

COVID-19 Research

Enya Daynes, Specialist Pulmonary Rehabilitation and Research Physiotherapist, Glenfield Hospital, Leicester.

The COVID-19 outbreak has had a huge impact on all areas of work, including research. Clinical services always take priority over research activity and therefore all current trials were ceased in order to make quick and effective strategies for the clinical management of COVID-19. Early into the outbreak, whilst clinicians prepare for the incoming influx of COVID patients, the research departments were making arrangements to begin trials for all aspects of the disease, including vaccinations and treatments.

As a respiratory physiotherapist, there is a lot we can offer in terms of COVID research. Our largest study is for the data collection of patients admitted with COVID to contribute to WHO statistics on risk factors, symptoms, blood gases, blood tests, and respiratory support. We are also working on interventional studies for the medical treatment of COVID and assessing ventilator support. The current projects call upon a range of the multi-disciplinary team and due to the large volume of work this has included colleagues from other (non-respiratory) research departments and multi-centre to contribute to the data collection. Physiotherapists can offer expertise in these projects in the assessment of ventilatory support, analysis of blood gases and where required, auscultation assessments.

There are many barriers to research that have seemingly disappeared during this time and has allowed for successful and efficient implementation of projects. There is an increased awareness of research and greater support for researchers to recruit patients from clinical staff. Patients have become more willing to contribute and assist with the development of knowledge and treatment for this pandemic. Research authorities are working quicker to allow for timely implementation and we are drawing on our colleagues across discipline to assist with data collection. There is no “typical day” with juggling research projects and clinical responsibilities but there has been an adaptive and flexible approach to working and a great team effort in this fight. There has been a huge effort for high recruitment rates to not only find a treatment faster, but with the knowledge that research staff are likely to be drafted to support clinical services and leaving research understaffed.

Whilst our contribution as physiotherapists is invaluable to these research projects, the largest impact will come from the rehabilitation research for COVID survivors, which is currently in development. COVID rehabilitation will call upon physiotherapists from all sectors to manage and develop interventions for patients recovering from COVID. Our colleagues will look onto physiotherapists on how to manage these patients effectively and safely and our contribution to this fight will become far greater.