

Commentary on COVID-19

Modification of existing occupational therapeutic protocols in response to the ‘new normal’ after COVID-19: Letter to the Editor

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Dear Editor-in-Chief

Due to the fear surrounding COVID-19 and the effects of quarantine on both the general population and our patients, lack of physical activity and social activities could be considered as major risk factors for not only physical and physiological parameters, but also for the development of psychological pathology [1, 2]. Furthermore, the current situation has the potential to drastically alter the regular diet of individuals, potentially worsening existing physical and psychological health [3, 4]. Poverty or malnutrition, depression or other psychiatric pathologies, and musculoskeletal discomforts are common issues that should be addressed with modified approaches in the ‘new normal’ in the wake of COVID-19.

The cessation or altering of occupational therapeutic activities by physicians due to lock-down protocols may alter the treatment protocols to some extent. Thus, these changes may become longer,

more complex, and more specialized depending on the individual’s clinical and behavioral conditions and characteristics due to the ‘new normal’ after COVID-19.

There are three main components of the proposed specialized COVID-19 treatment protocol that should be considered:

- 1) Psychological consultation
- 2) Nutrition consultation
- 3) Physical consultation

Our authors call for the development of specific guidelines in each of these three areas that could then be disseminated to providers to allow for maximal therapeutic benefit.

1. Psychological consultation

The quarantine conditions have forced people to stay at home for several months, significantly limiting usual social interactions and activity patterns. Depression and other psychological problems are likely to arise given these limitations. Psychologists

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can use existing questionnaires to initially diagnose pathology, but then must consider the COVID-19 circumstances in their diagnostic protocols. Is a patient without their usual fulfillment from a job they have been laid off from? Is a sedentary lifestyle and lack of day-to-day activity the culprit for worsening depression? Is a lack of social support networks in the larger community affecting a patient who typically relies upon these institutions? These are all questions mental health providers must consider as they adjust to the 'new normal'.

2. Nutrition consultation

Another possible outcome of the COVID-19 quarantine is that lack of access to fresh foods will lead to overconsumption of highly processed foods. Couples with the absence of adequate physical activity, practitioners may encounter significant weight gain in their patients, which may lead to the onset of skeletal pain. Musculoskeletal discomforts, cardiovascular disease, hypertension and diabetes may be worsened in such patients, and the nutritionist must plan a proper diet according to their own assessments and in accordance with current restrictions on ability to obtain fresh food items.

3. Physical consultation

Physical therapists and other practitioners will continue to evaluate a person's previous pain by examining the individual's body and studying the patient's history [5]. In the 'new normal' in response to COVID-19, providers must be aware of limitations of typical activity patterns in these patients in design-

ing activity protocols for these patients. It is highly likely that previous guidelines for physical activity will be inadequate if patients are not engaging in their usual day-to-day work and leisure time-related movements [6].

By careful consideration of the implications of the 'new normal' brought on by COVID-19, practitioners in the realms of mental health, nutrition, and physical activity can better serve to mitigate the effects of the global pandemic.

Conflict of interest

None to report.

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