Telerehabilitation: Need of the Hour in COVID-19 Pandemic

Sir,

According to latest survey conducted by World Health Organization, there have been 1,140,411 confirmed cases of novel coronavirus disease 2019 (COVID-19) with 25,320 deaths in Pakistan from January 3, 2020 to August 27, 2021, while globally there have been 214,468,601 confirmed cases and 4,470,969 deaths. COVID-19 is responsible for causing different respiratory syndromes varying in severity, resulting in need of hospitalisation and increased mortality rate. In addition to respiratory impairments, many other systemic complications may occur including gastrointestinal, neurological and musculoskeletal disorders.

In severe as well as non-severe cases, COVID-19 can have long-term complications such as cardiopulmonary deconditioning, venous thromboembolism, muscle shortening, postural instability, pressure sores, pain and fatigue. As social isolation is associated with COVID-19, it can be a contributor to musculoskeletal symptoms including arthralgias, myofascial pain, fibromyalgia, muscle weakness, anxiety and stress. 4

In the ongoing pandemic, telerehabilitation has gained popularity as face-to-face rehabilitation sessions are impractical and unsafe. Telerehabilitation is an excellent alternative in current scenario to provide essential rehabilitation services without any interruption; and thus preventing COVID-19-related complications (*i.e.*, post-intensive care syndrome). Moreover, it is the need of time and thus should be made an integral part of facility-based rehabilitation to reduce the healthcare burden and avoid the discontinuity of care due to pandemics like COVID-19.⁵

In conclusion, a new opportunity of clinical monitoring of COVID-19 patients with chronic complications undergoing social isolation has arisen for rehabilitation professionals. Exercises and physical activity *via* telerehabilitation will help improve the mobility, which will, in turn, reduce stress and improve self-esteem in addition to regaining muscular strength and coordination, cardiorespiratory capacity as well as prevent risk offalls, pressure sores and cognitive decline. Telerehabilitation, conducted through audio and visual technology, includes not only synchronous mode of rehabilitation; but also asynchronous mode and, subsequently, delaying complications and improving prognosis.

CONFLICT OF INTEREST:

The authors declared no conflict of interest.

AUTHORS' CONTRIBUTION:

AA: Substantial contribution to the conception or design of the work; or the acquistion, analyses or interpretation of data for the work.

SA: Drafting the work or revising it critically for important intellectual content; agreement to be accountable for all aspects of the work in ensuring that question related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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