

**COVID-19: Survey on the involvement and work of the physiotherapist in the pandemic emergency period in Lombardy region**

Dear colleague,

We invite you to fill in the following questionnaire promoted by the Order TSRN OSTRP and in particular by the Board of Directors of Physiotherapists of the Lombardy Region, in collaboration with ARIR and AIFI.

The purpose of this questionnaire is to estimate the impact of the sanitary emergency, due to Covid-19 pandemic, on the reorganization of the work of the single professional physiotherapist and/or of working groups, both pre-existing and created ad hoc for emergency management, and on his/them involvement in care and management of patients with SARS-CoV-2.

Your participation is very important as it will allow us to collect the information described and to plan any interventions to support the development of the work and profession of physiotherapists.

The time required to complete this questionnaire is approximately 10 minutes.

This questionnaire is anonymous as it does not require identification data, it will not be possible to trace or lead back your answers to your person in the aftermath. All data collected will be processed and stored strictly anonymously pursuant to Legislative Decree 196/2003 and subsequent amendments and additions regarding the processing of personal data.

By completing the questionnaire and submitting the answers, you consent to the collection, analysis and potential publication of your data in an anonymous and aggregate form. You also declare that you are aware that your participation is voluntary.

**1. In which province do you mainly work?**

- Milan
- Bergamo
- Brescia
- Varese
- Cremona
- Pavia
- Sondrio
- Como
- Monza Brianza
- Lodi
- Lecco
- Mantova

**2. In which kind of facility do you work mainly in?**

- Territorial social and health department
- Private healthcare facility
- Scientific Institute for Research, Hospitalization and Healthcare
- Rehabilitation Institute
- Assisted Health Residence
- Healthcare Territorial Reception Center
- PWD Day Healthcare Center
- Multidisciplinary Home Care Services
- Physical Therapy Rehabilitation Center

- Owner of a private practice insite
- Coworker in a private practice insite
- Home Care Services
- Sport Recreation Center
- Holiday and Recreation Buildings

**3. What kind of contract are or were you suited in?**

- Long-time employee
- Short-time employee
- VAT registered employee
- Both with a suited and free VAT private practice contract
- No contract (Volunteer)

**4. During the COVID-19 emergency:**

- You have been hired in a facility to deal with the emergency
- You have been transferred to a COVID-19 ward (e.g. from orthopaedics ward to COVID-19 ward)
- Your ward of work has been converted into a COVID-19 ward and you have kept on doing your usual work
- You have kept on doing your usual work in a non-COVID-19 ward
- You have established a VAT registered employee relationship in a facility with COVID-19 patients, working as a physiotherapist.
- You had to change your work role (patient care, support to other operators)

- You stayed at home on vacation or over redundancy fund
- You have been fired (or suspended if VAT registered employee) due to the suspension of physiotherapeutic activities at your facility
- You've suspended home care services by yourself
- You've suspended services at your own private practice
- You have suspended services at your own private practice and volunteered at some field hospital or emergency facility
- Other

**5. Are there or have there been wards in your facility for the care of patients with COVID-19?**

- Yes
- No

**6. How many physiotherapists in your work group have or have been moved to the treatment of COVID-19 patients? (% of total)**

- 0-25%
- 25-50%
- 50-75%
- 75-100%

**7. Has the organization of physiotherapeutic work group changed to deal with the COVID-19 emergency?**

- Yes
- No

**8. If yes, to what extent? (you can give more than one answer)**

Select all suitable entries.

- Increase in the number of physiotherapists dedicated to the respiratory physiotherapy
- Presence of physiotherapists 7/7
- Extension of working shifts (overtime work agreed with health management)
- Change of working shifts to ensure attendance throughout the day (e.g. shifts 8am-8pm)
- Other

**9. What kind of previous working experience do you have with regard to respiratory physiotherapy?**

One only possible answer

- No previous working experience in this field
- Basic level (sporadic use of breathing exercises or basic instrumentation for bronchial hygiene)
- Intermediate level (I have expertise in the various areas of respiratory physiotherapy developed in specific ECM courses and on the ground)
- Advanced level (I have a Master of Science Degree in Respiratory Physiotherapy and Pulmonary Rehabilitation and I mastered the use of respiratory support equipment such as CPAP or mechanical ventilation)
- Other

**10. Which medical specialists are or have been present in your working team for managing COVID-19 patients?**

Select all applicable entries.

- Anesthesiologists

Pneumologists

Infectivologists

Internists

Psychiatrists

Family doctor

**11. In addition to the doctors and nurses, in the working team are there or were there other health care professionals? If yes, which figures?**

---

**12. During the pandemic emergency period, did the care of the patient diagnosed with COVID-19 took place after a physiatrist assessment?**

Yes

No

**13. If you are a physiotherapeutic coordinator, on a scale going from 0 to 10, how high was the collaboration of the majority of your coworkers physiotherapists in the management of COVID-19 patients? (0 no collaboration, 10 maximum collaboration)**

1 2 3 4 5 6 7 8 9 10

**14. At what point in the care path of COVID-19 patients have you been called to perform your intervention?**

Select all applicable entries.

Intubated and residual neuromuscular blockade patient

Intubated, awake, in weaning from IOT patient

- Awake and tracheostomized patient
- Non Invasive Ventilated patient (NIV, CPAP, HFNC)
- Patient discharged from a high-intensity care ward
- Patient in a mild intensity care ward with mild or moderate symptoms, with or without ARF
- Patient hosted in a lower-intensity care facility (Assisted Health Residence)
- Patient housed in a centralized quarantine facility (hotel)
- Patient discharged at home
- Patient with mild symptoms who doesn't need hospital stay and managed at home
- Other

#### **PHYSIOTHERAPIC ASSESSMENT**

Please only mark assessments performed on at least 50% of the subjects covered

**15. Is a patient assessed with specific assessment scales or specific measurements?**

- Yes
- No

**16. If so, which one of them? (you can give more than one answer)**

- Detection of oxyhemoglobin saturation
- Respiratory frequency detection
- Detection of other parameters (CF, AP, CT)
- Evaluation of respiratory mechanics
- Assessment scales for the measurement of Dyspnea (Borg, VAS)

- Barthel Index
- Diagnostic imaging (Thorax x-ray, Chest ecography)
- Arterial blood gas analysis (ABG)
- Assessment of exercise tolerance (6MWT, Sit To Stand test)
- Muscle strength testing (MRC, Handgrip)
- Other

**17. In your experience most of the patients treated are/were:**

Only one possible answer

- Bedridden and/or astenic
- Weak and non-autonomous in ADL
- Weak but partially autonomous in ADL
- Weak but autonomous in ADL
- They did not present or had no muscle weakness
- Other

**PHYSIOTHERAPIC TREATMENT**

Please, only mark treatments performed on at least 50% of the subjects treated

**18. Following the physiotherapeutic assessment, what are the most commonly performed treatments in the management of COVID-19 patients? (you can give more than one answer)**

- Manual cough assistance
- Air stacking

- Manual respiratory care manoeuvres
- Respiratory physiotherapy with mechanically assisted cough (Cough machine)
- NIV/CPAP to support bronchial hygiene
- Postural drainage
- Modified postural drainage
- Bronchial suctioning
- PEP Devices
- Diaphragmatic breathing
- Volume-oriented incentive spirometer (e.g. Coach 2)
- Flow-oriented incentive spirometer (e.g. Triflow)
- Calistenic exercises combined with breathing
- Relaxation exercises
- Passive mobilisation for preventive purpose of bedridden complications in sedated patients
- Passive mobilisation for preventive purpose of bedridden complications in awake patients
- Postural changes in sedated patients
- Postural changes in awake patients
- Patient pronation
- Positioning of the patient sitting on the bed board
- Patient verticalization
- Postural changes bed-chair

- Walking
- Exercise readaptation
- Adaptation to ADL
- Resting oxygen need assessment
- Assessment of oxygen need during movement
- Collaboration in weaning from Invasive Mechanical Ventilation
- NIV/CPAP Titration
- HFNC (High Flow Nasal Cannula Oxygen) Titration
- Management of the tracheostomy tube (suction and humidification)
- Collaboration in the decannulation process
- Other

### **PPE**

**19. What kind of PPE do you use during the physiotherapy session of patients with suspected or confirmed SARS-CoV-2 infection? (you can give more than one answer)**

- Surgical mask
- KN95/KN95 mask
- Protective headshield
- Waterproof gown/TNT gown
- Shoe covers
- Gloves
- Double gloves

Other

## **SCIENTIFIC RESEARCH AND PERSONAL UPGRADING**

**20. As this is a pathological framework that has not yet been recognized in full and that need to be further investigated, what sources did you refer to for your training? (you can give more than one answer)**

Continue online learning courses by EduISS

Databases and scientific journals

Umbrella associations websites (Professional Order, ARIR, AIFI, etc.)

Social network (Umbrella associations pages)

Social networks (other pages, accounts, or groups)

Other

**21. Are you collecting any kind of specific datas on physiotherapeutic treatments in your working routine?**

Yes

No