Physiotherapy & Psychosocial Rehabilitation in Postcovid & Postconflict Era: New Roles with same Staff? (dispatch)

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Introduction

Many chronic, viral infectious diseases have systemic consequences of other than respiratory system, e.g. Ebstein Barr virus related infectious mononucleosis, affecting oropharynx as one of examples causing chronic fatigue syndrome, and about 2 million cases suffer yearly worldwide of the syndrome. Similarly, observable after COVID-19, as long covid and postcovid syndrome. Can we manage those new waves with the same human resources, is clear, that this is impossible not only in developing but also developed countries. (1-9)

Physiotherapy and rehabilitation for management of long covid

Many patients, after acute covid especially those from ICU and after ventilatory support suffer motion and dyskinesis syndromes, and have to train their respiration daily. Physiotherapists trained for ventilatory and neurologic rehabilitation are missioned throughout EU, US, Japan, Canada, Emirates, China, etc. e.g. Chulalongkorn University in Bangkok has admitted 2 times more prophysotherapy students. Unfortunately, the EU is still sleeping and waiting for importing those specialists form southeast Asia.

Psychology and mental health support

About 20% of acute COVID patients suffer with postcovid syndrome mental health disorders such as depression anxiety, loss of memory, fatigue and physical disability. Logically they will seek mental health and psychology specialists who were not available even before the pandemics had been started.

Mental health disorders also increase the malperception of whole social media and communication. 10% of cases have severe psychological and mental health symptoms, 5% have to stop their work and ask for social funds.

Economic toxicity of postcovid syndrome

According to our data and the Lance Series, from 20% of postcovid syndrome patients in the UK and 30% in US. In the UK, about one half cannot return back to work for up to 3 months and 5% never.

Huge financial losses in the economy must be planned for and permanent work disability must be foreseen for 2023 worldwide; for economies with high employment, many sectors may collapse, mainly in the transport including air transfers and bus transport, and services, including healthcare (nurses etc.), as well as industries and other services must expect huge losses of work productivity and insurance both social and health funds catastrophic losses.

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