

## **The Impact of Covid 19 Crisis on Stroke Rehabilitation**

Corresponding Author: Prabin Bastola

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As the world is facing the crisis of ferocious virus “COVID 19” the entire health care system has been broken. The entire health care team has to be diverted to the care of COVID patients<sup>1</sup>. Maximizing focus on COVID 19 has directly or indirectly resulted in neglect of other illness and conditions<sup>2</sup>. In spite of this crisis there are few conditions or illness which cannot be neglected and needs immediate actions. Inability to have appropriate or prompt actions within stipulated time may be proven fatal to the patients or may leave disability for life.

Stroke or Cerebro vascular accident is one among them. A medical emergency caused by blockage or bleeding in the brain is the leading cause of death and disability. Patients having the signs and symptoms of stroke need immediate admission to the hospital<sup>3</sup>.

Rehabilitation of stroke Patients starts as soon as the patient is diagnosed. The interdisciplinary work consisting of Physical therapist, occupational therapist, speech language pathologist, neurologist, physician etc. is the main stay of outcomes of stroke patients. Rehabilitation demands human resources, environment and time<sup>4</sup>.

The approach towards the COVID 19 for prevention of its spread, management of COVID 19 Patients and their psychological component has directly impacted the rehabilitation of stroke patients both during acute and chronic phase<sup>5</sup>.

Various factors play an important role at different level of stroke rehabilitation including acute rehabilitation at ICU, discharge and home care. Squeezing of rehabilitation department and diverted manpower, inability to attend hospital by various rehabilitations professionals following lock down are the important factors of decrement in quality of stroke care and rehabilitation<sup>5</sup>. Shifting to the digital platform on discussion with different rehab professional and limiting the involvement of family members during hospital stay also have negative effect on stroke care. Precautionary measures to avoid spread of COVID 19 also lead to early discharge of the stroke patients. In LMICs like India, the unavailability of PPEs, testing facilities and other required essentials to deal with COVID 19 leads to apprehension in the stroke patients, family members and also among the health care professionals<sup>6</sup>. This results directly in decrease of assessment quality, planning and treatment time of the stroke patient. Closure of rehabilitation OPDs in many hospitals and health care centers has cut down the access for continuity of rehabilitation.

Similarly, the stroke patient rehabilitating at home are facing the same problems as in the hospital. Inability of rehabilitation professional to visit at home, unavailability of care givers, nurses and the required essentials are the key factors to have impact on stroke rehabilitations at home. Low education and awareness about COVID 19 has also affected the mental health conditions of stroke patients as well as family members<sup>7</sup>.

Less education regarding safe rehabilitation practice, social distancing, precautionary measures and stigmatizing of COVID 19 could be the possible cause for the impact on stroke rehabilitation at community level. Policies and guidelines by regulatory bodies for health, health care professionals and stake holders are need of an hour to reach the awareness at all levels.

Since the outcomes and prognosis of Stroke survivors depends completely on rehabilitation programs, the compromise on the rehabilitation cannot be done. All the hospitals, health care centers, regulatory bodies, family members or care givers should work together to frame policies to maintain the quality care at the hospital and rehabilitation at home.

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