about tomorrow. The representatives of our profession, however, coped with these challenges. We changed the organization of work, introduced a new sanitary regime and constantly supported our patients. We are proud that we have built a common front and have not succumbed to difficulties.

Our struggles have been captured in „Voice of Physiotherapist” („Głos Fizjoterapeuty”, PL), a monthly magazine of the Polish Chamber of Physiotherapists. We want to share with you the results of our work from the last few months.

This special issue is a record of dozens of actions taken by the crisis team of the Polish Chamber of Physiotherapists from the first days of March this year. You will find a summary of all activities of the crisis team, guidelines for physiotherapy of COVID-19 patients, recommendations, as well as a number of interesting and inspiring stories of patients and physiotherapists from this difficult period. Our goal is to showcase the effort and commitment of Polish physiotherapists in the fight against the pandemic.

The epidemiological situation will certainly change and we will have to react to these changes. Our first reaction was to publish information on the coronavirus on the website in late February. We did not expect that a several days later the situation would be so serious that we would set up a crisis team and that our physiotherapy world would be hard hit. During these intense and turbulent months, we published three special online editions of „Voice of Physiotherapist”, devoted to COVID-19 issues. We provide you with a summary of the most interesting content from these three issues, specially translated into English.

We wish you good health!

Enjoy your reading!

*Editorial Team*



# Will the epidemic heal the healthcare system?

Due to the epidemic, TV cameras and microphones of radio stations have been directed towards healthcare workers for the past three months. Health, treatment and medical professionals have become the buzzwords of this period, receiving constant media attention. Even politicians and political experts appearing in current affairs programmes seem to have gently stepped aside to make room for healthcare professionals. Does this mean that public awareness regarding the role of medical professions in Poland has improved?

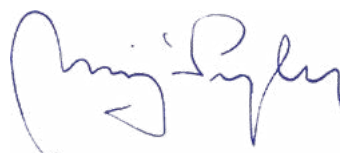
From a rational point of view, the answer to this question should be affirmative. The reality, however, is different. Media report about another incidents of harassing and stigmatizing healthcare workers by the so called “ordinary” citizens. The reason behind such attacks can be as simple as the sole fact of working in a healthcare facility. On the other hand, political representatives of all parties, from left to right-wing, constantly repeat that “the society appreciates the efforts of medics”, “we are all grateful for your sacrifice” and similar platitudes. Forgive me my sarcastic remarks, but I believe that these people only wish to enter the current mainstream trends, while the meaningless slogans they serve us only illustrate how little respect we actually receive as medics. The level of disrespect by government officials for healthcare professionals has been incredibly high for the past several years, which has obviously transformed into negative social attitudes. Since we have now become so important in the recent months and people are so eager to talk about our work, it seems like the right time to introduce some changes. The epidemic should be a turning point in thinking about healthcare in Poland.

Political issues have always been a barrier in this discussion. Now, facing a disease which affects all nations and communities around the world, such matters should be of the least priority. A similar opportunity is not likely to repeat itself any time soon. All government institutions have their representatives from the medical field who possess valuable experience and knowledge to adequately handle problems of the Polish healthcare system. These medical

experts are also able to influence the key decision makers in our country, that is, the President, Prime Minister and Members of the Polish Parliament.

I hope that they will make an attempt to introduce some real improvements to our healthcare system. All of us who work in this system, as well as the patients - among whom are also many medical professionals - have truly had enough of the empty words. And if you, politicians, dare to think that someone is going to do this work for you, I am sorry to tell you that you are sorely mistaken. There will not be a better occasion. Go down in history as the ones who healed the Polish healthcare system, do it before the next wave of healthcare employees' emigration hits our country and another few years will add up to the average age of the ones who stayed, bringing them closer to retirement. Ensure dignified working conditions and fair wages for those who take care of your health and lives. After all, is there anything more valuable to you?

The decisions must be made here and now! Since we have no time for kind requests anymore, I urge you - as a medical professional and as a patient - to not fear to start a dialogue with the ones who work in the healthcare. Forgive me my frankness but without us, medics, you have literally no chance to treat anyone for any possible condition. The patient should stand at the center of your actions. Should the world forget, let me just remind that healthcare is not only about bureaucracy and administration officials - its most important mission is to conduct a real and often painful (also in the emotional context) treatment process.



**Professor Maciej Krawczyk, PT, PhD**  
President of the Polish Chamber  
of Physiotherapists



# KIF (The Polish Chamber of Physiotherapists) actions in the face of pandemic threat caused by the outbreak of **SARS-CoV-2 virus**

**11 March 2020**

- KRF President publishes a statement regarding the work and safety of physiotherapists and their patients in the situation of coronavirus threat. Attached to the statement are information materials.
- Suspension and postponement of all postgraduate courses organized by KIF. An appeal to organizers of commercial courses has been made, asking them to temporarily suspend all planned activities.

**12 March 2020**

- **Appointment of crisis management board.**
- Meeting of KIF President Maciej Krawczyk and KIF Vice-President Tomasz Niewiadomski, with Filip Nowak – the Vice-President of the National Health Fund (NFZ).
- Requesting the Chief Sanitary Inspector to issue guidelines for physiotherapists during the pandemic.
- Appeal addressed to the Prime Minister, the Minister of Development, the Minister of Finance and the Minister of Health, asking for special support for entrepreneurs who provide physiotherapeutic services.
- Appeal to the NFZ President concerning closure of all physiotherapy outpatient clinics and suspension of admissions.

**14 March 2020**

- The Ministry of Health, i.a. upon the request of KIF, suspends rehabilitation services in spa centers.
- As a result of a written proposal submitted by KIF, the Minister of Health introduces a change to the ordinance on general terms of agreements. New solutions allow the entities which limit or discontinue providing their services to maintain financial liquidity.

**13 March 2020**

- Appeal to postpone all appointments with patients.
- KIF President presents a difficult situation of physiotherapy in his letter to the Prime Minister.
- KIF calls for closure of all spa centers and suspension of occupational therapy, rehabilitation camps, club activities and rehabilitation courses included in disability prevention programmes.



The crisis management board attached to KIF was appointed on the 12th of March 2020. It is made up of all members of KIF Board, management staff from the majority of departments working in the KIF office, as well as of working physiotherapists who declared their willingness to participate in crisis management activities. The team meets online several times a week, while in practice it is active for 7 days a week, 24 hours a day. The most important initiatives and operations organized by the KIF crisis management board are accessible online at: <https://kif.info.pl/koronawirus/>



**15 March 2020**

- KIF requests the Minister of Health to provide physiotherapists with necessary personal protective equipment.
- As a result of actions undertaken by KIF, the NFZ recommends limiting or suspending all therapeutic rehabilitation services provided in outpatient clinics, day wards and in-patient units, including physiotherapy at home.

**16 March 2020**

- KIF publishes a sample form addressed to NFZ, which informs that a health service provider has limited or suspended admitting patients.
- KIF Vice-President Ernest Wiśniewski takes part in online chat with physiotherapists, discussing the current crisis situation in physiotherapy.
- Thanks to the request submitted by KIF, The Minister of Health - by virtue of the ordinance - introduces restrictions in conducting the following activities: providing rehabilitation services as part of a disability prevention programme and functioning of independent public healthcare facilities, for which the establishing entity is the President of the Farmers' Social Security Fund (KRUS).

**19 March 2020**

- Joint appeal of medical professionals who address the government and ask for help in solving the most pressing problems. The appeals are also sent to patients and medical community.

**18 March 2020**

- In a letter addressed to the Prime Minister, KIF informs about the number of physiotherapists and healthcare facilities which have been affected by the coronavirus pandemic.
- Meeting of representatives from professional medical self-governments, regarding the COVID-19 threat.



**17 March 2020**

- The President of KIF requests for incorporation of telerehabilitation in the Minister of Health ordinance on guaranteed health benefits within therapeutic rehabilitation services.
- KIF commences to collect information about entities who limited or suspended patient admissions (via a form published on the Physiotherapy Portal).
- The President of KIF submits a request to the NFZ, asking for interpretation of the new system of payments for healthcare entities which temporarily stopped providing planned medical services.

### 20 March 2020

- KIF experts publish guidelines and recommendations regarding safety in physiotherapy clinics and a sample questionnaire qualifying patients for visits.

### 22 March 2020

- KIF publishes recommendations for conducting physiotherapy with COVID-19 patients. The content of these recommendations was created under the supervision and patronage of the scientific association – Polish Physiotherapy Association.

### 23 March 2020

- Launching of the prevention programme organized by KIF and the Ministry of Health – “Active senior at home” – in which KIF experts prepared a set of safe exercises which can be done at home.
- All members of the Chamber receive a questionnaire, the results of which will allow for obtaining reliable data regarding the situation of Polish physiotherapists.
- A letter to the NFZ concerning verification of patients on quarantine and recommended steps in case of violation of quarantine rules (regarding the EWUŚ system).
- A letter to the NFZ concerning verification of conditions for providing services included in the “guaranteed benefits basket” and additionally evaluated in the period of limited healthcare services due to pandemic (maintaining the number of employees as declared in the agreement with NFZ).



### 3 April 2020

- Discussing the elements of the anti-crisis shield which are the most important for physiotherapists.

### 1 April 2020

- Joint appeal of the representatives of professional medical self-governments (including KIF), requesting the Prime Minister to ensure insurance protection for all healthcare workers during the epidemic.

### 27 March 2020

- A letter to the government regarding the dramatic situation of physiotherapists.

### 26 March 2020

- Free legal advice – inauguration of an electronic form for submitting legal questions via the Physiotherapy Portal.

### 25 March 2020

- Telerehabilitation – launching of new functions on the Znajdzfizjoterapeuta.pl portal.

### 24 March 2020

- Publishing recommendations regarding conducting physiotherapy in English with COVID-19 patients.
- A letter to the NFZ about the application of article 9 paragraph 5 of the General Terms and Conditions of Insurance in rehabilitation services and indication of mechanisms allowing for maintaining liquidity of services mentioned in the statement on the website of NFZ Headquarters from the 24th of March this year (concerning the possibility of providing telemedical advice by Outpatient Specialist Care facilities).

**3 April 2020**

- A letter from the President of KIF to the Minister of Interior and Administration and to the Police Commander-in-Chief, regarding the control of medical offices. The letter emphasizes that the decision about continuation of physiotherapy shall always be made individually by a physiotherapist.

**4 April 2020**

- Announcing a resolution on 1 million PLN increase in the budget of the social committee.

**8 April 2020**

- Special edition of the "Voice of Physiotherapist", wholly dedicated to the current situation of physiotherapy during the epidemic.
- Appeal of the Supreme Medical Council and the Polish Chamber of Physiotherapists, calling for public authorities to support medical professionals and entrepreneurs working in the healthcare industry.
- WCPT writes to the Minister of Health and to the presidents of NFZ and AOTMiT (Agency for Health Technology Assessment and Tariff System) about the role of physiotherapy in Poland during the COVID-19 pandemic, KIF actions during the crisis. In the letter, WCPT recommends introducing telerehabilitation as soon as possible.

**9 April 2020**

- The Polish Chamber of Physiotherapists addresses the Prime Minister and the Minister of Health with a request to allow a group of physiotherapy volunteers to get involved in the fight against coronavirus epidemic.

**17 April 2020**

- The Board of KIF recommends continuation of physiotherapy for patients who are at risk of health deterioration, as well as publishes guidelines for home, outpatient and stationary physiotherapy.
- In his letter to the Prime Minister and the Minister of Health, the President of KIF reminds that physiotherapy is an independent medical profession, which must not be put on the same level as hairdressers or tattoo studios. The President of KIF calls for cancellation of current limitations in access to rehabilitation.

**16 April 2020**

- The President of KIF offers condolences to the family and close friends of the dead physiotherapist from Radom, who is the first fatal coronavirus case among healthcare professionals.
- In an appeal addressed to the Prime Minister and the Minister of Health, the President of KIF again requests for providing adequate protection equipment to all healthcare workers and ensuring wide access to tests.



**10 April 2020**

- Answering numerous appeals and actions initiated by KIF, the Minister of Health introduces telerehabilitation (during the state of epidemic).



**20 April 2020**

- In response to the government's decision, which planned to "unfreeze" rehabilitation services only in the last (fourth) stage of activating economy after lockdown, the President of KIF addressed a letter to the Prime Minister and the Minister of Health and stands up for physiotherapists, demanding them to be treated as healthcare professionals.

**21 April 2020**

- Publication of the Polish translation of WCPT guidelines regarding physiotherapy for COVID-19 patients, prepared by KIF experts and specialists.
- Publication of "Physiotherapist - medical profession in the epidemic" - a document which presents various legal aspects regarding the efforts of physiotherapists in the fight against coronavirus epidemic, as well as gives examples of such actions from different countries.

**27 April 2020**

- Teleconference with the Minister of Development about economic solutions for entrepreneurs working in the healthcare industry: doctors and physiotherapists. The representatives of KIF, including its President, and the representatives of the Supreme Medical Council all participated in the discussion.



**7 May 2020**

- KIF publishes a statement on professional independence of physiotherapists, which is one of the pillars of this profession, guaranteed by Act on the Profession of Physiotherapy.

**2 May 2020**

- Owing to the efforts made by KIF, rehabilitation is included in the second (and not in the fourth, as previously planned) stage of unfreezing Polish economy affected by the COVID-19 epidemic.

**30 April 2020**

- In a letter to the Minister of Health and the President of NFZ, the KIF Board proposes individual therapy with patients - in accordance with optimal and recommended epidemiological safety measures - and suggests incorporation of telerehabilitation as part of the services provided on an outpatient, home and day basis.

**29 April 2020**

- Appeal to the decision-makers and managers of healthcare entities, concerning the necessity to provide physiotherapists with personal protective equipment.

**14 May 2020**

- The Polish Chamber of Physiotherapists calls for ensuring realistic prices for physiotherapy in all scopes and encourages service providers to send opinions on this matter to the NFZ and attach information about real costs of conducting business activities, which allow for realization of rehabilitation services.

**19 May 2020**

- KIF proposes a number of corrections to the project of ordinance prepared by the President of NFZ, which changes the terms and conditions of entering into and executing agreements regarding types of therapeutic rehabilitation and health programs included in healthcare services – treating children and adults in coma.



**20 May 2020**

- KIF publishes recommendations for course organizers and physiotherapists regarding the organization and realization of postgraduate courses.

**10 June 2020**

- KIF publishes recommendations for physiotherapists who work in spa centers.

**29 May 2020**

- The government publishes an ordinance which prognoses waiving of temporary limitations in providing healthcare services within the spa treatment sector on the 16th of June 2020. KIF proposes corrections to this ordinance.

**26 May 2020**

- KIF submits a request to the Minister of Health, asking for urgent publication of guidelines for conducting tests for SARS-CoV-2 virus in patients referred for spa treatment, as well as for publication of guidelines for the realization of such services.

**25 May 2020**

- KIF summarizes its social activities aimed to support colleagues who, due to the epidemic, have found themselves in a difficult financial situation. The Chamber has allocated 1 mln PLN from membership fees for this cause.

**21 May 2020**

- Second special edition of the "Voice of Physiotherapist", wholly dedicated to the current situation resulting from COVID-19 epidemic.



# What is the Solidarity Fund?

Having observed the development of COVID-19 epidemic in Poland, the board of KIF decided to suspend all current initiatives of the Polish Chamber of Physiotherapists which cannot be realized online. We have also cancelled all scheduled courses, the II<sup>nd</sup> KIF Congress in April and test validation studies. The functioning of KIF office has been adjusted to the online work system. Growing concerns about epidemiological threat led to appointment of a crisis management board as early as on the **12<sup>th</sup> of March 2020**.

Although we operated with tremendous speed, our actions were methodical and carefully thought through. On that same day, after 6 hours of planning, the crisis management board issued the first recommendations on patient admissions. Moreover, we were fully aware that we were publishing our guidelines faster than the Minister of Health. Experience has shown that this decision - criticized by many people as immature at that time - was right. Presumably, early limitation of physical contact has saved many of our colleagues and patients from infection.

We have made a decision to subordinate all actions of KIF to these unique circumstances and define new priorities. The major goal of our crisis management board was to ensure safety for patients and physiotherapists by recommending behaviours which limit transmission of SARS-CoV-2 virus.

The second aim of our work was to undertake initiatives and propose solutions which could mitigate the economic consequences of suspension of services provided by physiotherapists and help them survive

the isolation period. The third purpose of our efforts is to prepare and introduce methods which could help physiotherapists to move forward after the epidemic crisis.

During less than a month of work, the KIF crisis management board has written more than 150 letters and requests to various institutions, including: NFZ, GIS, Ministry of Health, The Chancellery of the Prime Minister of the Republic of Poland and to the Sejm of the Republic of Poland.

The results of our work are available online, on a special subpage: <http://kif.info.pl/koronawirus>

We have reasons to be proud of our community, as we have completed the primary goal of our crisis management board within the first week. Normally, physiotherapists would have admitted half a million of patients every day. However, thanks to our recommendations, the majority of them have closed their offices and clinics long before the government announced its ordinance. And this is precisely how physiotherapists have contributed to slowing the transmission of the virus. We have passed the exam on responsibility which lies upon our shoulders as healthcare workers, performing a profession of public trust.

Currently, the crisis management board focuses on major actions aimed to reduce the effects of the crisis, which will undoubtedly affect many of us. **It is thanks to physiotherapists who pay membership fees, that we are now able to increase the Social Committee budget to one million PLN!** We are the-

refore creating a Solidarity Fund, allowing every physiotherapist with a stable financial situation to support those members of our professional community who have found themselves in need.

We are also creating new, special regulations on providing help for those whose life situation has changed as a result of economic lockdown caused by the pandemic of SARS-CoV-2. We already know that we will be able to offer non-refundable aid of up to 1000 PLN as a part of our Solidarity Fund. In order to simplify the process of submitting requests, we will create an online form sent via the Physiotherapy Portal. This will allow for significantly faster examination of applications. We expect approximately 5-7% of representatives from our professional field to apply for such a help. Therefore, the Social Committee will receive adequate organizational support and additional employees will be assigned to handle the processing of applications. Accordingly to arising needs and the abilities of KIF, we will gradually introduce next tranches of financial support.

It is worth noting that the social programme addressed to individuals who have found themselves in a difficult life situation, which has been realized since the beginning of 2019, **has not been suspended**. According to the current rules and regulations, the Social Committee may grant a non-refundable aid of up to 6 000 PLN.

We believe that certain comments on social media, which demand KIF to suspend membership fees, are made far too early. It is the membership fees which allow us to fund the functioning of the Chamber, the work of which has become even more intense these days. In order to complete the tasks, which are regularly published on our website, KIF employs 101 people upon different employment agreements. As many as 98 of these employees hold various positions in the KIF management structures. Moreover, we consult numerous experts and external entities whenever we need to. In a simplified way, we may say that every day several dozen people work towards the benefit of 67 thousands of physiotherapists in Poland.

We genuinely hope that, as a professional community, we will pass the test for solidarity with the highest mark and those of our colleagues, who are the most affected by the epidemic, will come away unscathed from the crisis - thanks to your help. Today, let's wish each other this!



**Ernest Wiśniewski**

Vice-President of KIF in charge of development and finance management

## WOULD YOU LIKE...

to **know more** about Polish physiotherapy?

to **share your ideas** or projects?

We are happy to cooperate with you in many areas:

- Polish health system know-how
- law regulations regarding physiotherapy
- contacts to Polish physiotherapists and experts
- contacts to leading universities and medical institutions
- and many others!







## KIF Social Committee provides aid during the epidemic

Considering the difficult financial situation, that a lot of our self-government representatives now experience due to the COVID-19 economic lockdown, the Chamber has launched a **special programme of social aid**. By virtue of the KIF resolution from the 4th of April 2020, we have started providing material support in the form of non-refundable grants of up to 1000 PLN, for those physiotherapists who needed our help the most. Since the beginning of April, the KIF Social Committee has examined 1201 applications, 997 of which have met formal requirements. Special assistance grants have already been paid to 563 people, while the other 434 applicants will receive their grants in mid-May. The Social Committee has not approved applications in 204 cases, 6 of which were corrected by the requestors and sent for repeated examination by the Social Committee. The KIF Board has also provided support to the family of our dead colleague.

We would like to remind that the social programme addressed to individuals who have found themselves in a particularly difficult life situation (e.g. due to COVID-19 disease), which has been realized since the beginning of 2019, has not been suspended. According to the current rules and regulations, the Social Committee may grant a non-refundable aid of up to 6 000 PLN.

1201

examined  
applications

997

applications  
meeting  
formal  
requirements

563

already  
paid  
grants

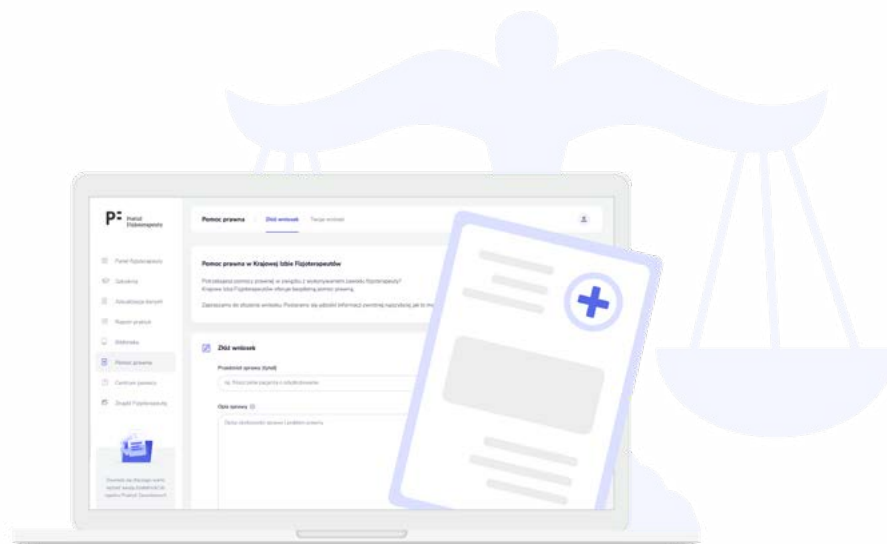
1. [https://kif.info.pl/file/2020/04/Uchw\\_475-1-KRF.pdf](https://kif.info.pl/file/2020/04/Uchw_475-1-KRF.pdf)

## We paid respects to our colleague

On the 16<sup>th</sup> of April, with deep regret, we received an information about the death of our colleague Robert Skóra. The 46-year-old physiotherapist was the first fatal case of COVID-19 among Polish healthcare professionals. Robert was a physiotherapist with 20 years of professional experience, who worked in the Mazovian Specialist Hospital in Radom, where he admitted patients for as long as his health condition allowed. It is most likely where

he became infected with coronavirus. He has taught us that physiotherapists, just like other medical professionals, “fight” on the frontline. Despite his young age and greatest medical efforts, doctors could not save his life. He has left behind a wife with two children.

We have provided support to Robert's family and friends and have also expressed deepest condolences on behalf of our community.



# New option of legal advice on the Physiotherapy Portal

Physiotherapy Portal introduces a new tool for providing free legal help available as a part of the statutory activity of the Polish Chamber of Physiotherapists. This tool is aimed to facilitate access to legal help for all members of KIF who regularly pay membership fees. Now the status of the request can be easily monitored, which should accelerate the process.

This tool seems particularly important during the SARS-CoV-2 epidemic which presents physiotherapists with numerous challenges, including those of legal nature. In accordance with current statistics, our Legal Department has answered over five thousand emails since April 2018. Unfortunately, a large part of this correspondence is not very precise or does not concern legal issues. Moreover, some of these requests are submitted by not-authorized individuals (persons other than physiotherapists) or by physiotherapists who do not comply with their obligation to make regular payments for membership fees, which disqualifies them from participation in the Chamber's budget. Hence the idea to systematize the process of reporting legal problems via the Physiotherapy Portal. The above-mentioned tool, introduced in accordance with the KIF resolution (427/I KRF) from the 16th of March 2020, aims to facilitate, clarify and accelerate the process of obtaining legal support for physiotherapists who are members of the KIF.

It is also worth noting that this resolution provides an opportunity for personal meeting with a legal advisor or lawyer. This solution will be employed in complicated cases, requiring additional explanations or presenting supplementary documents. It should also

be kept in mind that, due to restrictions resulting from the epidemic state announced in Poland, personal meetings are temporarily impossible to conduct. As soon as the epidemic period ends, our pilot plan will be to organize legal aid in the form of open office hours - first in Warsaw and Cracow, then in specific KIF departments in other voivodeships. According to the provisions included in the resolution, legal aid in the form of personal meetings with legal advisor or lawyer will be provided after KIF indicates the date and location of the meeting. The meeting will take around 30 minutes, with the possibility of prolongation up to 1 hour.

## The scope of legal aid

Giving our users access to this tool allows them to seek legal aid in a relatively easy way, as guaranteed by the conditions of working as a physiotherapist or running professional practice - especially in the field of medical law, which means all legal aspects of providing physiotherapeutic services.

## Legal aid on the Physiotherapy Portal

In order to benefit from this new opportunity, choose "Legal aid" from the menu on the Physiotherapy Portal - this will redirect you to a subpage where you can

## SUBMIT YOUR APPLICATION FOR FREE LEGAL AID VIA YOUR PHYSIOTHERAPY PORTAL ACCOUNT

**Pomoc prawna w Krajowej Izbie Fizjoterapeutów**

Potrzebujesz pomocy prawnej w związku z wykonywaniem zawodu fizjoterapeuty? Krajowa Izba Fizjoterapeutów oferuje bezpłatną pomoc prawną.

Zapraszamy do złożenia wniosku. Postaramy się udzielić informacji zwrotnej najszybciej jak to możliwe.

**Złóż wniosek** 1

**Przedmiot sprawy (tytuł)**

np. Roszczenie pacjenta o odszkodowanie

**Opis sprawy**

Opisz okoliczności sprawy i problem prawny

**Załączniki (opcjonalne)**

Prześlij pliki

Akceptowane pliki: pdf, png, jpg  
Maksymalny rozmiar: 10 MB

**Wskazana forma pomocy** 2

☒ informacja bądź stanowisko przesyłane na adres e-mail fizjoterapeuty

☐ spotkanie z radcą prawnym lub adwokatem w ramach dyżuru prawnego (już wkrótce)

☐ spotkanie z radcą prawnym lub adwokatem w ramach konsultacji online

**Twoje wnioski** 3

1. Provide the title and brief description of your case in the designated areas. You can also attach important documents.
2. Choose preferred type of legal help.
3. You can review all previously submitted applications and file new requests in the "Your applications" tab.

Portal Fizjoterapeuty (Physiotherapy Portal) is currently available in Polish for physiotherapists registered in Poland.

apply for free legal aid regarding the terms and conditions of your work as a physiotherapist and review all previously submitted requests. If you wish to submit a new application, please choose "Submit an application" tab and provide, as precisely as you can, the title and brief description of your request in the designated areas. You can also attach documents which can help our experts understand the problem and choose your preferred type of legal aid.

The Portal enables you to access three types of legal aid:

- Information or statement provided via e-mail
- Meeting with legal advisor or lawyer during their duty hours
- Online consultation with legal advisor or lawyer

If you decide for online consultation or a meeting with legal advisor or lawyer during their duty hours, we will ask you for a short explanation why this type of help is best in your situation.

In order to review previously submitted applications and check their current status, please choose "Your applications" tab. This tab will direct you to a list of all previously submitted requests and present their submission dates, functional identity numbers (which can be used to provide precise details of your case when consulting other lawyers who work with KIF) and current statuses.

### Help Center on the KIF website

Please note that, regardless of the legal aid available through the Physiotherapy Portal, the website of the Polish Chamber of Physiotherapists features a Help Center, where you can find regularly uploaded opinions concerning the most frequent legal problems reported by physiotherapists. The resolutions prepared by the Board of Polish Chamber of Physiotherapists and published on the website are also worth reading, as they often contain official statements regarding important and problematic matters of this profession.

**Ensuring fast access to legal support for members of the Polish Chamber of Physiotherapists, especially during the difficult situation caused by the COVID-19 epidemic and growing concerns of legal nature, this is one of the most important tasks we strive to complete today. New option of legal aid provided via the Physiotherapy Portal serves as a real answer to the needs of the physiotherapeutic community.**

**Katarzyna Blicharczyk-Ożga**

Legal advisor  
Coordinator of the KIF Legal Department

Coauthor:

**Łukasz Dobrakowski**



# Keep documentation in Finezjo!

The ordinance of the Minister of Health<sup>1</sup> obliging all physiotherapists to keep electronic medical documentation and adhere to the International Classification of Functioning, Disability and Health (ICF) became effective in the midst of April this year.

At the beginning of this year, the Polish Chamber of Physiotherapists launched Finezjo - a free internet app which enables keeping full medical documentation in an electronic form. This tool is the next step in implementing rehabilitation reform, aimed to introduce modern standards to physiotherapeutic care and digitalize the profession.

This application was created thanks to several months of hard work performed by our project team, i.a. programmers, graphic designers and testers. KIF experts such as physiotherapists and lawyers, were responsible for the content-related part of this process. Currently the programme is available for persons with registered individual medical practice. According to our information, one in every four physiotherapists from this group uses Finezjo and the number of regular users is constantly growing.

When creating this application, our major goals were to automate the process of keeping medical documentation, provide the best safety measures for data collected by users and adjust the application to guidelines issued by the Ministry of Health. An important and laborious stage of our work was also creating an intuitive and easy-to-use interface. In order to meet the needs of our users, the first versions of Finezjo were tested by physiotherapists who volunteered to take part in the project. Comments and suggestions reported by those physiotherapists resulted in various modifications, the most important of which were: creating mobile version of the application, enabling synchronization with Google Calendar, adding automated SMS notification system and improving the system which allows for archiving inactive patients.

Our project team ceaselessly works towards introducing new improvements. Currently the most

pressing task is to adjust the application to the needs of those physiotherapists who are employed in healthcare entities or run group physiotherapy classes. Simultaneously, we are striving for inclusion of a paediatric examination card in the system and integration of Finezjo with the National Health Fund, which would facilitate reporting services to the employer in an app-based form.

Finezjo is receiving positive feedback from its users for the intuitive examination card, convenient treatment planner and opportunity to use ready functional test templates.

If you are looking for an easy-to-use tool for keeping your medical documentation in accordance with current standards - try Finezjo!

To help you navigate through the application, recordings from three webinars explaining how to use Finezjo are now available on the Physiotherapy Portal. These online trainings present proper ways of completing the examination card, saving medical history, documenting functional examination according to ICF norms and using the test database. The trainings also discuss other key aspects of documenting your visits. Experts and creators of the application have also demonstrated new functionalities which are going to be launched in 2020, i.a. app version for healthcare entities and paediatric examination card.

**Aneta Markiewicz**

Communication & Marketing Department

Finezjo is currently available in Polish for physiotherapists with a registered practice in Poland ([www.finezjo.pl](http://www.finezjo.pl))

Contact details:

[pomoc@finetzjo.pl](mailto:pomoc@finetzjo.pl).



@finetzjopl

<sup>1</sup>Ordinance of the Minister of Health from the 6th of April 2020 on the types, scope and templates of medical documentation and methods of its processing.



#stayathome

## Let us not lose touch with patients

### Telerehabilitation in the times of epidemic

Current state of epidemic announced in all Polish territories generates numerous limitations also in the functioning of physiotherapy practices. It does not have to – or it even must not – entail complete cessation of contacting patients. Responding to the needs of physiotherapists, the 'Find a Physiotherapist' portal implements free option for telerehabilitation.

#### State of epidemic and physiotherapy practice

Although the state of epidemic introduced in Poland is aimed to prevent transmission of SARS-CoV-2, it also results in numerous restrictions regarding movement, using public spaces, new work modes, as well as limitations in interpersonal contacts.

Understanding the scale of epidemiological threat, the majority of physiotherapeutic practices in our country has suspended services requiring physical contacts with patients. However, it seems incredibly important to continue the cooperation between patients and physiotherapists, with the use of available technological tools. The Polish Chamber of Physiotherapists recommends online consultations (telerehabilitation) as the best form of such a cooperation during the period of COVID-19 epidemic.

#### Advantages of telerehabilitation

Obviously, telerehabilitation involves a number of limitations and can only partly compensate for the lack of physical contact with healthcare professionals. Nonetheless, it is worth to take notice of the advantages of online consultations during the epidemic.

From the perspective of physiotherapists, the most important advantage of telerehabilitation is constant cooperation with the patient, that is, continuation of therapy supervised by a qualified medical specialist and the ability to monitor progress. It also creates an opportunity to observe your patient's behaviour in his or her natural environment, outside of physiotherapy office, in a less formalized context.

It is important to understand that online consultations cannot substitute direct contact with patients but their implementation in the current situation is not only an opportunity, but rather a necessity.

#### Telerehabilitation on the Find a Physiotherapist portal

In response to many requests submitted by users, Find a Physiotherapist has launched a free option allowing physiotherapists to consult their patients online. The telerehabilitation platform enables its users to make online appointments by a simple procedure of choosing the date of consultation and filling in a short form. In order to carry out an appointed visit, we recommend using popular online communication tools such as Skype or Zoom.

Only on the first day of its functioning, **more than a hundred and fifty physiotherapists** employed this online tool in their practice.

You are also welcome to join physiotherapists who provide telerehabilitation services by simply activating the designated option in the Find a Physiotherapist portal. Go to [znajdzfizjoterapeute.pl](http://znajdzfizjoterapeute.pl), see and try this new solution for yourself!

**Let us do our utmost to ensure safety for physiotherapists and their patients during this unusual time of epidemic! However, let us not give up on contacting our patients, so that they know they count on us even in these difficult times!**

**Łukasz Dobrakowski**  
IT Departament



# Physiotherapy moves... seniors!



**Only a few days without physical activity might cause hard-to-reverse effects in the body of an elderly person. This can be prevented!**

Due to the introduced state of epidemic, the Ministry of Health and Chief Sanitary Inspector advise seniors to avoid public places in order to prevent SARS-CoV-2 infection. **The Polish Chamber of Physiotherapists and the Ministry of Health prepared an “Active senior at home” prevention program.** It is a set of several safe exercises which can be performed by elderly people at home. **These exercises can be found on a dedicated website of the project - [fizjoterapiaporusza.pl](https://fizjoterapiaporusza.pl), in the “Active senior” section.**

People over 70 years of age are especially vulnerable to dangerous COVID-19 complications, as they usually present with other comorbidities and diminished function of the immune system. We are aware that compulsory staying at home might cause significant limitations in physical activity, which may cause - particularly in older patients - serious and hard-to-reverse consequences for the whole body. Hence the idea to prepare an easily accessible prevention program called “Active senior at home”. This is a set of several safe exercises which will facilitate functioning in this difficult period. These exercises are easy to perform and feasible even for elderly patients. Moreover, they do not require any special

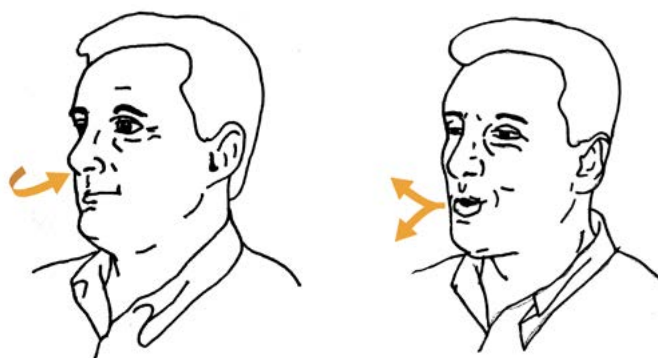
equipment - just the access to ordinary household objects, e.g. sofa, chair or windowsill. The latter appears to be particularly important during the epidemic, as seniors often do not have access to sports equipment at home. The exercises were prepared by an expert team comprising physiotherapists who are experienced in working with patients from geriatric, neurological and cardiological wards. The team consisted of: Agnieszka Wójcik PhD (also as a reader in video tutorials), Piotr Czyżewski PhD, Monika Piekarnik MSc, Marta Podhorecka PhD, Anna Pyszora PhD, Marta Sidaway PhD, Prof. Edyta Smolis-Bąk PhD, Agnieszka Stępień PhD, Prof. Aleksandra Truszczyńska-Baszak PhD. Agnieszka Pawlak successfully plays the role of a patient in video tutorials recorded in the KIF office.

The above-mentioned materials are published on a special website <https://fizjoterapiaporusza.pl/active-senior>, as well as on YouTube and Facebook profiles of the Ministry of Health. Every day one exercise video will appear on each of these sites, along with expert's comments and instructions regarding the number of repetitions and recommended tempo. The complete series of several videos will be available to everyone for free. We also call upon younger people to help seniors handle the technological aspects of this initiative, as not all elderly people are familiar with navigating through various internet contents and using social media.

Our campaign has been noticed by media - an interview with the Vice-President of KIF, Zbigniew Wroński, was broadcasted on TVN24 and TVN channels (in the evening edition “Fakty”). The action has also been promoted by PAP, Wprost, TVP and its local branches, Radio Maryja, as well as numerous professional and local media.



**Wojciech Komosa**  
Head of Communication & Marketing  
Department



# Pulmonary physiotherapy comes to the rescue of COVID-19 patients

Although pulmonary physiotherapy plays a crucial role in the process of treatment, rehabilitation and patient care, we have observed decreasing interest in this form of therapy in Poland for the past couple of years. However, the ongoing epidemiological situation proves that we should take steps not only to restore but also to develop pulmonary physiotherapy practice.

On the 30<sup>th</sup> of January 2020, WHO announced the epidemic of SARS-CoV-2 coronavirus which causes the COVID-19 disease. At that time, nobody in Poland expected this situation to advance to what we see today. Furthermore, nobody could predict how important would be the role of physiotherapists in the treatment of this condition. This highly infectious disease first affects the respiratory system and, as it progresses, leads to respiratory insufficiency along with deterioration in physical fitness and mental condition of patients.

## Life-saving physiotherapy

In the face of progressing epidemic, the highest priority is allocated to preparation of guidelines which could serve as principles of work for every physiotherapist assigned to treat COVID-19 patients. Releasing official guidelines becomes all the more important as more and more regional hospitals are being transformed into isolation hospitals. As a result, every physiotherapist - regardless of his/her specialty - can be appointed to work with such patients.

On the 3rd of March 2020, the Chinese Association of Rehabilitation Medicine published recommendations on the pulmonary rehabilitation of COVID-19 patients. After careful analysis of the experiences shared by our Chinese colleagues and basing on the guidelines currently applied in pulmonary physiotherapy, along with KIF we published recommendations which serve as a primary tool in the work of every

physiotherapist. I believe that these recommendations prove that we should not fear to work with such patients. If security and safety standards are maintained, our work may not only allow for complete recovery of infected patients but it can also save lives.

Care provided by physiotherapists is critical at every stage of the disease, beginning from mild conditions to serious phases which require mechanical ventilation. It is also reasonable to start educating patients early on - everyone should be acquainted with techniques and positions for alleviating dyspnea, as well as possess emotional resources to cope with fear and anxiety.

## Supporting the patient

Fear and anxiety - these two feelings are inseparable elements of everyone's lives and they have been accompanying us every day of the epidemic. It is not only a fear of the unknown, but most importantly a fear of losing your life and health. Chinese guidelines strongly emphasize that patients who recovered from COVID-19 disease presented with typical characteristics of post-traumatic stress injury. Therefore, physiotherapists provide essential emotional support and sense of security by caring for their patients. This may become particularly important if the number of COVID-19 cases keeps growing, causing doctors and nurses to be overwhelmed with work. This is why we should all unite and support each other in the face of danger.

## Pulmonary physiotherapy as a chance for patients

The major goals of conducting physiotherapy for hospitalized patients are the reduction of shortness of breath, improvement of restricted lungs' capacity, prevention of complications resulting from respiratory insufficiency and immobilization, reduction of disability, improvement of the quality of life, reduction of anxiety and depression prevention.

Patients in serious and critical conditions will require further treatment in the intensive care unit. They are at risk of undergoing intubation and invasive mechanical ventilation due to acute respiratory failure. Many COVID-19 patients who use life-support machines often suffer from complete loss of spontaneous breathing due to administration of strong tranquilizers and sleep-inducing medications. Commencement of physiotherapeutic intervention in the right time can significantly reduce the duration of delirium, shorten the period of required mechanical ventilation and also improve patients' functionality. However, it is worth remembering that this form of physiotherapy ought to be performed by physiotherapists who are qualified and experienced in conducting such procedures.

I would also like to encourage every physiotherapist to use this time of home quarantine for expanding their knowledge about the basics of pulmonary physiotherapy. I can particularly recommend the "Textbook of Pulmonary Rehabilitation" (Enrico Clini, Anne E. Holland, Fabio Pitta and Thierry Troosters). I also believe it is crucial to follow the latest reports published on the official WHO website and guidelines issued by KIF.

**Aleksandra Cieloszczuk**

(\*) Guidelines on conducting physiotherapy for adult patients with COVID-19 were prepared by a team which included:

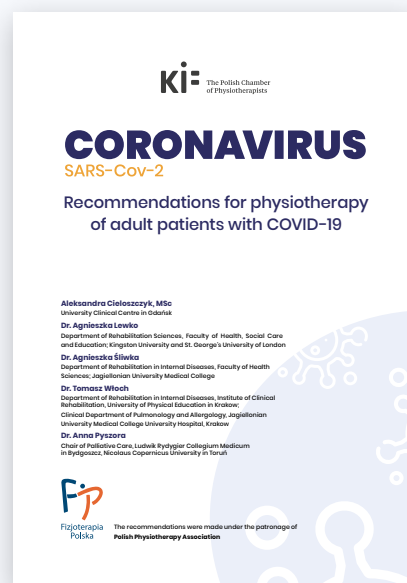
**Aleksandra Cieloszczuk MSc** (University Clinical Center in Gdańsk)

**Dr. Agnieszka Lewko** (Department of Rehabilitation Sciences, Faculty of Health, Social Care and Education; Kingston University and St. George's University of London)

**Dr. Agnieszka Śliwka** (Department of Rehabilitation in Internal Diseases, Faculty of Health Sciences; Collegium Medicum of the Jagiellonian University)

**Dr. Tomasz Włoch** (Department of Rehabilitation in Internal Diseases, Institute of Clinical Rehabilitation, Academy of Physical Education in Cracow; Department of Clinical Pulmonology and Allergology at the University Hospital of the Collegium Medicum of the Jagiellonian University in Cracow)

**Dr. Anna Pyszora** (Sub-Faculty of Palliative Care, Ludwik Rydygier Collegium Medicum in Bydgoszcz, Nicolaus Copernicus University in Toruń)



Guidelines on pulmonary physiotherapy for COVID-19 patients include i.a.:

- Management of non-ventilated patients, e.g. positions reducing dyspnea, breathing techniques alleviating shortness of breath, methods for clearing out stagnant phlegm,
- Methods of working with isolated patients,
- Techniques of mobilization and improving physical capacity of patients,
- Management of mechanically ventilated patients in the intensive care unit.

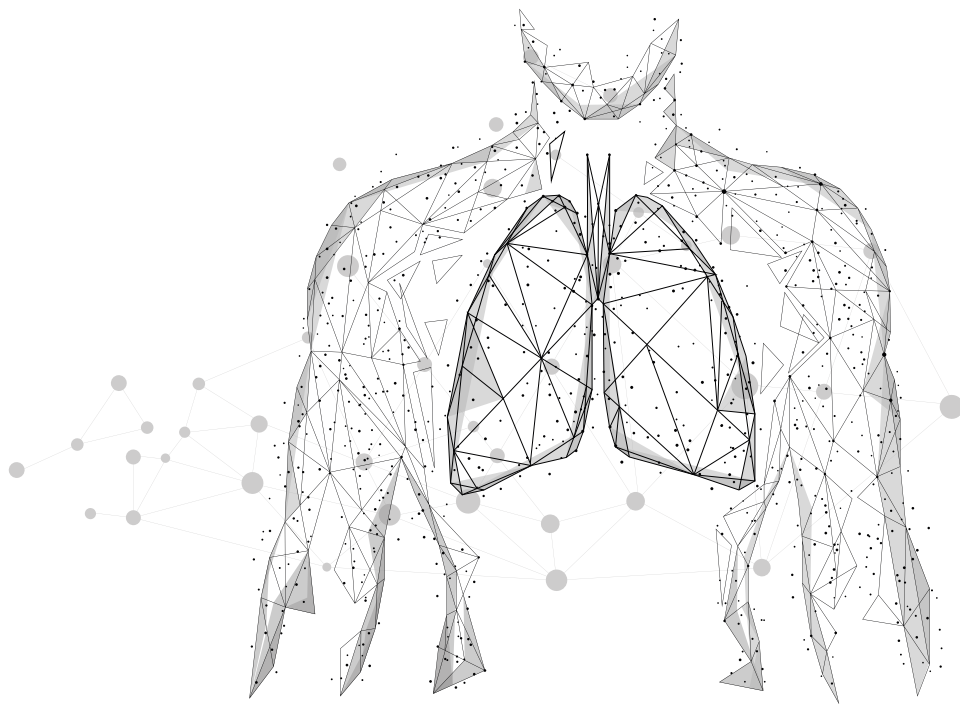


This content has been prepared under the auspices of the **Polish Physiotherapy Association.**

### Download guidelines:

<https://kif.info.pl/file/2020/03/Recommendations-for-physiotherapy-of-adult-patients-with-COVID-19.pdf>





## Pulmonary physiotherapy – more than breathing exercises and expectoration

This article was prepared by experts in the field of pulmonary rehabilitation – Dr. Agnieszka Lewko and Dr. Anna Pyszora. It discusses the scope of such practices in the context of current scientific evidence and is based on latest clinical recommendations.

Physiotherapy incorporates various branches of medicine, i.a. neurology, orthopaedics, traumatology or cardiology. In some countries, pulmonary physiotherapy is perceived as one of the three most important branches, while in other countries it is still undervalued. Pulmonary rehabilitation is commonly associated with clearing the bronchial tree, postural drainage or breathing exercises. However, these methods only constitute a fragment of its therapeutic scope and pulmonary physiotherapy is in fact much more!

Physiotherapists who specialize in this field work with e.g. thoracic surgery patients, people suffering for neuromuscular diseases with ineffective cough and insufficient ventilation, patients with ventilation disorders during exacerbations of chronic diseases, patients supported by mechanical ventilation in intensive care units, patients hospitalized due to acute course of pulmonary/bronchial infections in all ages, including children. Physiotherapists also play an important role in the recovery of patients affected by functional disorders of the respiratory system, e.g. hyperventilation syndrome or hypoventilation in advanced obesity. Pulmonary rehabilitation of neonates with respiratory disorders is also an invaluable

branch of this profession. This article aims to explain the scope of pulmonary physiotherapy in the context of current medical knowledge and it is based on latest clinical recommendations.

### More than patients with pulmonary diseases

The general goal of physiotherapy is to provide an optimal level of physical and emotional functioning for patients in all phases of disease process [1]. This principle applies to early period after the diagnosis, both acute and chronic conditions (during stabilization and exacerbation), as well as to the last stages of a patient's life. Pulmonary physiotherapy is used in intensive care units [2], on hospital wards, in outpatient clinics and increasingly at patients' homes [1, 3]. Pulmonary physiotherapists are responsible for comprehensive subjective and objective examination of a patient, paying special attention to the respiratory system. The process of clinical reasoning involves careful analysis of obtained results with consideration of a patient's individual plan – which should be created in accordance with his or her individual needs, resulting from e.g. psychosocial circumstances.

Such proceeding enables to plan effective and safe physiotherapeutic intervention.

It shall be emphasized that pulmonary physiotherapy does not limit itself to treating only patients with pulmonological conditions. Naturally, this specialty is crucial for recovery of patients suffering from diseases such as cystic fibrosis, chronic obstructive pulmonary disease (COPD), asthma, bronchiectasis or pulmonary fibrosis. In therapy of the above-mentioned groups of patients, implementation of the following methods plays an essential role: airway clearance techniques (defined as “chest therapy” in scientific literature), non-invasive ventilation (both in exacerbations during hospitalization and at home), oxygen therapy on exertion, physical training in accordance with pulmonary rehabilitation programs.

What is more, pulmonary physiotherapy is also important in treating other conditions with coexisting disorders of the respiratory system, e.g. difficulties in expectoration observed in patients with neuromuscular diseases or spinal cord injuries, patients who underwent surgical procedures, as well as critically ill or obese patients. Thorough examination, evaluation of patient and adequate intervention often prevent serious complications which could potentially lead to permanent disability or premature death.

### Only scientific evidence

Methods applied in pulmonary physiotherapy are based on evidence of effectiveness confirmed by scientific research. The number of publications in this medical field is rather significant - there are numerous textbooks for pulmonary physiotherapy [4, 5] clinical guidelines [2, 6, 10] and recommendations prepared in accordance with strong scientific evidence and experts' opinions [7-9].

Techniques used in pulmonary physiotherapy aim to: evacuate phlegm from the bronchi, reduce breathing effort and increase compromised lung capacity [5]. While these techniques are extensively described in professional literature, the decision about their implementation and effectiveness must be made after performing an individual examination of a patient, assessing mechanisms which led to retention of respiratory secretions, as well as evaluating its clinical effectiveness [2, 4, 5, 6, 11]. For instance, Active Cycle of Breathing Techniques (ACBT) is a method widely applied in bronchial diseases, whereas cough assist using mechanical insufflation exsufflation (MIE) is applicable mostly in patients with neuromuscular di-

seases and manual hyperinflation is recommended for intubated and mechanically ventilated patients in intensive care units. By using techniques alleviating symptoms such as dyspnea [4, 6, 14], pulmonary physiotherapists also actively participate in caring for patients who are treated by non-invasive ventilation in order to unload their respiratory muscles [12, 13]. These physiotherapists also possess general understanding and skills regarding physical training and improving patient's physical capacity and muscle strength. Pulmonary physiotherapy specialists are an integral part of pulmonary rehabilitation teams and often holding the positions of leaders. Pulmonary rehabilitation is a comprehensive and economically effective program of sessions which last several weeks and involve: physical training, education, adaptation of health-promoting behaviours and practicing independence in dealing with disease [15]. This form of therapy is an element of standard health care provided to patients suffering from chronic pulmonary diseases, particularly from COPD [16-18].

### HERMES

The influence range and areas affected by pulmonary physiotherapy are extensive, which is why professionals who specialize in this field shall be an integral part of every therapeutic team - especially the teams working in hospitals, outpatient clinics, long-term and palliative care facilities and home care. Nevertheless, the differences in clinical practice, staff training and access to such specialists are exceptionally big, even among countries of the European Union - and even despite the fact that their education systems are supposed to be in line with “Bolognese standards” which were agreed upon during the Bologna Process.

An international working group was created in 2020 to define the scope and programs of post-graduate education for pulmonary physiotherapy specialists. This initiative was inspired by the European Respiratory Society (ERS) education program under the name “HERMES” (Harmonised Education in Respiratory Medicine for European Specialists). Hundreds of specialists from 30 countries, including Poland, have taken part in consultations. With the help of the Delphi Method, a consensus was agreed upon and will be used to prepare the concept and educational program for pulmonary physiotherapists all around the world. Draft version was published in 2015 [19], while the complete program with detailed educational outcomes was published in 2019 [20].

This project is important not only as an indicator of post-graduate education standards but also as a tool for assessing the level of knowledge, skills and attitudes expected from physiotherapists who work with patients suffering from various respiratory dysfunctions. These problems may appear on different stages of life, in the course of various diseases, after surgical treatment or as a result of serious injuries, as has been mentioned before. A well-trained physiotherapist is able to conduct an independent examination of a patient, define his or her therapeutic problems by means of clinical reasoning and create an adequate physiotherapy plan. In order to make sure that physiotherapists are ready to perform complex examinations and provide appropriate therapy, we ought to take a closer look at undergraduate teaching programs and evaluate - according to HERMES standards - whether we are offering sufficient preparation to Polish physiotherapists. The level of teaching at undergraduate studies and the quality of internships often determine which career paths the young physiotherapists are going to choose. It is also critical to ensure constant training opportunities and create a mentoring team made of specialists in this field, who will become supervisors and experts



#### **Dr. Agnieszka Lewko**

Doctor of health sciences at the University of London, pulmonary physiotherapy specialist. Senior lecturer at Kingston University and St. George's University of London.

Member of the European Respiratory Society (ERS), coauthor of the HERMES draft and program on pulmonary physiotherapy. Member of the KIF Board on Pulmonary Physiotherapy.

for other physiotherapists and will also act as leaders among other healthcare professionals. Without properly trained and experienced specialists in pulmonary physiotherapy, a large group of patients cannot access the form of treatment which could accelerate their recovery, prevent dangerous complications, improve quality of life or even prolong life.

### **Pulmonary physiotherapy and COVID-19**

This year a pandemic of virus attacking the respiratory system has revealed disparities among physiotherapists in the level of training, skills and preparation for treating patients with acute respiratory failure. It has turned out that some recommendations and guidelines prepared according to current medical knowledge and international expertise cannot be implemented in many countries, including Poland. This period has allowed physiotherapists to obtain knowledge about the opportunities created by pulmonary physiotherapy. Now comes the time to evaluate and reflect on the needs and goals of pulmonary physiotherapy in our country, as well as to discuss how such goals can be achieved.



#### **Dr. Anna Pyszora**

Doctor of health sciences, assistant lecturer in the Sub-faculty of Palliative Care of the Collegium Medicum of the Nicolaus Copernicus University in Toruń.

Physiotherapist in the Home Ventilation Facility in Bydgoszcz, Popiełuszko Hospice in Bydgoszcz.

Member of the European Respiratory Society (ERS) and KIF Group on Pulmonary Physiotherapy.

#### **Bibliography**

1. Bott J. Respiratory care: A very necessary specialty in the 21st century. *Physiotherapy* 2000; 86: 2
2. Gosselink R, Bott J, Johnson M, et al. Physiotherapy for adult patients with critical illness: Recommendations of the European Respiratory Society and European Society of Intensive Care Medicine Task Force on Physiotherapy for Critically Ill Patients. *Intensive Care Medicine* 2008; 34: 1188-1199
3. Stevenson R, Angus R, Blanchard M, et al. Intermediate care - Hospital-at-Home in chronic obstructive pulmonary disease: British Thoracic Society guideline. *Thorax* 2007; 62: 200-210
4. Main, E and Denehy, L. *Cardiorespiratory Physiotherapy: Adults and Paediatrics*. 5th Edition, Elsevier Health Science 2016.
5. Hough, A. *Hough's Cardiorespiratory Care. An evidence-based, problem-solving approach*. 5th Edition, Elsevier 2018.
6. Bott J, Blumenthal S, Buxton M. et al. Guidelines for the physiotherapy management of the adult, medical, spontaneously breathing patient. *Thorax* 2009; 64(Suppl 1): ii-i51.
7. Gosselink R, Clerckx B, Robbeets C et al. Physiotherapy in the Intensive Care Unit. *Netherlands J. Critical Care*. 2011; 15(2):66-75.
8. Renault JA, Costa-Val R, Rossetti MB. Respiratory physiotherapy in the pulmonary dysfunction after cardiac surgery. *Revista Brasileira de Cirurgia Cardiovascular* 2008; 23(4): 562-569
9. Larsen KS, Skoffer B, Gregersen Oestergaard L, Van Tulder M, Petersen AK. The effects of various respiratory physiotherapies after lung resection: a systematic review. *Physiother Theory Pract*. 2019; 1-19
10. Strickland SL, Rubin BK, Drescher GS et al. AARC Clinical Practice Guideline: Effectiveness of Nonpharmacologic Airway Clearance Therapies in Hospitalized Patients. *Respiratory Care* December 2013; 58 (12): 2187-2193
11. Chatwin M, Toussaint M, Gonçalves MR et al. Airway clearance techniques in neuromuscular disorders: A state of the art review. *Respiratory Medicine* 2018; 136: 98-110
12. Piper AJ, Moran FM. Non-invasive ventilation and the physiotherapist: current state and future trends. *Physical Therapy Reviews* 2006; 11 (1): 37-43
13. Menadue C, Piper AJ, van't Hul AJ, et al. Non-invasive ventilation during exercise training for people with chronic obstructive pulmonary disease. *Cochrane Database of Systematic Reviews* 2014; Issue 5. No.: CD007714
14. Taylor J. Breathlessness and fear. In: *Potential and Possibility: Rehabilitation at end of life. Physiotherapy in Palliative Care*. Taylor J, Simader R, Nieland P (eds.). Urban and Fischer, München 2013
15. Global initiative for chronic obstructive lung disease (GOLD) global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. Report 2020. Dostępny na: <https://goldcopd.org/gold-reports/>
16. NICE. Chronic obstructive pulmonary disease in over 16s: diagnosis and management. NICE guideline [NG115]. 2019. Dostępny na: <https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#managing-stable-copd>
17. Sliwiński P, Górecka D, Jassem E, et al. Zalecenia Polskiego Towarzystwa Chorób Płuc dotyczące rozpoznawania i leczenia przewlekłej obturacyjnej choroby płuc. *Pneumonologia i Alergologia Polska* 2014; 82 (3): 227-263
18. Spruit, MA. et al. ATS/ERS Statement: key concepts and advances in pulmonary rehabilitation. *J. of Resp. and Crit. Care Med*. 2013; 188 (8): e13-e64
19. Pitta F, Mitchell S, Chatwin, M, et al. A core syllabus for post-graduate training in respiratory physiotherapy. *Breathe - Continuing Medical Education for Respiratory Professionals* 2014; 10(3): 220-228.
20. Troosters T, Tabin N, Langer D, et al Introduction of the harmonised respiratory physiotherapy curriculum. *Breathe* 2019; 15(2): 110-115.





## Brave Bear – a brave fighter

Three days after closing the patient center, owners of the Brave Bear Institute of Functional Therapy offered a declaration of support to the President of KIF and members of the crisis management team appointed by KIF. Two physiotherapists volunteered to help the representatives of other medical services in case of drastic increase in the number of infected people. "Our medical education and experience can be of great help, especially if we could provide assistance to people with disabilities" – they argue in their letter.

**Aleksandra and Michał Izydorczyk, owners of the Brave Bear Institute of Functional Therapy, talk with us about the declaration of help and crisis management strategies.**

**Aleksandra Mróz:** Your declaration of readiness to support medical professionals during the epidemic is truly admirable. This initiative is an uplifting gesture and a good example that cooperation is what matters most in challenging times. Fortunately, the epidemiological situation in the moment of this interview does not require you to stand in the front line. How do you satisfy your desire to help?

**Michał Izydorczyk:** In my opinion this is the time for consolidation of physiotherapeutic communi-

ty and immediate action should be taken. I am observing how the event and hotel industry are coping with the pandemic – they very quickly joined their forces and began negotiations with the government to ensure financial support for their professions. I believe that, as physiotherapists, we ought to do the same. KIF is our only representative body. If we wish to receive any institutional help as an occupational group – it shall only be achieved through cooperation with the Chamber. I have been invited to work in the KIF crisis management board almost immediately after sending my letter. I am very glad that my long-standing experience obtained while working at large institutions appears to be useful now.

**What is your assessment of the actions undertaken by the board?**

**MI:** Work in the crisis management board has a multi-threaded character and priorities are clearly defined. I must admit that it functions similarly to a well-organized corporation. However, I feel that there is a lot of work to be done outside of the crisis management board. It is important for public opinion to notice problems resulting from the closing physiotherapy offices and facilities. In our case, the lockdown means suspension of regular therapy for disabled children. We tried to draw a little media attention to this problem. One of our patient even appeared as a guest in a TV coverage broadcasted on a big internet



portal, while other materials are waiting to be published in press. We are aware that, as a community, we don't have much time to prevent the worst-case scenario. Many people employed in private clinics were made redundant on the last day of March.

### **How is your facility dealing with this challenging situation?**

**MI:** We closed our Institute on the day the KIF recommendations were issued. We therefore haven't seen any patients since the 13th of March. A decision to suspend our work has also been made for the sake of our young patients. Since we provide therapy for disabled children with immunodeficiencies, we recognize that coronavirus infection may cause them to suffer from serious health complications. It is a big institution - we hire 26 people, mostly physiotherapists, but also psychologists and clinical speech therapists. We care for more than a hundred children every day, who spend a lot of time at our clinic, since they require regular and complex rehabilitation.

### **What are the consequences of closing your facility?**

**MI:** First of all, we have a large financial problem. Our model of functioning as a company is a little atypical for physiotherapeutic industry, since our healthcare professionals work here under a contract of employment. Choosing this form of employment was our own decision, made at the beginning of our business activity. We strive for some normality in this profession, also in terms of labour law. We believe that people have the right to experience stability and safety at work. Moreover, we also wanted to be competitive on the job market and create attractive employment conditions for



the best specialists, encouraging them to work with us. Our employees appreciate the fact that they are still receiving normal remuneration, unlike their fellow physiotherapists who lost livelihood opportunities overnight. On the other hand, it is a very difficult situation in terms of company's finances. Covering the costs of maintaining 26 posts is a huge burden. This is why we have been putting a lot of effort in creating a survival strategy for our company from the first day of lockdown. We hope that our patients will come back to their physiotherapists after the epidemiological situation calms down a little and we will manage to get out of this trouble.

**Aleksandra Izydorczyk, MSc in Physiotherapy:** However, we are aware that our patients will still face a threat of getting infected when we will be allowed to reopen the clinic. We are therefore planning to take all necessary precautions, such as working in protective clothes. It concerns especially those patients whose rehabilitation achievements regressed

during the pandemic. This problem is true e.g. for patients suffering from respiratory disorders due to muscular atrophy.

### **What strategies have you adopted so far and what do you do for your patients?**

**MI:** We have started analysing different scenarios. Considering our saved capital and current costs, the situation isn't very optimistic. Thanks to cutting all unnecessary costs, these financial resources will allow us to pay remunerations for March. We are struggling to make even the smallest savings - we have turned off all fridges, returned our water dispenser. However, there remain three significant costs which cannot be eliminated - remunerations, ZUS (social insurance) and rent. Remunerations for April cannot be fully covered, as we still need money to pay 5 of our employees. We are very honest with our employees, they are aware of our financial situation. We suggested that all workers agree to a 25-50% decrease in their remuneration, so that everyone could receive

their salaries. Nonetheless, we are going to enter May with an empty account. If we are not back to work or if we don't receive direct and rational financial aid by this time, the perspective of bankruptcy becomes dangerously real.

Of course, we could make all of our employees redundant even in March but we do feel responsible for them. It is them who helped us build this company and making them live hand to mouth would simply be unfair.

### **What is the most difficult aspect in maintaining your business right now?**

**MI:** The most difficult is definitely the fact that nobody knows how long this situation is going to last. If we knew that we would be allowed to go back to work in May, we would be able to create some scenario in our heads. But what if the lockdown lasts until September or November? We are constantly trying to answer the question of how much money we are able to borrow and how we are going to support our team? Our plan only reaches as far as to the end of April.

### **Are you expecting to receive some financial aid?**

**MI:** It is difficult to expect the government to offer us a very big package of financial support right now. But it is definitely worth trying. For now we know that we can only count on ourselves. When it comes to rent - which in our case is rather high - it has not changed so far. Maybe if this property was owned by the city, we would stand a chance for some rent reduction. Unfortunately, we rent our premises from a state-owned enterprise which has not agreed for temporary rent reduction.

### **Is there anything else that you can do?**

**MI:** We are trying to run our company on a minimal level and are struggling to generate some revenues. We are focusing on continuing therapy for our patients by using modern communication technologies. Since we specialize in neurological physiotherapy, we are fully aware that cessation of physiotherapy might result in regression of our patients' functional condition. That is why we decided to introduce online consultations immediately after the lockdown was announced, which allowed us to meet the needs of our patients and satisfy our own needs at the same time.

**AI:** Our patients suffer from many different diseases: various genetic syndromes, cerebral palsy, meningo-spinal hernias. We admit premature babies and other children with health risks. In fact, we do not provide physiotherapy services to the so-called healthy children. Closing our Institute caused feelings of anxiety among our patients. At that time, we knew we had to offer them some



**Ewa Matkowska,**  
**mother of a 5-year-old Kornelia**

## **Interruption of therapy is our catastrophe**

*Kornelia, who has made large progress for the past six months in various therapeutic fields - verticalization, walking, hand function, alternative communication - already presents negative effects of the lack of daily physiotherapy sessions. There is no better term to describe interrupted physiotherapy other than a catastrophe! That is precisely why we can't allow this to happen and we should take advantage of every opportunity to continue treatment. We live in the 21st century, so if my son attends online classes at school, then why couldn't we try online physiotherapy?*

*Two therapeutic facilities which provide therapy for Kornelia have introduced such an option so far. Under the eyes of physiotherapists, we are able to continue treatment with the use of e.g. Vojta and Bobath methods. We join a videoconference with specialists and he explains to me what I should do and corrects my movements. I am the hands of a physiotherapist - a bit clumsy though. Without his help, I would probably do it all wrong or wouldn't be able to do anything at all.*

*I am actively trying to convince the mothers I know to try online physiotherapy. To be frank, on our first class I too wasn't sure if this was all going to work but I quickly realized that, with a little good will from both sides, we can ensure valuable physiotherapy practice for my child.*

*Parents are afraid of this solution because it's something they don't know, something new. I can imagine physiotherapists are afraid too, as they are used to work with their own hands and now they need to use somebody else's hands, often unqualified. It is a very challenging project but we are the best example that it is possible.*



alternative solutions to continue therapy. And the only safe option was online consultations. Obviously it was not easy. Not all of our patients have sufficient intellectual abilities to understand the tasks given by physiotherapists. And not all of them possess the right equipment in their homes.

#### **How does online therapy look like?**

**AI:** The first step includes an online video tour around a patient's house. That way our therapists can see what equipment and toys are available at their patients' homes, which allows them to create an effective therapy plan. We then organize a special physiotherapy corner with a little help from parents and explain to our young patients that, from now on, this is going to be his or her work space. Taking a break from everyday routine and changing the order of daily activities might be challenging even for healthy children but they are usually able to successfully cope with changing circumstances. However, when it comes to our patients, they often seem to be experiencing some additional autostimulations, which only exacerbate the consequences of the lack of appropriate movement.

Another important aspect is to calm down our patients' caretakers, offer support and give them a sense of security. Reassure that, along with a qualified physiotherapist, they are still able to help their child. Having completed all of the above, we present daily and weekly plans for our patients. All of their activities are carefully organized: work with physiotherapist and other specialists, time for verticalization, meals, play, rest, possible walk (only when it is safe). This acquaints our patients with a new and safe daily routine.

After preparing all plans, we are ready to commence



**Ewa Mazur,**  
mother of a 10-year-old Kuba

### **A bit of normality**

We are the lucky ones, since our child is relatively able-bodied. Kuba is 10 years old and he intellectually surpasses his peers, he can walk by himself. So in our case the key thing is to ensure appropriate type of movement for him during quarantine, to maintain his muscle strength, that we have been working on for 10 years of his life.

We have therefore been using telerehabilitation via Skype for about a week now. We exercise for one hour, three times a week. I'm very glad because I can see that Kuba truly dedicated himself to exercising, he finishes covered in sweat, he really works very hard. At the beginning of our online sessions, we established a therapeutic plan with our therapist, defined our priorities and the elements that we need to work on right now. We decided to focus on improving abdominal and gluteal muscle strength.

If not for online therapy, I myself would exercise with Kuba at home. But I think we all know how it really looks - physiotherapist is an authority to a child. Moreover, I am completely unqualified for the job, I wouldn't be able to assess whether a specific exercise is appropriate for my son at a particular stage of therapy. I also wouldn't know if we're doing it the right way. Of course our physiotherapist finds it more difficult to control and correct our movements during online consultations, when compared to normal meetings. But this is our tiny bit of normality right now and it matters most.

our online physiotherapy sessions, in which a physiotherapist directs the movements of a child's caretaker and corrects the patient's position whenever needed. With very young children or the ones with intellectual difficulties, the therapist might demonstrate exercises to the parent using a doll. We are also creating new methods of playing with children e.g. by passing them toys in a specific way, so to provoke them to do a desired movement. Work summaries



and eventual recommendations are sent to the parents after every completed therapeutic session.

**Are parents satisfied with this type of physiotherapy?**

**AI:** Those who decided for online consultations - yes. Those parents that admit their children are eager to work with favourite physiotherapists. And the parents themselves gained more confidence by realizing that, when supervised by a specialist, they are able to prevent the negative effects of traditional therapy interruption - a lot of our patients have already experienced painful contractures

in the lower limbs.

**Have many families already benefited from your online offer?**

**AI:** It isn't a very large group of patients. We recognize that many people have a distrustful attitude towards online physiotherapy. However, we hope that - as quarantine prolongs and the number of satisfied parents grows - more caretakers will decide for this form of therapy. We too, as physiotherapists, must switch to a different work mode. Acknowledge that the information and experience we possess are invaluable and, if conveyed appropriately,

can be of great help.

**MI:** Although online physiotherapy does not have a significant influence on our current financial situation, I have to admit that the positive opinions about this form of therapy that we have received encourage us to include online consultations in our permanent offer.

**Thank you for this conversation, I wish you the best possible ending of this crisis.**



**Agnieszka Jóźwicka,  
mother of a 4-year-old Olinek**

## Our world began to crumble

Olinek received A to Z care at the Institute. He was making a significant progress, considering his health condition. But now our world is starting to crumble, we have never had such a long break from physiotherapy and I can already see that our problems begin to exacerbate. Spasticity of the legs has increased significantly and painful muscle contractions start to occur overnight. We are massaging him more often, provide him with a hot-water bottle, often administer analgesics, since the pain won't let him fall asleep. The central part of his body has become weaker, his movement precision deteriorated and I have also noticed more frequent muscle contractions in his legs and arms.

Olinek has some difficulties in adapting to this new situation. It is partly because of his young age but it also results from his disability - he doesn't fully understand what's going on. He misses his therapists and he won't necessarily allow me to rehabilitate him - a mother is a mother, after all. Thankfully, our clinic has offered us some help and launched online consultations, for which I am very grateful. I have read a lot of opinions in the Internet, written by parents who believe that such a form of therapy is pointless. In my opinion, online physiotherapy makes sense and I am

saying this as a mother who is completely confused by the current situation. I don't know how to rehabilitate my son, which exercises we should do or how to fulfill specific recommendations. And that is precisely why I think online consultation is a brilliant solution, since it mobilizes me as a parent. It gives me the so-called kick and also provides me with valuable information and educates at the same time. Furthermore, I feel much more confident when supervised by a physiotherapist. I am certain that when he observes what I do, he will be able to correct my mistakes and direct me on the right path. In terms of physiotherapy, he knows my child better than I do. I also feel much better taken care of, my mental comfort has significantly improved when compared to just a few moments ago, when I didn't know that such online consultations would be organized. When I thought we would be left all alone.

The facility which provides physiotherapy for our son is a little bit like my second home - we have visited the Institute almost every day, I know the therapists and administration staff. I am really worried about their situation because I realize that, if the epidemiological situation is prolonged, such healthcare facilities will stop earning money. Their future is uncertain, which also means that the future of our child becomes unpredictable. If the Institute closes, we won't have anywhere else to go. We have invested a lot of effort, money and emotional involvement in this therapeutic cooperation - which gave very good results. And now we're facing the perspective of losing it all.





# Physiotherapist in the age of pandemic

There is probably not a single physiotherapist whose professional life has not been influenced by coronavirus. However, it does not mean that one day we all found ourselves in the same point and have been stuck in it for the past two months. Various factors have impact on our situation, the most important of which are obviously the current place and type of employment, as well as one's family situation.

Below we present stories of five physiotherapists from different regions of Poland, who agreed to tell us about the influence of COVID-19 on their daily lives.



### **Tomasz Włoch**

*Physiotherapist with 25 years of experience. He works in the Clinical Department of Pulmonology and Allergology at the University Hospital in Cracow, currently transformed into an infectious diseases hospital. Assistant Professor at the Department of Rehabilitation in Internal Diseases of the AWF Institute of Clinical Physiotherapy in Cracow. Deputy editor-in-chief of the "Medical Rehabilitation" quarterly journal. Member of the KIF board of experts in pulmonary physiotherapy.*

## **Tomasz Włoch**

### **PHYSIOTHERAPIST IN INFECTIOUS DISEASES HOSPITAL**

## **Patients on COVID-19 wards keep asking for physiotherapy**

After the coronavirus outbreak, I had no doubts that my place is in the team I work for every day. I have never thought about taking holiday or sick leave. I participated in organizing the COVID ward, which is why I am now perfectly familiar with its functioning and I know exactly where to find necessary equipment. In protective uniform and with fogged up glasses it can be difficult to find even such simple things like catheter extension tubing and stopcocks, which for example allow the patient to go to the restroom with oxygen.

### **Restoring dignity**

A large group of our patients is relatively healthy-looking people who do not seem to require medical help. However, they spend most of their days lying in bed, in complete isolation. They are locked on 20 square meters for about three weeks and they cannot even take a walk along the hall. We are aware that many of these people may experience deterioration of health in any moment, as we are still unable to predict the course of this disease and possible complications. More and more coronavirus cases now include elderly people with numerous comorbidities, who acquire some form of disability in a very short time. Common observations are pressure ulcers or muscle contractures. Leaving these patients immobilized puts them at risk of never retrieving their motor skills from before the disease or, in the worst-case scenario, even dying. Owing to the work of physiotherapists, such patients become able to sit - which allows them to comfortably eat meals, they start changing their positions, reach for things, walk to the toilet or clean themselves. I know all of these seem to be minor activities but let us imagine being unable to do them every day! Not only does mobilizing such patients ameliorates their physical health, but it also improves their quality of life and allows them to regain dignity.

On the other hand, independent patients do not demand as much care from other healthcare professionals. And it is worth remembering that performing even the simplest procedures on COVID wards (pulling patients up in bed, helping them turn on the other side, cleaning, changing their clothes) requires much more effort than usually, since we all wear protective uniforms and safety glasses. It is becoming even more challenging with temperatures rising outside - spending several hours in a tight orange uniform is incredibly burdensome. So it is truly difficult to rehabilitate patients in such circumstances. I hope that the authorities responsible for providing us with protective clothes are aware of this fact and we will soon receive white uniforms which are lighter and more airy.

## Like a psychologist

I try to have as much contact with patients as I can because, as a physiotherapist, I am able to spot a lot of details that might go unnoticed by nurses and doctors. I can tell if a patient is lying in an appropriate position, whether he or she has the right mattress, how a patient copes with changing positions, in what manner he/she eats or sits, if there is any redness of patient's skin etc. Trained eye of a physiotherapist can be very helpful here.

On COVID wards, physiotherapists act partly as psychologists. I notice that patients need my support also in this area and I am therefore trying to make their hospital stay a little more bearable. Since they see me only in a huge orange costume and do not know how I really look like, I started carrying a photograph attached to my chest. It appears that some patients thought I was much older. And due to the fact that all this protective equipment distorts the sound of my voice, I also heard questions like: "So you're not a woman?!". Some also say I resemble Maciej Orłoś from a TV news program...

All of this is really nice and has contributed to shortening the distance between me and the patients.

Owing to some wonderful people, I have also managed to establish a small library on the ward. Patients order preferred books by SMS. Moreover, I have started a fundraiser among friends, which allowed us to obtain a dozen radio receivers and CDs, along with a number of audiobooks. Physiotherapists from other wards give me a lot of support in accomplishing these goals. I think that these initiatives make our patients feel more at ease.

When patients ask me "Will I recover from this?" I always explain to them that, since they sent a physiotherapist - that is me - it means everything is going in the right direction. A physiotherapist can very easily lift patient's spirits up by demonstrating how his or her health condition is improving. Patients might be unaware that, although they are able to walk only a short distance, the time in which their saturation returns to resting values is shortening etc. This type of support is of great importance, especially now. We must bear in mind that, due to isolation, a lot of patients on the other side do not receive support from their families and friends, many of them die alone.

The fact that my patients keep asking about a physiotherapist is a perfect proof of the crucial role physiotherapy plays on COVID wards. "The patient from room X has asked about you" is what I hear from doc-



On the photographs: Tomasz Włoch.  
Private archives of T. Włoch

tors and nurses every day, while the patients themselves admit “If only you had been here more often, I would have probably walked by now”. It is a pity that a lot of decision makers in healthcare institutions and hospitals are unaware of the importance of physiotherapy. But it is not surprising at all if educated people still associate physiotherapy with massage rather than mobilizing patients – we still have a long road ahead of us. I won’t even mention our salaries – equal to the national minimum wage. It is sad and really humiliating.

### Physiotherapists support each other

Work on a COVID ward entails many challenges. I lived in a hotel during the first three weeks and then moved to a summer house. I did all of this in order to protect my family and the hospital staff I work with. Inability to participate in family life is not easy, just like the incapacity to meet with my parents, whom I used to visit every second day. I find it very difficult, since they can only look at me from a distance. But this is the price I pay for working in the infectious diseases ward.

In this challenging circumstances, I receive a lot of support from my colleagues at work. We have created a WhatsApp group for physiotherapists employed in my hospital, where we regularly cheer on each other. Every day I am being asked: “How is the situation on the front line?”. We send each other links, articles, KIF regulations, information, advice, photos. It really helps and brings us together. I also recognize how involved the KIF authorities have been from the very beginning of the epidemic – I myself had a chance to take joint efforts with a group of experts who prepared guidelines on physiotherapy for COVID-19 patients. It really builds me up that we are not being left alone in this situation. Anyway, we have been supported by KIF for several years now.

In the conclusion I would also like to explain the origin of my attitude towards patients. I live by Christian values, according to which protecting every human being is of utmost priority to me. People are worth making a sacrifice. So especially now, despite being aware of numerous dangers, I am entering the “other” infected side.

**Tomasz Włoch**



Photography from D.Glonek's private archives

### Dominika Glonek

*Physiotherapist who obtained her master's degree at the Physical Education Academy in Poznań. She gained work experience by working in the hospital, i.a. on the cardiology ward. She now works in the ICU.*

### Dominika Glonek

PHYSIOTHERAPIST IN COVID HOSPITAL

## People were surprised what a physiotherapist can do on such a challenging ward

Passionate physiotherapist. Full of positive energy. Confidently talks about how, despite fear, she enters the infectious ward every day. Dominika Glonek was one of the first to begin working with patients suffering from COVID-19.

### Joanna Tokarska: Were you forced to work like this?

**Dominika Glonek:** No one has forced me to do anything. I have been working in the intensive care unit since January this year. We were all ready. And then one day I received a phone call asking me whether I consent to work with COVID-19 patients. Although I instantly agreed, a few moments later I began wondering how this work was going to look like. After all, I had completely no experience with this disease.



**You have worked in the ICU before. What has changed now?**

The hospital I currently work at has been transformed into an infectious diseases hospital. It means, that our ICU only admits patients suffering for COVID-19 or suspected of being infected with coronavirus. As a result, completely new procedures regarding the safety of healthcare workers have been introduced.

**How do you protect yourself from infection?**

Since this situation is new to all of us, we have created teams consisting of four physiotherapists. Every team works shifts - two weeks of work and two weeks of break. We can choose whether we want to stay at home during work or use a flat provided to us by our hospital. Not all of us are able or want to go home every day. Our everyday work looks similar to what we have performed under normal circumstances. The biggest differences are safety procedures adopted during the epidemic. We have been trained in using protective equipment when we enter the ward and we have also been instructed what we should pay attention to when we leave the ward.

**Is it complicated?**

Maybe at the beginning. But there are many details that we need to pay attention to. But teamwork is very helpful. Thanks to the support that I receive from fellow physiotherapists, dressing up in protective equipment is a lot easier. I just need to be careful when taking off my protective uniform - I mustn't touch the outer side and the whole uniform should fit in a small tray in which I stand. Information about all current safety procedures is printed and displayed in every room, which makes following the guidelines a lot easier, even in stressful situations. I remember how emotional I got the first time I actually entered the ward. Now I treat it like something ordinary but I also cannot let the routine distract me from paying attention to safety procedures.

**How does a typical day in your ward look like?**

Every morning all physiotherapists take part in briefing of the ICU team, which is when we receive information about patients currently treated on our ward and the procedures they require. The situation changes every day. We never know how many patients were admitted overnight or how many were transferred to different facilities. We also have to coordinate the time of our therapeutic sessions with work schedules of other healthcare professionals

who take care of the patients, as there is a limited number of people who can be in the same room at the same time. Of course we have to be aware of the time required to put on protective clothes, take them off and take a shower - we carefully clean ourselves, along with the hair, every time we leave a room of an infected patient.

**How do you know what to do with a patient?**

I largely rely on doctors' opinions, as not every patient suffering from COVID-19 requires physiotherapy. In some cases it is even contraindicated. And that is why effective cooperation between the medics is so important. We adjust current guidelines on rehabilitation to individual abilities of every patient.

**And what are the patients like?**

I work in the ICU, so all of our patients are in critical condition. They are often anesthetized, with limited contact or completely without contact. The priority in treating such patients is to support their respiratory and musculoskeletal systems. A kind word is a good form of therapy as well.

**How did other staff members react to the presence of physiotherapists in the ICU?**

At the beginning our presence aroused some general interest, since no one understood what can be the role of a physiotherapist on such a challenging ward. But they quickly realized that we smoothly adapt to the procedures performed on the ward and that our actions contribute to faster improvement of patients' condition. Today no one is surprised by seeing a physiotherapist working with a COVID-19 patient anymore.

**Are you afraid?**

Of course I am - I fear the most for my family. And that fear makes abiding safety procedures so important. I do my best not to bring the virus home.

**And I wish you that you never do, thank you for this interview.**



## Dariusz Banik

Master of motor rehabilitation sciences, physiotherapy specialist. Completed post-graduate studies in pedagogy and management in health services. Coordinator of the physiotherapy team, chief of the Department of the Systemic Day Rehabilitation and Out-patient Physiotherapy in Brzeskie Medical Center. Representative of Opole Voivodeship in the KIF board.

## Dariusz Banik

PHYSIOTHERAPIST IN THE DEPARTMENT OF NEUROLOGICAL REHABILITATION WITH  
THE SUBDIVISION OF REHABILITATION FOR PATIENTS IN COMA

# How to fight with an unknown enemy

In Brzeg we have a department of neurological rehabilitation which can accommodate 25 patients. Around 80% of our patients have suffered a stroke, the rest of them have undergone neurosurgical procedures, craniocerebral trauma or trepanation due to hemorrhagic stroke. Furthermore, after a long time of preparations, we have opened a six-bed subdivision of rehabilitation for adult patients in coma in March this year. We therefore possess a lot of experience in working with patients with serious immunodeficiencies or infected by alert pathogens. These procedures have been implemented for years. I always say that there is no problem if we know our enemy, i.e. what type of pathogen are we fighting with. May it even be the worst one - but we still can adequately prepare for the fight. The situation changes diametrically when we have no idea what our enemy is like.

## Unknown enemy

At the beginning of March we started admitting patients from facilities in which - as it later turned out - coronavirus infections were confirmed. At that time the patients were not even diagnosed, we did not have any legal possibilities of testing them, so we were unaware what they were truly coming with. Everything was very chaotic. I think that none of us expected the coronavirus to ever affect us here in Poland, when we watched TV coverages from China. But when the virus finally reached Europe, during morning briefings we often said things like: "Oh dear, if the virus spreads to Poland, we will not manage, we are not prepared at all". That was when we started acting - the hospital director began looking for masks and other elements of protective equipment. But even then some equipment was already missing and - as a hospital, as employees - we were left alone. We had a small number of aseptic and antiseptic agents which could only be used for coma patients. I spent the first weeks calling people, charities and friends who might knew someone, who knew someone who could make us protective visors, masks or maybe bring some disinfectants. I organized these actions by phone or on the Internet. My day started and ended with calling people and asking for help, because we really had nothing at that time.

We had to reorganize our department very quickly, which actually was not new to us, since we have already had some experience in closing a department, e.g. during flu season. However, it looked a bit different this time. We limited the maximum amount of people who could stay in the same room to two. We started monitoring our staff on a daily basis. Some of our colleagues resigned from their jobs for a variety of reasons, including fear for their children and having to take care of them, as well as reasons regarding their parents, with whom they live. The ones who stayed were divided into shifts, in order to prevent as many physical contacts as possible. However, we still had to exchange information about patients, so some contact was necessary. We stopped organizing bigger briefings for safety reasons.

## Fear

When we first saw what happened in other healthcare facilities, we were overwhelmed by fear - for our patients, ourselves and our families. The fear

moved outside of hospital, to our homes. At first, when I came home from work, my family used to yell: "Jump in the bathtub and do not touch anything!". Today my family members know that I go straight under the shower to thoroughly clean myself and I take off all the clothes I wore in the hospital. But before that even my child was scared... It sure was not easy. I am laughing at this now but I often used to stand under the shower and wonder whether I was doing the right thing by coming home from work. I thought that maybe I should have looked for another solution.

When we received information about a patient transferred to us from a ward with coronavirus transmission, it happened several times that some of us showed up at work packed in case we too tested positive for SARS-CoV-2. We were prepared for the perspective of not leaving the hospital. It was really difficult. Nonetheless, we are now beginning to get used to these circumstances. We are aware that all of this is going to take long. I believe that all physiotherapists who did not leave their patients during the epidemic deserve a low bow.

### **Patients suffer alone**

Plans to open a coma subdivision appeared four years ago. The process of organizing, training, reconstructing the department and equipping it lasted until February. There was a big opening planned for the beginning of March but due to the epidemic it could not take place. It all came down to a meeting of staff and director. On the next day we were already admitting the first patient who had been waiting for this opportunity in the Opole ICU. We receive several dozen phone calls from families every day. We truly were afraid to open a department at that time - but these are no accidental patients who present only mild symptoms. These people really need us.

Unfortunately, the only contact that coma patients have with their families is by phone, Skype or when their family records a voice message and sends it to us, so that we can play it by the patient's bed. The fact that contact with family is one of key elements in treating coma patients makes this even more tragic. The voice and touch of loved ones are crucial in regaining consciousness and coming back to life. But when this voice is played on some electronic device, it loses its power. And nothing compares to the touch of a loved person.

Prolonging lack of contact with families is also difficult for our neurological patients. When we closed our department before during flu season, it only lasted two, tops three weeks. Now it has been almost two months. We are witnessing incredibly difficult

situations, for example when we drive our patients up to the glass window, so that they can see their loved ones and talk on the phone while looking at each other. They touch the window, as if they wanted to touch the hands of their family members. Meetings like that get very emotional on both sides... It is hard, really hard.

### **We need to take care of ourselves**

As we are slowly beginning to control our fear of the disease itself, we start to be scared of something else - legal consequences. More and more opinions appear on the internet, saying that if a patient gets infected by, God forbid, someone from the healthcare staff, we will not be able to defend ourselves in the court. The director of our hospital promises that he will always stand on our side... but will his support be enough? Moreover, such a situation would be very stressful for any of us. There is no law regulation which presumes that we approach the patient in order to help, not harm - but there is always a risk that something may go wrong.

We decided to do the tests on our own, just in case. We payed for immunological tests from our own pockets, since we cannot receive a free test unless we prove that we had contact with an infected patient. We ordered the test because we care for our own health and the health of our families and patients. However, the fear grows as we wait for the results - if it turns out that somebody is infected, they will lock us down.

We try to support each other as physiotherapists, for example by texting on chat groups. We now contact each other that way much more often than in person. We promise each other that we will throw a huge party as soon as all of this ends. Of course no one probably thinks about it now, but I am sure people will seriously need to unwind after these few weeks or months...

The worst evenings are when the brain calms down for a little while, and then suddenly thousands of thoughts pop up in your head - you start thinking about dangers, analyze the situation, try to sort things out. You reflect on what could be improved, how to minimize the risk, how is the rest of the staff doing, how are the patients? Easter holiday was extremely difficult, I had to come and help despite my days off, because I hated to think that these patients were completely alone, immobilized. But if somebody chose this profession, he/she has to truly love it.

**Prepared by  
Agnieszka Gierczak-Cywińska**



### **Agnieszka Stępień, Doctor of Philosophy in PE Studies**

*President of the Polish Physiotherapy Association in the years 2009-2017. As a representative of the Association, she actively cooperates with patient organizations. Member of the National Board of Rare Diseases Program to the Minister of Health (2016-2017), Social Sports Board to the Minister of Sports (2018-2019) and Workgroup for Diagnostics and Conservative Treatment in the course of Idiopathic Scoliosis which is a part of the PAN Committee on Rehabilitation, Physical Culture and Social Integration. Member of the Research Committee International PNF Association. Founder of the Orthos Center of Functional Rehabilitation.*

## **Agnieszka Stępień**

ONLINE PHYSIOTHERAPIST

### **Is six weeks enough to change your mind?**

– Before the pandemic I could not imagine the possibility of conducting telerehabilitation. Now I am never going to make that mistake again and say that something is impossible until I try it – we talk about online physiotherapy with Agnieszka Stępień, Doctor of Philosophy in PE Studies.

**Aleksandra Mróz:** The term “telerehabilitation” has made a staggering career among medical professionals over the last two months. You have decided to begin working like this with children. Does such a form of therapy really make sense?

**Agnieszka Stępień:** It certainly does. After six weeks of consulting patients online I can tell it is definitely a much better solution than complete lack of physiotherapy. Both us, physiotherapists, and our patients obviously used to have a strong conviction that physiotherapy can only happen through direct physical contact, through touch. But the last experiences have proven us wrong and showed that such a help can also be delivered from a distance. My estimation is that telerehabilitation allows us to complete even as much as 60% of work that we would normally perform in our office. And these are some significant numbers, considering the crisis situation that we are currently in.

#### **Are all physiotherapists ready to successfully provide online therapy?**

I feel that young physiotherapists with little work experience might have the biggest difficulties with telerehabilitation, especially if they deal with patients who experience pain. Since patients often require detailed functional diagnostics, young physiotherapists might find it difficult to properly identify the problem using only posture evaluation and patient's medical history.

#### **Can an experienced physiotherapist help patients who experience pain without actually touching them?**

Such professionals are able to gather basic information and provide essential recommendations during a video call, possibly with the help of third parties. Over the past few weeks, I have had several video consultations regarding back pain in teenage patients. And I was able to help a patient by evaluating his posture, taking medical history and directing the hands of his or her caretaker. There are specific exercises which can improve postural abnormalities in young people. One of my patients was a 10-year-old girl who reported pain in the thoracolumbar spine. By providing instructions, I used the hands of her mother to perform soft tissue manual therapy intervention “through the computer screen”. Two days after the consultation, the patient reported significant improvement in her overall condition. It is worth noting that consulting patients who experience pain requires extensive knowledge and humbleness, as pain can also be a symptom of other diseases which require different therapeutic interventions.





Photograph: Private archives of A. Stępień

### **Do you also provide online physiotherapy for patients with more serious conditions?**

I have a few patients in critical conditions, including several children who are mechanically ventilated. So far, their parents have used specialist intensive care and provided them with 3 to 4 sessions of physiotherapy per week. Now they are left all alone. Moreover, the health condition of their children indicated taking maximum precautions to minimize the risk of COVID-19 infection. Needless to say that it meant isolating the family. The best solution for such patients is therefore video consultations.

### **How does your online work with such patients look like?**

It turned out that the majority of parents know only a few simple exercises which their child should perform, e.g. stretching. More complex rehabilitation interventions were provided by physiotherapists in clinics. Parents were not familiar with numerous exercises which are crucial for maintaining the patient's condition or improving functioning. They did not know how to direct their children in order to teach them to turn, sit or stand.

And that is when technology comes to the rescue. We prepare video lessons and work with parents, teaching them how to perform specific exercises with their children. Every lesson has a concrete topic, for example improving head control. I instruct parents as they perform five or six different exercises of gradually increasing difficulty. Another lesson is about the muscles of the trunk, another about scoliosis or verticalization. It is very important that parents receive detailed instructions for repeating these exercises at home.

### **And how do young patients behave when they have to work at home?**

I have to admit that, thanks to a modified form of contact, I have gained more knowledge about my young patients. I already know all of their toys and am familiar with dress collections which were so eagerly presented by girls. I once had online class with a boy who showed me his 30 toy locomotives and named every single one of them. Of course we used them during exercise. I also have my own toys: a bunny, which usually claps when children correctly perform an exercise and a bear which demonstrates specific movements, so that children can easily copy them. This is a very attractive form of contact, especially for the youngest children. Young patients feel at ease and safe in their home environment, they are very willing to cooperate. They eagerly present me their small world, which I normally do not see in the office, since we are focused primarily on completing the consultation, taking measurements, performing exercises.

### **As physiotherapeutic services are being “un-frozen”, you are reopening your facility for the patients who need such help the most. But what will be the future of video consultations?**

I will naturally be forced to limit the number of online consultations as I get back to work in my office. This is particularly difficult, since I have already become good friends with many of my patients. Their parents also inform me that they would like to continue our work. I am talking about patients from all regions of Poland, who usually have limited opportunities of coming to Warsaw for therapeutic sessions. I have also met a few families from Italy, France, Germany, Denmark and Ukraine.

Before the coronavirus outbreak I could not even imagine the possibility of conducting telerehabilitation and have never approached such challenges. And never again will I say that something is impossible before actually trying it. I now realize how many valuable recommendations can be provided online, even for patients in critical conditions. I have completely changed my attitude towards online work with patients over the past six weeks. And it seems to me that this is a very important thing that we have learned during the pandemic. Our permanent offer will feature online consultations from now on.

**AM: Thank you for this conversation.**



Fot. Bogdan Koktysz

### **Lidia Koktysz**

Master of physiotherapy sciences. She works at the Department of Rehabilitation at WUM Central Clinical Hospital. Lecturer at the Department of Physiotherapy at WUM. Vice-President of the Polish Trade Union "Physiotherapy".

## **Lidia Koktysz**

### **PHYSIOTHERAPIST IN QUARANTINE**

# **One is completely helpless in this chaos**

There are three physiotherapists at my house - me, my husband and my son, who works in the Medical University Hospital "Banacha" just like me. My husband is employed at the Private Healthcare Institute which was closed as soon as COVID appeared in Poland. However, after some time they decided to reopen it and admit only the patients who require immediate medical intervention. In order to make sure that everyone is feeling safe at the clinic, the director asked all staff members to test for coronavirus. In a relatively large team of physiotherapists, my husband - the healthiest of all employees - came out positive. He was informed by Sanepid that he must be in quarantine for a month.

### **Everyone negative**

When I received a phone call from my husband, my son and I immediately got tested at work. Fortunately, it was not a problem in our hospital. Despite negative results, Sanepid decided that we needed to be in quarantine for two weeks. During those two weeks, we had swabs taken two more times but our whole family received negative results: me, my son, two of our 90-year-old parents who live with us, as well as... my husband! Me and my son wanted to go back to work immediately. We started calling Sanepid but it was a real nightmare, no one picked up the phone. So, when the two weeks passed and I still could not get them on the phone, I decided to go there in order to collect documents which we needed in order to start working again. I also wanted to clarify the situation with my son - at first, somebody marked his results as positive, although all of his results were negative from the very beginning. We wanted to make sure if this mistake was already corrected. When I got there, it turned out that another two mistakes were made. I was informed that the first swab that was obtained from us at home was invalid, since it was taken too early - we should have waited longer after my husband's test came out positive. Moreover, our quarantine should last three weeks instead of two, since we live with a "positive" person. Somebody was supposed to call us on this matter but he or she did not. And besides, my coming to Sanepid is illegal...

### **Complete helplessness**

All these sanitary procedures, the inability to reach them on the phone, the chaos, terrible mess - all these things are so burdensome, that you start feeling completely helpless. Only now have we finally encountered a helpful office worker who gave us her phone number so that we can contact her. She promised us to take a closer look at our case because she understands that we work in healthcare services and our help is needed. Me and my son are going to be tested one more time and if the results are negative - she will try to cut at least a few days off of our quarantine.

Then we will only have to go through hospital safety procedures and we will be ready to work with patients.

Apart from that, my husband needs to contact the physician who diagnosed him with COVID-19 and ask for earlier reinstatement based on negative test results. The final decision must be confirmed by Sanepid. I hope that they will issue a positive decision regarding all of us. It would not make any sense to let me and my son go back to work while we continue to live with my husband who is still in quarantine.

My husband's quarantine is of course unquestionable to us, since his result was positive. But we do have some doubts about this first test - we suspect that an error might have occurred. My doubts have not aroused from the fact that he still feels well and does not present any symptoms, since we are aware that coronavirus infection can be asymptomatic and still pose a threat to other people. I am only concerned about the fact that he did not really have a chance to catch the virus. He received his results in a time when his contact with patients was already very limited, since the clinic was closed and patients have been resigning from physiotherapy visits for weeks because they feared infection. Of course another possibility is that he might have caught the virus somewhere outside of work. Assuming that this is the case, why the tests results of all other members of our household, including our 90-year-old parents who feel perfectly well, came out negative? And other swabs that were taken from my husband were also negative? When quarantine ends, he will get a test for coronavirus antibodies to check whether he was truly infected, just out of curiosity.

### How can I sit and do nothing?

We were all a little dazed during the first two days of quarantine. I began cleaning the house thoroughly, which is something I could never find enough time for. Anyway, it is not something that takes three weeks. I worked online for some time but we have had some trouble with internet connection lately. I try to fill my time by talking to friends and family. My son focused on his scientific work and rehabilitating grandparents in order to prevent their physical condition from deterioration, as they already experience some difficulties with joints and muscles. He and my husband both exercise a lot at home, they do it with impressive regularity. Our family and friends help us do the shopping. We are truly being very subordinate and patiently sit in our locked house, just like prisoners. Five people camping in a small apartment. All of us temperamental, unable to idly sit at home and do

nothing, having lived in a rush all our lives. We start to get a little mad sometimes, snarl at each other. Of the three of us, my husband is the best at coping with this situation. Me and my son are more alike. But well, there is no other option, we need to grit our teeth and survive. We manage, after all.

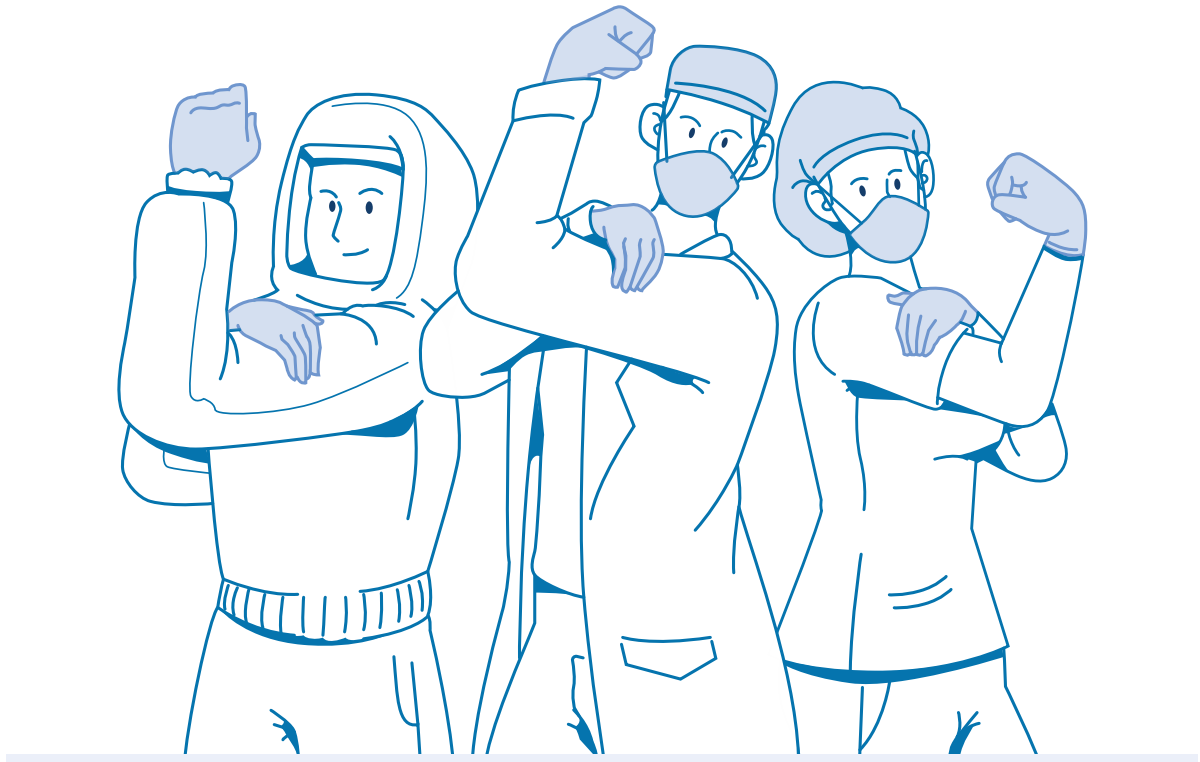
Thankfully, everyone who is in quarantine, regardless of the reasons and their test results, have the right to receive 100% of their salary. There are no problems with payments in the hospital where me and my son work but my husband still has not received his salary. I am employed at only one facility so I have not lost any money yet, but my husband and son conduct their own business activities, so they're down in terms of finances. Clients started cancelling visits already at the beginning of March and my husband's clinic stopped admitting patients at all. While their patients now start calling and asking for visits because they cannot stand the pain in their back anymore, we have three skilled physiotherapists who could help them but are currently busy sitting around at home.

### Wards will only keep closing

I work at the department of physical therapy in the hospital but I also teach students at the Medical University of Warsaw. As the virus was spreading, they first cancelled all our classes with students, then closed the outpatient clinic and transferred our team to other wards, so that we could help other physiotherapists. I first worked on gastroenterology but they quickly closed it due to COVID-19 and transferred me to the internal diseases ward. It is not true that when they close a ward, everyone who worked there is infected. Fortunately, it is usually just a few people. Wards close and reopen every moment and the staff rotates between these wards. I think we are unable to prevent further infections, it is impossible to completely shield ourselves from the virus. We need to make peace with this, carefully follow safety procedures to protect ourselves and our patients, but we also need to try and get back to normal functioning at the same time. The system must keep working.

Just before publication of this article, Mrs. Lidia's family was released from quarantine. Safe and sound, everyone is glad to finally be able to get back to work. *"We really missed this freedom but my son said something the other day, which really touched my heart: "Mum, it is only thanks to the family that we were able to survive this challenging time""* - recalls Lidia Koktycz.

Prepared by  
**Agnieszka Gierczak-Cywińska**



# Brand new physiotherapy

The past three months were not a challenge for physiotherapists – they were a series of challenges! We had to very quickly adapt to constantly changing circumstances and learn how to function in these difficult times. From complete suspension of all services, through telerehabilitation and working only with patients requiring immediate intervention, to reopening of physiotherapy offices and clinics. As Paweł Adamkiewicz writes: “The day when the government decided to unfreeze rehabilitation services after suspension which lasted almost a month and a half – was both a day of happiness and great uncertainty.”

The coronavirus is still with us and it probably will last for some more time (hopefully as short as possible). We talked with physiotherapists and patients about physiotherapy in the time when most of therapeutic offices were closed and about the “new opening”.





Photography from private archives  
of W. Romanowski

### Wojciech Romanowski

Physiotherapist. Co-owner of the Rehabilitation Center GR Grzegorz Gałuszka & Wojciech Romanowski in Bielsko-Biała. Specializes mostly in working with neurological patients.

## A patient's trust is truly important to us

We believe that both our dedication to work and honest attitude towards people who trust us with their time and health, are able to build a long-lasting relationship – Wojciech Romanowski, physiotherapist, talks about his return to work.

In the afternoon on the 12th of March this year we cancelled all appointments and – without thinking any longer – decided to close our clinic. In our experience, the time of isolation had many different faces. At first we were scared of the unknown. We started thinking what would be the future of our company, our patients. How were they going to manage at homes, how can we support them in this challenging time? On the day that we closed our Center, we were absolutely certain that we were going back to work after 2 weeks. But the information from all over Poland quickly verified our attitude. I then started thinking that we would return to working with patients after 4-6 weeks. Finally, the break lasted over 7 weeks in our case. I was really surprised when the unfreezing was announced. It was a combination of joy and fear. Why, you might ask? Because when we closed the Center there were approximately 5-10 new cases every day in Poland, now when we open it is 300-400.

### Working in a mask is no achievement

The first day after going back to work was also full of emotions. We worked 3-4 hours a day because patients were also surprised by the information of reopening and I think they were not mentally prepared. So physiotherapists used this time to memorize safety procedures. We are privileged, since we have been on the market for several years now and our patients have worked with us for some time. They appreciate the fact that we follow all safety recommendations. We closed waiting rooms, started taking our patients' temperature and gathering their epidemiological history, our patients also clean their hands before entering the office. We work in a 1:1 system, in offices which are disinfected and aired after every visit.

We conduct physiotherapy in masks and protective gloves. Is it a problem for us? Definitely not. It makes me think about other healthcare professionals who work in protective clothes, goggles and masks all day. All of them should hear our words of gratitude, because it is a true effort. Compared to them, us working in masks is really no achievement at all. Of course, it generates some difficulties, as in rehabilitating orthopaedic or neurological patients it is important to “read” from their faces. The “camouflage” prevents us from observing facial expressions. We learn to identify patients' reactions from their eyes or modify the way we ask questions, so that to obtain a more comprehensive picture of their clinical situation.

### A car with square wheels

The first two weeks after my return to work can be compared to riding a square-wheeled car. There was some fear for myself, for other staff members, for patients – and I also feared whether I was going to rise to

the challenges of following various procedures and ensure safety in our workplace. We really wanted to work but at the same time we were aware of numerous limitations. Some of these tensions were relieved with time. Sanitary regime caused by the epidemic became an integral part of our job.

The patients slowly adapt to this new situation. They begin to understand that these restrictions are going to accompany us for a long time. We work with neurological and orthopaedic patients and the lack

of rehabilitation could have serious consequences for them. We built trust between us and our patients by i.a. following established procedures. Even if we have known a patient for a long time, we never give up on safety measures. And people respect that because they know we are taking care of our and their health. We believe that both our dedication to work and honest attitude towards people who trust us with their time and health, are able to build a long-lasting relationship.

AM

---

## Good work organization is the key

– When we opened our office after the lockdown, we were prepared that things might go in different ways. There are many threats, for example the sole fact that there are people among us who are infected with coronavirus but do not present any characteristic symptoms – Tomasz, physiotherapist running a small private rehabilitation facility in the South of Poland, talks about returning to work after physiotherapeutic services were unfreezed.

Respecting guidelines and following the recommended sanitary regime, we started admitting patients on the 4th of May. A week later, we received a phone call from the sanepid which informed us that one of our physiotherapists had contact with a person who tested positive in screening for SARS-CoV-2. As a result, this physiotherapist was referred for quarantine and qualified for nasal swab. The test was performed two days later and waiting for results began. Multiple attempts to contact Sanepid officials were unfortunately in vain, but considering the amount of work that this institution had to deal with, it is quite understandable. Finally, after two weeks of quarantine, we were informed that our physiotherapist had negative test results and can get back to work. He is to be paid a social security benefit from ZUS but we have not received any administrative decisions regarding this case yet.

### What have we learned from this situation?

Only the employee who had contact with an infected person was subjected to quarantine. Other physiotherapists could continue admitting patients and our clinic did not have to close. It was possible thanks to conducting only individual therapy with patients and ensuring optimal organization of contacts among patients. The most important fact is that patients do

not meet in the waiting room. There are breaks of 10 to 15 minutes after every visit, which allow the physiotherapist to clean and air his/her office.

It shall be noted that, despite negative epidemiological history, normal body temperature and lack of symptoms, our patient still may be infected with coronavirus. It is therefore crucial that we adhere to the sanitary regime and organize a safe work schedule for all staff members. If not for these two principles, in our case not just the physiotherapist but also several patients from the waiting room could be under quarantine.

Despite fears, our patients still come back for physiotherapy sessions. Especially those who suffer from exacerbation of symptoms or have been injured. This is a smaller group when compared to our situation before the lockdown but the truth is that we too are able to see less patients, since necessary disinfection procedures take some time. Moreover, working in masks can really be exhausting. I find it hard to imagine that this is how our work is going to look for the next couple of months. But the priority is always safety – our own and our patients’.

*From the editor: Upon author's request we do not reveal his last name or workplace.*

AM



Photography from private archives of A. Niewiński

## Anyone could have reported on us

### Andrzej Niewiński, Doctor of Health Sciences

Founder of the Artros Rehabilitation Andrzej Niewiński in Białystok, where he leads a team of physiotherapists. He specializes in rehabilitation of peripheral joints, especially humeral joint, knee joint and facet joints. Certified International Therapist of Orthopaedic Medicine according to Cyriax and certified therapist of the PNF method, educator - assistant, Chief of the Laboratory of Manual Therapy and Medical Massage at the Rehabilitation Clinic of the Medical University of Białystok, Member of the ESSKA (European Society of Sports Traumatology Knee Surgery and Arthroscopy). Twenty-one years of experience in working with patients.

**– "The policemen suggested that they were contacted by someone from our industry" – tells us Andrzej Niewiński, Doctor of Health Sciences and physiotherapist, who remembers police control in his office.**

I run a private healthcare facility Artros Rehabilitation Andrzej Niewiński in Białystok, where I specialize in orthopaedic and neurological rehabilitation. Due to the pandemic we had to close our clinic on the 16th of March but it was only for a brief moment. It quickly turned out that we need to help numerous patients after surgical procedures who are at risk of deep vein thrombosis or other complications. We were also contacted by cardiological patients who suffered a cardiac arrest.

I had to rearrange my work in the office, so that patients would not have any physical contact with each other. It was not so difficult, since the total surface of our facility is 500 m<sup>2</sup>. It was enough to allow every physiotherapist work in a different office. Of course we also implemented all safety standards, including contactless temperature measurements, questionnaires about COVID-19 for every patient, as well as equipping ourselves with protective gloves, masks and hand sanitizers.

### Police Control

One day a police car drove up my office. Of course the officers wanted to come inside but I didn't permit them since they weren't wearing masks. I asked them to wait outside until I finish working with my patient and approached them after my visit was finished.

It occurred that someone has filed a report, accusing us of allowing for illegal gatherings of people in our facility. It wasn't true. On a really large surface, there were only two patients. One of them was just finishing his visit and the other was waiting for me to begin the session. Those patients didn't even have

a chance to communicate with each other. We were also accused of allowing physiotherapists to conduct rehabilitation despite the restrictions. I explained to them, quoting KIF recommendations, that we can provide therapeutic services in specific cases (one of the officers was aware of this regulation).

The policemen fulfilled all necessary procedures and asked me about the details of the functioning of my facility during the pandemic. The conversation went smoothly, in a friendly atmosphere and the policemen demonstrated good understanding of my situation. I explained everything and no fee was imposed on me. We shook our hands in protective gloves.

### Another physiotherapist?

I wanted to know who contacted the police and why he or she did such a thing. However, the name of this person wasn't revealed to me. The officers only informed me that we need to strengthen the relations in our community because it seems like we're now disturbing each other. They implied that someone from our profession has filed a report but I am not sure if that is true. Anyone could have done that.

This whole situation was really sad for us. Each of the physiotherapists was scared. I introduced more limits in our work, limited the number of physiotherapists working at the same time and organized a system of shifts, just in case. Some physiotherapists continued to treat their patients, other patients resigned on their own. We admitted only the ones who required permanent physiotherapeutic care.

Currently we are going back to a new reality. Older patients still fear to come back. To some patients who are afraid of coming to our office, we are able to offer help over the phone, e.g. by instructing them how they can manage back pain. But such patients constitute only a small group, the majority has already returned to rehabilitation.

**AM, AGC**



Photography: Private archives of A. Kloze

### Dr. Anna Kloze

*Paediatric physiotherapist, academic lecturer at the Academy of Physical Education in Warsaw, currently works at the Center of Early Intervention of the National Association for People with Intellectual Disabilities. This facility admits disabled children and children who are at risk of acquiring disability. It takes care of children aged from 0 to 7 years old and provides support to almost two thousand families.*

## There are still many unknowns

**“Before the pandemic we were regularly seeing 500 children a week. Only about 200 families have registered for the therapy so far” – Dr. Anna Kloze from the PSONI Early Intervention Center in Warsaw tells us about the challenges faced by large rehabilitation facilities.**

We haven't conducted stationary physiotherapy sessions since middle March, that is, for almost two months of lockdown. We stayed in touch with the parents of our patients only by means of teleinformatic systems. Our center provided medical teleconsultations on a large scale, psychologists and psychiatrists were constantly in contact with those families who most needed their help. We provide therapy for numerous children suffering from autism spectrum disorder. The ability to contact specialists allowed parents to better adapt to isolation. Physiotherapists were conducting video consultations, making phone calls, and sending their recommendations by email. Educators and speech therapists were preparing various sets of exercises which could be performed with children at home and then published these instructions on our website.

### Coming back in stages

When it became legal to reopen our facility, we organized our return to work in stages. First, we began admitting the youngest children for therapy. We started seeing infants, whose stay in our facility did not require additional consultations by e.g. pedagogues, speech therapists. We opened our rehabilitation services and consultations to older children in the midst of May. This form of organization was a direct result of our work mode. The youngest patients spend up to an hour in our facility, older children usually visit us for two hours, while the oldest patients can have up to three hours of therapy on a daily basis.

New sanitary restrictions have forced us to introduce a number of changes. One of them was that infants can appear on a visit with just one caretaker, whereas older children are walked to the door by parents and then taken care of by therapists who conduct classes. Until now, parents were used to accompanying their children on consultations and during group therapies. In fact, young patients were often accompanied not only by parents, but also by their siblings. It was usually caused by the fact that there wasn't anyone who could take care of other children when one of them had to be taken to therapy.

### “Field” waiting room

Organization of patient admissions in our facility is associated with the necessity to disinfect all surfaces, equipment and toys, as well as airing the therapeutic rooms after every class. It can be particularly inconvenient for children who have more than one therapeutic session planned for a day. During disinfection, children go back to their parents and they are both directed to... tents. It is another “novelty”. Since we had to close our traditional waiting room inside the building, we set up combat tents



outside the building, borrowed from the Territorial Defense Forces. This is our “field” waiting room, where parents and their children can wait for the next class during cold and rainy days or where caretakers can wait until children finish therapy.

Another challenge was the organization of movement for patients on wheelchairs. For sanitary reasons, we didn't want wheelchairs to enter the building straight “from the street”. But it would have been inhuman to now enforce such a ban for wheelchairs, since parents alone would have to carry their disabled children, who weigh over a dozen kilograms, up to the entrance door of the therapy room. We therefore purchased special disinfection mats on which wheelchairs ride before they enter the building.

In accordance with current sanitary standards, we control everyone who enters our facility. Before anyone enters the building, specially assigned employees – our physiotherapists, pedagogues, speech therapists – check body temperatures of both children and their caretakers, collect epidemiological history and ensure that all questionnaires of preliminary qualification or actualization are filled in. We also try to make sure that people who visit our facility do not have contact with each other. We have therefore organized the space in our building in such a way, that the entrance and exit doors are in different locations.

## Great challenge

Working with our patients under different circumstances generates a lot of problems. Before we could rely on parents' support during therapy, for example when children needed to go to the toilet. Now it is the therapist who has to help the patient in such situations. Not all children react good to this. Before the pandemic we were regularly seeing 500 children a week. Only about 200 families have registered for therapy so far. The first to decide for physiotherapy were parents of infants and of children who were ready to exercise without the presence of their caretakers. Going to therapy without parents may be a really stressful experience for some children. Of course in individual cases, e.g. when a child is using special medical equipment or absolutely requires the presence of his or her parent, adults are allowed inside the building and participate in therapy. We are still in touch, by means of teleinformatic systems, with children who have not reported willingness to return to therapy yet. There are still free dates waiting for them in our schedule.



In the photographs: tent which serves as a waiting room and disinfection mat Private archives of A. Kloze

All in all: Most parents find the inability to assist their children during therapy very challenging. For us, the most difficult task is to organize our work schedule, including breaks for disinfection, walking children to and from their parents, as well as ensuring safe “movement” of patients inside the building. We are sure facing a much bigger challenge than healthcare facilities who only admit several patients every day. We still have to reorganize our group classes and prepare a holiday work schedule. It is a large project, there are much more unknowns than things we can be sure of.

AM



Photography: Private archives  
of P. Górski

### **Piotr Górski**

*Master of motor physiotherapy sciences with 25 years of work experience, first degree specialist in rehabilitation, osteopathy specialist. He works in a private practice in Mokotów, Warsaw.*

# **Making difficult decisions for the sake of our patients**

**Maybe I took a risk by admitting patients in the time when most physiotherapeutic offices were closed but I am deeply satisfied with the fact that I was able to help.**

From the beginning of March, when further ordinances of the government kept closing next branches of our economy, my office was emptying. The number of patients fell drastically, to the point when I stopped admitting any patients at all. But I didn't close my physiotherapy practice.

## **I couldn't leave my patients**

In my team we have already started preparing information for patients and implementing sanitary procedures. To give an example, we asked patients to avoid touching door handles or shaking hands when they greet someone. We disinfected offices and began wearing masks, which I personally found very natural. I work right over the patient and often speak to him/her during exercise, so a mask is of course advisable in this situation.

Despite fears arousing from potential coronavirus threat or possible problems with government authorities, I was available to the most needy patients. I work a lot with people who underwent or prepare for neurosurgical procedures and I simply can't imagine leaving them without help. But just in case, to ensure safety for both sides, my patients usually had a referral from their GP.

In the most challenging time I have seen many patients, but I remember especially three of them, for whom lack of physiotherapeutic consultation could result in serious medical consequences.

The first of them was a man after arthroscopic shoulder reconstruction and long immobilization in orthosis, who required immediate physiotherapy. He found me by accident, when almost all other practices in Warsaw were closed.

My another appointment with a young woman was also a little accidental - she has just left hospital with a massive hernia and neurological symptoms (dropping foot). After thorough consultation, I referred her to a neurosurgeon - she was operated on and now has a perfectly healthy foot.

Another lady, whom the pandemic has left in the middle of the diagnostic process, didn't even have anyone to consult her imaging test results with. She also required a neurosurgical procedure and will soon begin postoperative rehabilitation.

## **Physiotherapy is a medical profession**

Maybe I took a risk by admitting these or other patients but I am deeply satisfied with the fact that I was able to help. After all, we are all representatives of medical profession. Certain comments appearing in the media, which compare physiotherapy with services offered by hairdressers, are not only disrespectful but they also expose the author's lack of understanding as to what physiotherapy really is.

I would like to remind everyone that the first victim of COVID-19 among healthcare professionals in Poland was a physiotherapist from Radom, who worked with critically ill patients and couldn't leave them without help.

### **"Pandemic schedule"**

Although patients slowly begin to appear in our offices, we can admit only half of the patients that we normally see. We work according to a so-called "pandemic schedule", which means we have to take into account the time required to disinfect all surfaces

after every visit and properly air the rooms. Neurosurgeons also slowly return to operating spines, which basically means less work for us.

An interesting fact is that not a day goes by that I don't consult people with back pain resulting from spending a lot of time in a sitting position. They tell me that home office work mode makes them work longer than before. It is also fair to assume that home desks and chairs aren't always well adjusted to their users, so we might see some new patients in the future.

AM



Photography: Private archives of M. Wendt

### **Michał Wendt**

*Physiotherapist with over 10 years of work experience, who runs a physiotherapy practice and works as an academic at Poznań Academy of Physical Education. He conducts orthopaedic and neurological physiotherapy, especially for patients who suffered a stroke.*

## **We couldn't let the effects of long-term physiotherapy go for nothing**

**Michał Wendt, physiotherapist and lecturer at Poznań Academy of Physical Education, talks about admitting patients during lockdown.**

When most physiotherapy practices in Poland were closing in March, I also made the same decision. After consulting it with my patients, I decided that it would be reasonable to take a two-week break from therapy and observe how the epidemiological situation progresses.

At that time I was available to my regular patients on the phone, in case any of them needed advice or urgent help. Knowing that they can contact me at any time seemed to calm them down. I have decided to spend this unexpected "holiday" working on my scientific research.

After two weeks that we agreed upon, some of my patients started reporting deterioration of their functional condition. I faced a dilemma, I wasn't sure what to do. However, I had a strong feeling of responsibility for my patients and I believed that we couldn't let the effects of long-term physiotherapy go for nothing. So I made a decision to start the most needy of my patients - I introduced home visits, which were of course conducted in compliance with current safety standards. I have also had a few patients contact me due to serious spinal overload syndromes, who weren't able to get out of bed because the pain was so bad.

What's interesting, in May - when normal admissions were legal again - a majority of my patients would still choose home visits. They very rarely made appointments in my office, which I'm sure was due to their fear regarding the epidemiological situation at that time. We are now slowly going back to normal. Every week I am seeing more patients with minor disorders, not just the ones in critical conditions.

What's next? Maybe the second wave of the epidemic. And again, many unknowns...

AM





Photograph: TOMMED archives

### Aleksandra Bula

*Master of physiotherapy sciences, chief of rehabilitation in a general medical center TOMMED in Katowice. TOMMED admits patients privately and within NFZ contracts. Rehabilitation is conducted in the form of outpatient, hospital and home sessions.*

# We are glad to be back at work!

**“Sanitary restrictions are the same for all practices and should be adhered to, regardless of the region in which a healthcare facility is located” Aleksandra Bula talks about coming back to work in TOMMED clinic in Katowice, where she is a chief of physiotherapy.**

Just like the majority of outpatient rehabilitation facilities, we too cancelled all our appointments in the middle of March, following recommendations issued by the Minister of Health and GIS. Yet we haven't left our patients without help. We were at their disposal during the pandemic, offering phone consultations and, as soon as it became possible, we also started providing teleconsultations as a part of services offered by the rehabilitation outpatient clinic. We were regularly publishing statements and recommendations on our social media profiles and channels, as well as preparing video tutorials presenting sets of general exercises which could safely be performed at home.

### It wasn't time wasted

Bearing in mind that our return to working with patients will be associated with a number of limitations, we have used the lockdown period to prepare specialist procedures. We found GIS recommendations and KIF guidelines very helpful. There were in fact many changes in the functioning of our facility after reopening. Most of all - in order to ensure safe work environment for all physiotherapists - the number of admitted patients was reduced by 50%, which also allowed us to limit contacts among patients, e.g. in the waiting room. Additionally, we have created separate entrances for men and women, which reduced the possibility of direct contacts in our facility even more.

Before the visit, we always conduct a short epidemiological survey with the patient over the phone, which helps us to make a preliminary qualification as to whether the patient can come to our facility. Everyone who enters the building has their body temperature taken. We perform thorough disinfection of all rooms and make sure that all incoming patients fill in a questionnaire regarding their current health condition. When patients successfully go through all these procedures, they can go to the cloakroom, then to the registration desk, where they collect their cards and are directed by a physiotherapist to a specific room.

In fact, following standard sanitary regimes is nothing new to us. We have always disinfected the offices after every visit and ensured disposable sheets and pads for electrotherapy. Every physiotherapy office has always been equipped with hand sanitizers and protective gloves - this has not changed at all. What has actually changed in the context of current epidemiological situation is for example clothes that physiotherapists wear at work. We have provided all our employees with protective equipment such as visors, special aprons and shoe covers.



## Fears in the Silesia region

Elderly people or those who, due to numerous comorbidities, find themselves to be at a higher risk of infection, now avoid returning not only to physiotherapy sessions, but also to social contacts and work. It is completely understandable, we're not making any problems and we're complying with our patients' requests to reschedule or cancel visits. As a physiotherapist, I can see a correlation between a patient's psychological attitude and achieved therapeutic effects. First of all, a patient should want to undergo certain procedures and believe in their therapeutic effect. Without these two factors, it takes much longer to see positive effects of introduced therapy. Before a patient fulfills these two conditions, he/she must feel mentally at ease and have a sense of security. Our current situation has caused many people to feel afraid of leaving their own homes, as this could expose them to contact with the virus. Ac-

cording to some patients, it doesn't matter whether they have to go for a physiotherapy session or do shopping, since the sole perspective of using public transport arouses anxiety and generates limitations.

It is difficult to clearly define the influence that the recent identification of numerous SARS-CoV-2 foci in Silesia had on some patients' resignations from physiotherapy. But we can certainly say that some patients were forced to cancel their visits due to being subjected to quarantine. Sanitary restrictions are the same for all practices and should be adhered to, regardless of the region in which a healthcare facility is located. The virus may appear everywhere.

It is really difficult to see some advantages during the pandemic but this whole situation has certainly showed us what a good team we are. Nothing is impossible for us - we're going back to work with our patients, full of joy and energy.

AM

## PATIENTS' STORIES

### Everyone must build their profit and loss statement

"For me, inability to access rehabilitation after arthroscopy procedure would pose a bigger threat than getting infected with COVID-19" tells us Jan Prasalek, who underwent surgery just before the pandemic.



**Jan Prasalek**

Lawyer

I had arthroscopy performed on my shoulder at the beginning of March, due to chronic shoulder instability and dislocation syndrome. According to recommendations, my arm was immobilized for four weeks after the surgery, and after that time I should have begun physiotherapy. And that was when the problem occurred, because almost all physiotherapy practices were closed at the beginning of April. For every 10 physiotherapists I called, 8 did not admit patients at all and the rest already had too many appointments. Finally, I managed to make an appointment with a physiotherapist recommended by one of my relatives - I still see him twice a week. I was lucky that my physician has provided me with a referral for rehabilitation - without this document, I wouldn't stand a chance of being ad-

mitted anywhere at all.

I didn't give much thought to the possibility of getting infected with COVID-19, as I simply had to be rehabilitated at this time. Lack of physiotherapy would pose a much bigger threat to my health. Moreover, during our meetings both I and the physiotherapist wear masks and everything in the room is disinfected. I know a lot of people are still afraid of going to physiotherapists. It all depends on one's age and comorbidities. Probably if I was 70 years old, suffered a heart attack and had diabetes, I would take some more time to think whether I should seek physiotherapeutic services at that time. Everyone must prepare their profit and loss statement. I decided that, for me, disability of the arm would be worse than getting infected, as I am still relatively young and physically healthy and would probably experience only mild symptoms of COVID-19.

AGC

# Give up physiotherapy? Never!



Photograph: private archives of M. Politańska

## Magda Politańska

I suffered a cervical fracture. My legs are paralyzed and I have paresis in my fingers. Although the accident happened 17 years ago, I require constant rehabilitation. Among many reasons, one of them is that, due to lack of walking, osteoporotic changes appeared in my legs. Furthermore,

I underwent hand surgery in the middle of December, which involved transplantation of tendons, so that my finger joints could flex and extend. I was hospitalized for only three days but then I stayed in a rehabilitation facility for two and a half months. I left in the middle of February with an intention to continue physiotherapy at home. Unfortunately, a few moments later the state of epidemic was announced and my physiotherapy was interrupted.

So, for the next two and a half months I didn't have access to rehabilitation for my hand, which has just been operated on. I massaged it myself but it defini-

tely wasn't the same. I think that such a long interruption in rehabilitation has took its toll on the functioning of my hand. What was even worse, I didn't have a chance to participate in my regular physiotherapy sessions - I couldn't use hand rails to stand, which prevents progression of osteoporosis. Exacerbations of osteoporosis are no joke, I need to be very careful whenever I change a seat, since I have already suffered a fracture of the neck of the femur. Lack of standing has also caused my legs to hurt more. I really need constant exercise. The epidemic has really affected me.

Currently I have returned to physiotherapy. I had absolutely no fear of going back. I refuse to participate in this omnipresent panic. Some people were even afraid to call an ambulance when they had a heart attack! Of course, I am taking all necessary precautions but I would never come up with an idea to give up physiotherapy. Rehabilitation has trained my body so well that if, by any chance, scientists will finally figure out how to fix my spine, I will be ready!

AGC

# The risk is too high

**Eight-year-old Aleksander has been rehabilitated all his life. He suffers from spinal muscular atrophy, so he truly needs physiotherapy. But at the same time, due to his disease, his parents haven't decided to return to rehabilitation yet - as his, mother Wirginia Puchalska, tells us.**

Before the coronavirus outbreak, we drove Aleksander for physiotherapy sessions 4-5 times a week. In March, we were stuck at home. At first we only performed the exercises that physiotherapists have taught us during all these years. Then we started online physiotherapy consultations - which we are still attending twice a week. Furthermore, we practice with our son for one hour, pionize him and massage every day. But we do miss normal meetings with physiotherapists. I am not sure if I am doing everything correctly or if it is just my impression that I am. I haven't noticed any deterioration in my son's functionality but this can be thoroughly evaluated only when all

of this ends and he can be seen by a physiotherapist.

We think it is still too early for Aleksander to return to stationary rehabilitation, as the risk is too high. We fear that his respiratory muscles would not manage this disease. Even the smallest infections are much more serious for him. He is not strong enough to blow his nose or expectorate the phlegm. We need to use cough assistant to help him clean his airways. And we exercise his respiratory muscles every day, stimulating his chest to decompress and lungs to expand, which altogether makes breathing easier for him.

We are up to date with all information regarding the progression of pandemic and current threats. To be frank, we have no idea when we should return to physiotherapy. When asked, doctors are unable to give me a precise answer. It certainly needs to be done, since my son requires professional rehabilitation. But when - I really don't know.

AGC



# Physiotherapists fight with COVID-19

It began from fear. When we realized that the unknown virus from Wuhan – as it was then called – has reached Poland, we weren't prepared for it. And terrified at the very thought that we could face the Italian scenario. We lacked basic elements of personal protective equipment and clear guidelines, while the number of infected patients was growing. The pandemic hasn't ended yet and COVID-19 still has many secrets that medics struggle to reveal. However, after three months we are able to make the first summary regarding the influence of physiotherapy in the treatment process of COVID-19 patients. The Chief of an intensive care unit, along with physiotherapists and their recovering patients – have agreed to tell us about their experiences.



Photography: Private archives of  
K. Szuldrzyński

### **Konstanty Szuldrzyński, MD, PhD**

*Internal medicine and anaesthesiology specialist, chief of the Center of Extracorporeal Therapies at the University Hospital in Cracow, now transformed to an infectious diseases hospital.*

## **Refraining from rehabilitation is like asking for complications**

“Physiotherapy for COVID-19 patients must be introduced from the very beginning. They might recover without it but not necessarily regain their physical fitness from before the disease” – we read about cooperation with physiotherapists, as told by Konstanty Szuldrzyński MD, PhD, internal medicine and anaesthesiology specialist, chief of the Center of Extracorporeal Therapies at the University Hospital in Cracow, now transformed into an infectious diseases hospital.

**Agnieszka Gierczak-Cywińska:**  
**Why is the presence of physiotherapists essential in your department?**

**Konstanty Szuldrzyński:**

Our department has been created six months ago, by combining two other departments from different locations. Physiotherapists have been here from the very beginning, working in 5-6 workplace positions. I really appreciate our cooperation. There are two aspects which I find particularly important. First of all, our patients do not stay on our ward longer than it is necessary, since they are immediately mobilized and therefore can leave the ward faster. Second of all, it often seems that a patient who is lying down is in a relatively good condition. But the true verification of his well-being takes place during exercise tests, when he is asked to perform certain activities. The experience of physiotherapists is incredibly valuable here. Sometimes doctors state that a patient's condition hasn't changed and then a physiotherapist tells us that this patient has in fact improved because today he can do something that he wasn't able to do before or he tolerates bigger effort. Furthermore,

I think that exercises have a very good influence on the emotional state of patients. Thanks to physical activity, they can see that their treatment is going in the right direction.

**They start noticing small progress?**

Exactly. Patients are unable to interpret information from various monitoring machines, but they sure can see if their physical condition improves. And this can be very uplifting. This can motivate you to fight for your health.

**When compared to doctors, physiotherapists spend more time with the patients, which can give them a lot of support - especially now, when family visits in hospitals are not allowed.**

We all know that nurses are the ones who spend the most time with patients, after them are physiotherapists. Doctors are present during visits and, if nothing happens later, there is no need for them to come. But this live contact between two people is absolutely crucial. Especially now. Even when the circumstances for a casual conversation are not very favourable, because the patient is intubated



- they are still able to establish some form of contact with them.

### **When do you introduce physiotherapy for COVID patients?**

From the very beginning. It is possible even in deep analgosedation or during muscular relaxation. Moving patients in such conditions provides them with adequate tromboprophylaxis, enables lymphatic drainage, allows to maintain mobility of joints, prevents contractures and has many other benefits. Of course physiotherapy cannot be performed on unstable patients but when there are no clear contraindications - patients are being rehabilitated from the very beginning.

### **Is five or six a sufficient number of physiotherapists on your ward?**

Definitely not. In the ICUs in the United States there are as many physiotherapists as there are nurses. Sessions with stronger patients might really take a lot of time, while weaker patients have shorter sessions which are repeated several times a day. Obviously the progress is much faster under such circumstances, but what can we do? Let's appreciate whatever help we get.

### **How long do patients diagnosed with coronavirus stay in your hospital?**

If there are no complications, patients usually spend the first week on a normal ward. Then the condition of some patients deteriorates very rapidly, so they may end up in our unit for another week, then come back on the regular ward and stay there for another week or two. But if serious complications occur, patients might lie on our ward for weeks.



Photograph: Maria Włodkowska/SU archives, University Hospital in Cracow

### **How is it possible that a patient, who has been in hospital for a week, suddenly deteriorates to such an extent that he/she has to be transferred to the ICU?**

We don't know that, this disease has a very unpredictable course.

### **What was the maximum amount of COVID patients that you had on your ward? And how many are there now?**

The biggest number was 20, maybe 22. Now (29th of May - editorial note) there are seven.

### **So is the pandemic calming down?**

That's what it seems right now. However, we're starting to admit more patients from the Silesia region, some of which are in a critical condition. When they run out of available beds, they start sending patients to us, since it's really close from Katowice. Another reason is that we perform ECMO (extracorporeal membrane oxygenation) and no other hospital in this region is able to offer such a treatment.

### **Do many patients require ECMO?**

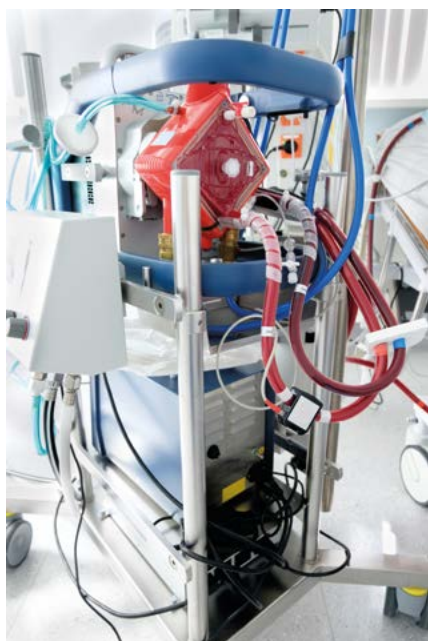
No, I would even say that it's a surprisingly small amount of ca-

ses. If patients receive appropriate mechanical ventilation and are not disturbed, their condition improves relatively fast. Unless we're talking about very old patients or the ones who have numerous comorbidities. We haven't observed any deaths due to respiratory failure in the ICU. There were always some other reasons, such as circulatory failure. They have always improved in terms of respiratory function.

### **Is physiotherapy necessary for COVID-19 patients?**

Physiotherapy allows patients to regain their physical health and shortens their stay in the ICU. If a patient stays longer in the ICU and then is transferred to a regular ward without having regained some functionality, it is very likely that he/she will stay longer on this regular ward. And the longer he/she stays there, the bigger the risk for complications. There may be other infections, pulmonary embolism, thrombosis and thousands of other unexpected episodes. Refraining from rehabilitation is like asking for complications.

### **Patients are rehabilitated in the ICU, then on the regular ward.**



ECMO machine working in the ICU  
Photograph: pl.freepik.pl

### What's next?

It is very important that especially elderly patients, those who leave hospital in worse overall condition or those whose stay in the hospital was longer, receive referral to some rehabilitation facility, where they can be admitted to a day ward and well taken care of. But such things are in a dramatic condition in this country, even without COVID-19. There is not one public facility like that in Cracow. We used to send some patients to Limanowa or even to Otwock. From Cracow! Polish healthcare system focuses only on eliminating the primary diagnosis. If somebody used to have pneumonia and now no longer has pneumonia – he/she is considered healthy. And the fact that this patient lies in bed, is unable to work, requires assistance in simple daily activities – nobody cares about that.

**Do you think it happens due to lack of knowledge, lack of intuition, insufficient funds?**

Everything at once. It all begins

from our attitude towards quality in medicine. Please note that the only parameter which is not evaluated in the Polish healthcare system is the quality of treatment. A patient's condition when he or she is discharged from hospital has no influence on the institution's funding. But if a hospital's funding was dependant on patients' condition when they are discharged, instead of on the sole fact of whether they left hospital or not – then it would become profitable for healthcare institutions to take better care of their patients' condition. Another problem is this unfortunate Polish system, where NFZ and ZUS function as separate entities even in terms of disability pensions. If NFZ was obliged to pay disability pensions, it would be in its best interest to allow patients regain full functionality as quickly as possible as it would make NFZ stop paying disability pensions and save money. Moreover, this healthy individual would happily go back to work and continue paying health insurance contributions.

**Physiotherapists are alarming that they are still underappreciated by doctors and hospital directors.**

That makes us go back to the aspect of quality in healthcare. If quality was a priority, every hospital director would do their best to hire more physiotherapists, because that would allow patients to regain functionality much faster. No doctor, nurse or dietician is able to complete this task – only a physiotherapist is capable of restoring a patient's physical fitness. But if NFZ pays the same amount of money for patients who leave hospital on their own, as well as for patients who are carried out of

the hospital on stretchers – then what is the point in hiring physiotherapists, from the perspective of hospital directors? Polish physiotherapy is very similar to dentistry – it is almost completely privatized. Whoever can afford it – pays for maintaining good physical condition. Unfortunately, the majority of people can't afford it. Especially those, who need such a help the most. As a results, we end up with a society which has an incredibly low percentage of working people, as some are too old and others benefit from earlier retirements or disability pensions.

**And how are you holding up mentally after almost three months of very intensive work?**

It has been quite alright but it's probably due to the fact that we've admitted a relatively small number of patients in such a large hospital, where our department benefits from latest technologies and is well equipped. Of course I am exhausted by not having at least two days off work for the past three months, since I work shifts – 12 hours at work, 24 hours off and again 12 hours at work etc. In the long run, it's really tiring. There are less COVID patients than before but they still appear. Some of them improve very slowly and stay in our unit for long periods of time. And if we get someone in a very serious condition, just like the patient that is now connected to ECMO, he might give us a month of sleepless nights.

**Interview prepared by  
Agnieszka Gierczak-Cywińska**





Photograph: Maria Włodkowska/SU archives, University Hospital in Cracow

# Physiotherapy of COVID-19 patients in the ICU

Wojciech Kliczewski, Małgorzata Garwolińska and Jagoda Pastuszak – physiotherapists from the Department of Anaesthesiology and Intensive Care at the University Hospital in Cracow – write about the specificity of working with patients infected with coronavirus.

Physiotherapists from the Intensive Care Unit at the University Hospital in Cracow work in a team which treats and mobilizes patients in the most critical conditions. We work in a very big department with 65 beds for intensive care and full range of techniques applied in treating serious infections of the respiratory system – from high-flow nasal cannula (HFNC), through non-invasive ventilation (mask- and helmet-based), advanced conventional ventilation, to ECMO. It is not an easy job but after a few years of experience we were convinced that it wasn't so mysterious to us anymore. It also stopped being such a psychological burden, when compared to the beginning of our careers.

## An unknown intruder

Or at least that's what it seemed like until the outbreak of COVID-19. Although we've already had some experience with patients infected with SARS or AH1N1, this virus has surprised us all. It was something completely new and unidentified. Just like the majority of our fellow medics, we were really confu-

sed and worried. At first we didn't have any detailed information about the virus itself. We had to rely on our intuition and previous experience. Thankfully, there has been some progress in research and more secrets about this intruder are being revealed.

We have prepared our own internal model of working with patients infected with SARS-CoV-2 patients, based on the guidelines issued by the Polish Chamber of Physiotherapists. We thoroughly discussed every case with an attending physician. The disease often progressed very rapidly – one day we would talk with a patient and on the next day he would already be intubated. We therefore had to make quick decisions regarding corrections in our therapy plans. The therapy had to be adjusted to a patient's current condition. Apart from clinical work, we also organized numerous teleconferences, discussed latest research with our colleagues, exchanged experiences and information about patients who returned to the ICU several times. Below we present a brief summary of our experiences from working in the COVID-19 zone for the last couple of months.



Photography: Maria Włodkowska/SU archives,  
University Hospital in Cracow

## The character of work in the area of epidemiological danger

The first entry to the COVID zone is accompanied by fear, uncertainty and some kind of thrill. Many layers of protective clothes make it difficult to move, communicate or breathe. The order of both putting on the elements of protective equipment (uniforms, masks, visars, goggles) but most importantly of taking them off, plays a crucial role, as the risk of infection is exceptionally high in those moments, as the experience of Italian medics has shown. So this part of our work is the most disturbing. Protective uniform allowed us to work for the maximum time of three hours. After that, we were obliged to take a shower twice and undergo disinfection.

Fortunately, there was no shortage of personal protective equipment at the University Hospital. It really improved our psychological comfort. Since we all looked the same, we couldn't really recognize each other. In some moments it even turned out to be quite funny and brought smiles on our colleagues' faces covered with masks. No one paid attention to how they looked - the only thing that mattered was a fight for breath - our own and our patients'.

Each of us needed at least 2-3 hours of sleep after coming home from work. That is quite a good indicator of how stressful was every entrance to the "infected zone".

## The character of physiotherapy for patients infected with coronavirus

Physiotherapists who entered the areas of epidemiological danger on different wards of the University Hospital have worked out specific systems applicable to each ward. The methods of rehabilitating COVID-19 patients who stayed in the Intensive Care Unit differ only slightly from the techniques of daily rehabilitation implemented on our ward. Every patient should be approached individually and therapy plans should be dynamically adjusted to a patient's changing condition. Constant consultations with other members of the medical staff are necessary. We have observed that patients infected with SARS-CoV-2 virus characterize with very low tolerance of physical effort. First attempts at verticalization must be conducted under careful eye of a physiotherapist and attending physician, with constant observation of vital parameters.

## Frequently applied techniques

1. Exercises for tromboprophylaxis - SARS-CoV-2 increases the risk of thromboembolic complications and patients in the ICU are mostly lying in beds - prevention is necessary for all patients!
2. Vibrating chest massage - a device inducing vibrations of the chest facilitates detachment of airway secretions in the lungs and stimulates its relocation to the upper respiratory tract, where it can be evacuated.
3. Chest tapping - facilitates evacuation of airway secretions.
4. Positioning patients on their stomach - very important, according to some research this position promotes regeneration of lungs both in patients who are mechanically ventilated and those who





Photography: Maria Włodkowska/SU archives,  
University Hospital in Cracow

breathe spontaneously. A physiotherapist's role involves placing the patient in the right position and correcting his/her posture while he or she lies on the stomach, in order to prevent complications.

5. Passive exercises - maintenance of mobility in joints - from the very beginning of a patient's stay in the ICU.
6. Passive-active exercises for patients in analgosedation or conscious.
7. Active exercises - for conscious patients.
8. Education on using the TriFlow device - practicing breathing with resistance on inhalation and exhalation.
9. Verticalization.
10. Mobilization.
11. Discharge to another ward - wonderful moment awaited by the patient, for which we all work very hard. Discharge summary should include description of implemented physiotherapy, current condition of a patient and future recommendations.

### Let's support our patients

It needs to be emphasized that when a patient is conscious and verbally responsive, he or she requires a lot more time and attention. Since these patients usually spend several weeks in hospital, they have no contact with their family and friends due to sanitary restrictions. As a patient slowly recovers, it is very important to ensure psychological support and allow the patient to talk to a therapist or other healthcare professionals. In this challenging and often difficult to understand situation (for both us and the patients) let's show our patients as much interest and kindness as possible.

When we share our experiences with family and friends, they call us heroes - as people tend to call everyone in the front line. We really don't feel like heroes. But we do hope that if we ever face a similar challenge in the future, we will deal with it as good as we're doing it now, or even better.

**Wojciech Kliczewski,  
Małgorzata Garwolińska,  
Jagoda Pastuszek**

## Although I am a doctor, I don't always see the progress

**Ireneusz Orman, 53 years old**  
**comorbidities: hypothyroidism, chronic kidney disease, status post three episodes of phlebitis**

On the 16th of April I was on call in the hospital (I am a gynaecologist) when suddenly felt my temperature rise. I managed to get myself a test on the next day but I had to wait three days for the results. At first there was no fever, I just started feeling weaker. On Monday it turned out that I was infected. My temperature began to rise. When I started experiencing shortness of breath after a week, my daughter drove me to the hospital. I was given some medications in the department of pulmonology and my condition seemed to improve. However, I suffered from serious dyspnea overnight and they had to take me to the ICU and connect to OptiFlow. My condition was defined as critical but stable. Nonetheless, I wasn't really improving much and the damage to my lungs was progressing - which is why they decided to intubate me. The next five days I know only from stories, because I slept through them all. I know I went into septic shock in the meantime and my inflammation markers rose almost to the upper laboratory detection limits. Fortunately my condition was managed by plasmapheresis. After several days I developed renal failure and had to undergo dialysis. Upon recovery from anaesthesia, I had to stay in the ICU for the next week.

### Mobilization from the beginning

My physiotherapy has already started in the ICU. One day after recovering from anaesthesia I had my first postural drainage. Standing up was still impossible, because my saturation would instantly drop when I tried sitting. Verticalization was successful only after a few days. During that week there were days when I felt really awful and wasn't able to do much - but I exercised every day. When I was transferred to the department of pulmonology, I attempted walking in place for the first time. I feared that my muscles had gotten really weak after spending so many days in bed. So it really calmed me down when a physiotherapist checked my muscles and reassured me that things weren't as bad as I expected. It was quite uplifting. I managed to take a short walk around the room after two weeks from the day when I recovered



Patient during a 6-minute walking test

from anaesthesia. Since I was still very weak, I was forbidden from walking around the room unassisted but I could move along the windowsill, as the window was close to my bed.

The damage to my lungs was so serious that I was advised to lay on my stomach for two hours every day. At first, when I still had a urinary catheter and ECG electrodes attached to my chest, it was a bit inconvenient. But now I don't find this position uncomfortable anymore.

I made a large progress when I could first walk the hall. At first, I was able to walk 7.5 meters, of course with small breaks and constant saturation control. Physiotherapy lasted for about an hour at that time. Then it prolonged to 2 hours as I became able to walk 15 m. After spending a month in hospital, I was finally able to take a shower - that was something!

### Support of physiotherapist

It is incredibly important that I was visited by someone who lifted my spirits up. Who ensured me that I was going to manage, motivated me and noticed progress which I was sometimes unable to see, even though I am a doctor. But he could see it when he looked at me. He paid attention to such small details. This psychological aspect is incredibly important. With such long stays in hospital - and I have been here for a month and a half now - some depressive tendencies start to appear. I am not given a lot of medications here so I guess the primary reason why I'm here is the process of improving my functionality during

physiotherapy sessions. We work for two hours, from Monday to Friday. I am now able to walk without holding onto objects, I just need some assistance.

I think that they discharge me home as soon as a negative test result comes. I can take care of myself but I am also aware of my limitations and I know have to take things one at a time. I am still not sure how my treatment is going to look when I leave the hospital,

whether I will have to come for follow-ups. Anyway, I feel I am still going to need physiotherapy and a specialist to direct my activities. Considering my recent experiences, I am now feeling quite well, I have regained the ability to take care of myself. But the road to full recovery and regaining my physical condition from before the disease is still very long.

AGC

## One day I am going to jump two steps

**Bogdan Kleszcz, 63 years old**  
**no comorbidities**

I was admitted to hospital on the 10th of April. A week earlier a doctor during teleconsultation diagnosed me with a flu. However, fever and shortness of breath appeared a few days later. The ambulance first took me to a regular hospital, but as soon as it turned out that it was COVID, I was transported to an infectious diseases hospital. At the beginning I stayed in the department of pulmonology, but after two days my condition deteriorated rapidly, I was seriously short of breath. Doctors decided to put me in a coma to calm my body down. A week later, upon recovery from anaesthesia, I felt as if they had exchanged my lungs for brand new ones. It was such a relief! My results quickly improved and five days later I was transferred to pulmonology again. Although I quickly felt much better, I had to stay there for two weeks in order to wait for negative test results. Even the doctors were surprised that I managed to improve so fast.

### Difficult beginnings

My physiotherapy began from sitting and moving around the bed. Then I tried standing up and standing on my toes, which I found quite problematic for a long time because of dizziness. But then it all went really smooth. There was this one exercise with

steps, on which I had to climb - at first I had to walk up just one step, then five or six up and down. I have to admit that it was a truly helpful exercise. I was in coma for only a week, but after recovering from anaesthesia my legs were like spaghetti. Which was why I wasn't fit for any kind of physiotherapy in the ICU, whereas here the progress was significant.

### Both in the hospital

It was mentally very difficult. Particularly because my wife was also admitted to hospital, several days after me and two floors below my ward. She experienced only mild symptoms of coronavirus, so she spent only two weeks in hospital. I was afraid that the both of us may never leave the hospital. My wife got so emotional about my health problems that she needed psychological help. So I am very glad that I managed to return home so quickly, in such a good condition. I keep doing the exercises recommended by my physiotherapist. At first I found it difficult to breathe outside but this problem has resolved with time. I have regained 99% of my functions from before the disease. However, I still can't jump two steps at a time - but I am sure I can accomplish this goal soon.

AGC



"...exercises with walking up the steps - at first just one, then five or six, up and down. I have to admit it was a truly helpful exercise"

The photographs were taken on the COVID department of the University Hospital in Cracow.

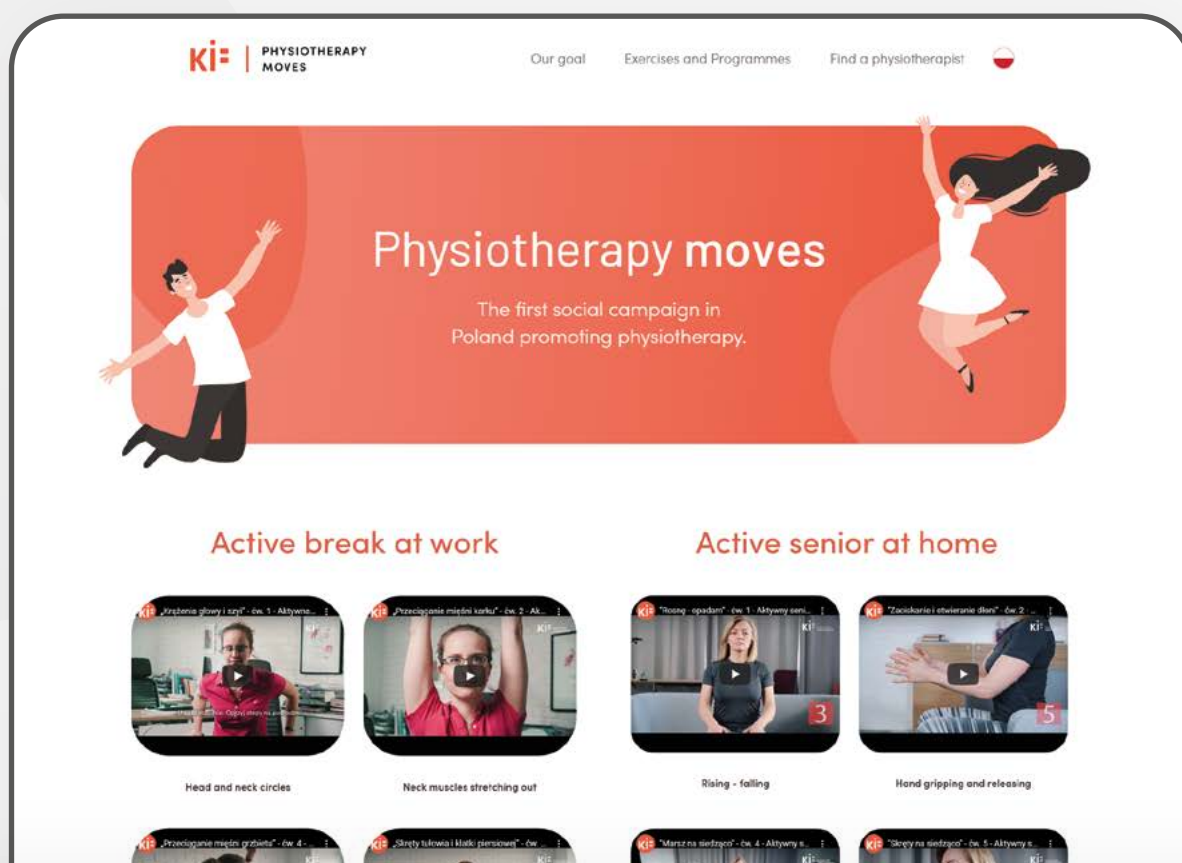


# Physiotherapy moves

The first social campaign in Poland promoting physiotherapy

[fizjoterapiaporusza.pl/en](https://fizjoterapiaporusza.pl/en)

Preventive programmes of the Polish Chamber  
of Physiotherapists and the Ministry of Health



## Active break at work

- a set of exercises that can be done in your workplace or home
- exercises which minimize the risk of back pain, heart and chronic diseases
- all videos with English subtitles
- created by physiotherapists, experts in orthopedics

[Find out more](#)

## Active senior at home

- a set of safe exercises which can be performed by elderly people at home
- exercises which will facilitate functioning in times of a pandemic
- all videos with English subtitles
- created by physiotherapists, experts in geriatrics

[Find out more](#)