6.67The Committee also received evidence that rehabilitation services may play a role in helping some patients with long COVID.[55]

6.68The World Health Organization, as cited by the Rehabilitation Medicine Society of Australia and New Zealand, defines rehabilitation as a 'set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment…'.[56] A number of healthcare professions provide rehabilitation services including specialist rehabilitation doctors, physiotherapists, occupational therapists, speech therapists, psychologists, dieticians and social workers.

6.69The NCET guidelines recommend that- 'In patients with persistent symptoms or functional impairment following COVID-19, begin rehabilitation as soon as possible, as appropriate to the individual's circumstances, setting and tolerance.' The guidelines further note that rehabilitation services which could be appropriate may include physical or occupational therapy, speech and language therapy, vocational therapy, neurological rehabilitation or dietary interventions.[57]

6.70The Department's advice, titled 'Getting help for long COVID', similarly notes that depending on an individual's symptoms, it may be appropriate for their GP to refer them to health professionals for various rehabilitation services.[58]

6.71The Committee heard that this advice is being put into practice by many healthcare practitioners. For instance, the Long Covid Clinic at St Vincent's Hospital in Sydney outlined that:

> *The management approach taken is based on general rehabilitation principles and the principles of managing treatable traits such as breathlessness, fatigue and cognitive impairment. Diagnostic review also forms part of the services of the clinic.*[59]

6.72Other healthcare practitioners also discussed the importance of rehabilitation services via allied health professionals. Dr Benjamin Gerhardy, a respiratory physician with the Nepean and Blue Mountains Local Health District, commented that from his experience 'The mainstay of therapy at the moment is getting patients to be involved with physiotherapists and occupational therapists.'[60]

6.73Associate Professor Holmes shared a similar view, commenting that 'The hero ingredient is in fact the exercise physiologists.'[61]

6.74However, many witnesses and submitters contested the appropriateness of exercise as part of a management approach for long COVID patients and suggested it may in fact be harmful.[62]

6.75Professor Anne Holland, Head of Post COVID Service and Head of Respiratory Research at Alfred Health and Professor of Physiotherapy at Monash University,

suggested there is an evidence gap regarding the 'role of exercise rehabilitation or graded exercise therapy' in managing long COVID. Professor Holland noted:

> *Certainly, there are people for whom the graded exercise therapy interventions are not helpful and can be harmful, but there's also I think a group of people with long COVID perhaps with persistent respiratory disease for whom those interventions are actually quite helpful.*[63]

6.76Relevantly, the NCET guidelines state:

> *In patients with post-exertional fatigue, use a conservative physical rehabilitation plan involving consultation with physiotherapy or exercise physiology for cautious initiation and pacing of activity or movement.*
>
> *For most patients gradual return to exercise as tolerated may be beneficial.*
>
> *Additional caution and specialist review should be sought before commencing exercise programs in patients who are known to have myocarditis. Clinicians should assess whether exercise exacerbates symptoms, and adjust rehabilitation plans as necessary…*[64]

### Emerging best practice management

6.77Throughout the inquiry the Committee received evidence indicating that multidisciplinary care, early intervention, and self-management approaches (for appropriate patients) may all constitute best practice management of patients with long COVID.

*Multidisciplinary care*

6.78The Rehabilitation Medicine Society of Australia and New Zealand submitted that since most individuals with long COVID have multiple symptoms, multidisciplinary care (which involves healthcare practitioners from different disciplines) will often be required.[65]

6.79Many submitters and witnesses either recommended or are implementing multidisciplinary rehabilitation care arrangements for patients with long COVID.[66] For example, the Royal Melbourne Hospital informed the Committee that it has found a multidisciplinary approach beneficial:

> *A multidisciplinary team (MDT) approach has been very helpful in the RMH [Royal Melbourne Hospital] COVID Recovery Clinic, given the variety of symptoms in people presenting with long COVID. As such an MDT approach is recommended as best practice…*[67]

6.80Ms McConnell, a physiotherapist leading the Royal Melbourne Hospital's allied health-led long COVID clinic, further described what their multidisciplinary approach looks like:

*We have a 12-week multidisciplinary program that we run for patients that is very much tailored to the unique needs of the individual patients. We have a physiotherapist, an exercise physiologist, a clinical psychologist, a neuropsychologist, a social worker and so on. So we have quite a large array, and patients are referred to the disciplines that they need to best treat their symptoms.*[68]

6.81The Long Covid Clinic at St Vincent's Hospital also outlined its use of multidisciplinary case conferences:

*Every patient consulted is discussed at the multidisciplinary case conference, which includes specialist physicians in rehabilitation respiratory medicine as well as psychologists' physiotherapists and our clinical nurse consultant. Treatment plans are developed based on combined experience and available resources.*

*Specialists in [particular] areas such as psychiatry and cardiology are invited to the clinic to allow us to present specific cases and to obtain information, referral pathways, and up to date research and opinion for management.*[69]

6.82The Department noted that multidisciplinary care is also being employed by many other countries. It submitted:

*Most of the international approaches to the management of long COVID identified at Attachment C involve a multidisciplinary team providing care through community health clinics, general practice, rehabilitation programs, or COVID-19 clinics. This multidisciplinary team may include GPs, specialist doctors, and allied health professionals.*[70]

6.83The NCET also supported multidisciplinary care, advising the Committee that:

*Best practice would include a multidisciplinary team. This could be accessed through general practice, community health, rehabilitation programs or post-COVID-19 clinics, where these are available.*[71]

### *Early intervention*

6.84The benefits of early intervention to manage long COVID symptoms was a theme that ran throughout the inquiry. Like with any health condition, not receiving timely support for long COVID negatively impacts an individual's recovery, potentially allows untreated symptoms to worsen, and/or causes additional stress and suffering.

6.85Illustrating this point, the Royal Melbourne Hospital submitted:

*Psychologists in the RMH COVID Recovery Clinic have noticed that those presenting with the longest duration of long COVID symptoms, appear to be having the more entrenched issues with their mental health and functional cognitive difficulties. Once symptoms are entrenched, including resulting*

*patterns of behaviour change, these can be harder to remediate through therapy/intervention.*[72]

6.86Beyond helping affected individuals, ensuring people with long COVID have early access to care may have broader positive effects. Professor Margaret Hellard, Deputy Director of Programs at the Burnet Institute, noted the financial benefits of early intervention. Professor Hellard expressed the importance that:

> *… they [patients] actually get the care that they require and they don't have to wait months and months, because that is a cost to the community. The moment somebody is not actually engaging in their family life, their social life and their work life, that's a cost anyway. It's costing us money, so it's a false economy to not do that.*[73]

6.87Multiple submitters advocated for early intervention for people with long COVID.[74] The Western Health COVID Recovery Collaboration argued:

> *In the absence of health promotion and/or prevention, early intervention in the disease course of Long COVID is urgently [needed]. Ideally consumers would receive rehabilitation and other supports as soon as it becomes clear they are experiencing sustained problems, and some jurisdictions include symptoms lasting longer than 1 month in their case criteria. Early referral for rehabilitation is recommended in the World Health Organisations Clinical Management of COVID-19 Living Guideline but is predicated on the availability of services. Without rapid access to the care they need, consumers experience aggravated deconditioning, loss of valued roles and social isolation as they remain on waiting lists for many months – all of which further impact on their potential to achieve optimal recovery.*[75]