Academy of PHYSICAL MEDICINE

COVID-19

24th March Update

SUMMARY

Note: this is a rough summary of a video conference. It is a summary of the opinions of the various speakers (deliberately kept anonymous) and does not reflect government or regulator guidance unless specifically stated.

Sections highlighted in yellow were added after the broadcast.

Where there is lack of clarity, the audio recording should be consulted. There is no video recording of this meeting.

- Neither either of the general councils has issued any edict saying that we should stop practising or close our practices, but of course isn't helpful in many ways because most of us would like strict guidance.
- They have said is that we should only treat critical cases, but they haven't defined critical cases. So this is no change from yesterday.
- You might choose "critical cases" to mean key workers, people who are needed by the economy or the NHS to keep the system running. You might want to give them treatment. You might want to include patients who would otherwise go and absorb the facilities which are in short supply in the NHS itself.
- It is up to your clinical judgment, how you would go about treating those patients in your clinic. If you do see them, and obviously one of the most important things is maintaining the best possible cross contamination measures
- The British chiropractic association did send out a message to his members advising them that they should stop face-to-face consultation. So teleconsultation is only melts in your upside down. I'm speaking to one of the members who's in the zoom room who's obviously on a mobile phone in his garden.

Telehealth consultations:

- The UCO has produced a really helpful webinar about it.
- Hoping that Andy Tea will be well enough to come on this week to to take us through some of the stuff that they've done.
- Some of the things that they go through are just simple things like how to end the call so that you don't just shut down all of a sudden how to make that process nice and easy for the patient, how to set their expectations. Check the ID if you haven't

met the patient before, check their date of birth and address to make sure you are talking to the right person. Ask them if they've got anybody else in the room and if they have do are they still happy to answer the health related questions

- What kind of things do you talk about with patients? You can get a patient to do lots of the things that we would do. So ordinarily if we're examining, we would say, eg, “Does it hurt here?” Well you can get them to do all of that on themselves.
- If they've got paresthesia, get them to touch their arms for example, and ask them to compare sensation
- Checking for numbness, preferably use an object to touch their arm or their leg width rather than their own finger
- This is in addition to all of the exercise prescription, the reassurance, the talking about injury or reinjury prevention .
- Because you can't check at the end of the appointments, whether there's an increase in range of movement or a decrease in pain in the way you normally would, arrange to call the up the patient for a catchup about two or three days later rather than a week later. This could be free.
- Potential platforms:
    - Zoom (good for exercise classes also, due to option to display 20+ participants simultaneously)
    - WhatsApp (although the company can apparently see the data/calls)
    - Skype
    - Note: Facetime is possibly not sufficiently secure.

Need for a realistic approach to security. General Councils are apparently doing so - they accept that we may be operating outside our normal scope of practice as they call it. Seems that they will be tolerant of things that go wrong because of these peculiar times.

That said, Councils will have to go through an investigation if someone complains.

QMC Nottingham Spinal Centre only doing follow-up telephone consultations. Not seeing any new patients as telephone consultations because generally speaking in the spinal service, it requires you to physically examine the patients. And I don't think you can do a neurological examination without having the patient in front to do so. Currently giving patients MRI results, following up on injections and that sort of thing to see how patients are. And then basically planning the next stage if there is a next stage of treatment.

With persistent pain, spinal pain patients and it's more abou giving them strategies, discussing medication discussing the use of medication, how best to use it, when best to use it. Encouraging them to remain active and just giving them a bit of moral support. Very often chronic pain patients are prone to becoming a little bit isolated and a little bit insular when their pain gets worse.

Given the current situation it's really important to give them that little bit of extra supports. And I've offered to be on the, on the phone to any of them. Should they reach a point where they just have questions about what to do next or how to cope with their pain.

Charging for telehealth appointments

- So many people having financial problems at the moment, but there are also people who are going to get government - so it should be done on a case to case basis.
- One option: charging £15 for 15 minutes appointment, £20 for 20 minutes and £30, 30 minutes.
- Expecting 30 minute appointments really to be for new patients.
- Appointments set so that they, the appointment slot is half an hour, but the practitioner has at least 10 minutes longer because the chats will probably.
- Also an appointment called a free catch-up chat.
- Also free appointments 15 minutes and 20 minutes. Practitioners to use their judgment on what's right with the patient.

One practitioner who has had to close his clinic noted how emotional it feels, like stepping off a financial cliff. Don't overlook the need to look after your own wellbeing (inc psychological).

Government support

- Package for self-employed to be announced in next few days
- If in situation where we are claiming some sort of benefit for being unemployed or furloughed , have to be careful about doing telephone consultations and charging

Social Media

Very easy to become panic stricken when you follow Facebook or other social media because everyone is telling you what a dire set of circumstances we're in - it's a vicious circle.

Business Interruption Loans (Up to £5m, 80% guaranteed by government)

- Available for £25k - £5m.
- Business needs to be a viable (based on last year's performance?)
- £25k - £100k – secured by short form guarantee.
- Loan period 1 – 6 years
- No arrangement fee
- Maximum amount loaned will be up to 25% last year's turnover/double annual wages bill (whichever is greater)
- Interest free for 12 months
- Contact your bank!

People keen to support local businesses. Some clinics taking payment in advance for treatments to help cashflow.

House of Commons public bill committee has proposed regulations providing that freelancers and self employed people should receive guaranteed earnings of 80% of their monthly net earnings average over the last three years or £2,917 per month. Has not been passed by HoC yet.

Lots of disappointment regarding the lack of communication from our councils. GOsC chief executive said (email to APM) this morning that their "priority is protecting the public".

Response to clinic closure in one case has been gratitude for taking the decision because patients themselves don't really know what to do. Need to make decisions in the best interest of patients - they will not thank us for treating them, but then causing serious consequences though infection.

Practitioners looking to offer services to help out the NHS in some capacity. Removing load from Eds etc

- (NHS Volunteers announced by Sec of State in afternoon briefing - www.england.nhs.uk/participation/get-involved/volunteering)
- Possibly need people to help turn patients as seems to be some evidence that patients needed turning every 12 hours. Might be something that we can help

with our manual handling skills - NHS possibly have to train us in manual handling before we do that because we aren't used to the methods used in hospitals.

- Possibly admin work
- Institute of osteopathy trying to find ways that we can do that. Royal college of chiropractors probably doing the same. Established
- Possible assessment, triage
- While e physios are required to do more respiratory physio they're less available for general musculoskeletal stuff.
- Note NHS is famously slow at getting new contracts

As a director of your limited company that you're not self employed in respect to financial help. Directors eligible for 80% grant towards their declared salary in the same way other employees are. Dividends not covered.

Is GOsC not fit for purpose? I don't think that's the case (Steven's comment!). They are doing what they are statutorily required to do and it's very easy to criticize them. Similarly with the GCC. Probably the biggest failing is communication

Uncertainty about telephone consults

What could we offer?

- Suggestions on a very simple basis.
- Reasurance
- Rule out red flag symptoms (cauda equina…)

Payment systems for telephone consults:

- If using a diary system like Jane, then payments can be taken online very easily.
- BACS
- Stripe
- Summup
- iZettle
- PayPal
- Envelope through the door (isolate it for 3 days!) (Note: Centers for Disease Control found virus still on surfaces in Diamond Princess after 17 days after cabins evacuated)

A hypothetical case

What advice someone would give to a patient on the phone with their an L5-S1 nerve root irritation and low back pain of muscle or facet origin.

- If you're dealing with anybody who's got any nerve root pain, the obvious, rule out the red flag stuff first because you know, make sure you're not dealing with somebody who's got an emerging or impending cauda equina. (see very useful interview with Nick Birch on cauda equina in APM library)
- Ask all the obvious questions about bladder and bowel, sexual dysfunction, etc..
- Beyond that, it's about getting them into a position of comfort because we know that 95% of disc herniations, if, if it is a disc problem, will resolve spontaneously.
- It's about managing the patient through the acute phase. So getting into comfortable positions, reducing neural irritation helping to encourage the patient to stay as active as the pain permits appropriate pain medication to enable them to sleep, but also to get through the day. And then just practical advice about positions of comfort depending on what you feel is the underlying mechanism for the neurological symptoms.
- If acute, probably not advisable getting a family member or someone else to do simple treatments - articulation, oscillation, traction. An observation saying that teaching technique difficult enough with trained practitioners, face-to-face. Probably impossible to coach friends and family by video link.
- Advice on appropriate medication:
    - Generally outside our remit. Can suggest to continue with whatever over the counter drugs have worked previously
    - Pt may have prescription drugs from previous episode (codeine, amitriptyline)
    - Tell them to seek advice from pharmacist
    - Send specific recommendations to GP – they can be very amenable.
    - Some evidence that NSAIDS ill-advised in early stages of COVID-19.
- Steroidals (eg for comorbidities like polymyalgia or other rheumatological conditions) are particular risk because of immunocompromisation
- Magnesium (oral or topical) or Epsom salt baths
    - magnesium great for muscle tension
    - 30 minutes in the bath for Epsom salts to work