



# Archives of Physical Medicine and Rehabilitation

## Editors' Selections From This Issue: Volume 104 / Number 1

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### REHABCAST

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### INFORMATION/EDUCATION

See *Managing the Transition From Hospital to Home After Stroke: A Patient and Care Partner Guide to Facilitate Discharge Planning*, by Osborne, et al on page 161. Information/Education Pages are designed to provide consumer-friendly information on topics relevant to rehabilitation medicine and may be reproduced for noncommercial use for health care professionals. Previously published pages are available at <https://www.archives-pmr.org/content/infoeducation>.

## Sex-Related Discrepancies in the Access to Optimal Care and Outcomes After Traumatic Spinal Cord Injury: A Retrospective Cohort Study Using Data From a Canadian Registry

Furlan and colleagues compared men's and women's access to optimal care and their outcomes after traumatic spinal cord injury (tSCI). The study included individuals (n=5571) who had a tSCI at C1 to L2 and identified their sex when they were enrolled in the Rick Hansen Spinal Cord Injury Registry (RHSCIR). Women were stratified into subgroups corresponding to premenopausal, perimenopausal and postmenopausal ages. The results of this study suggest that there were no sex-related differences in the decision-making process of the management of individuals with acute tSCI in Canada. Despite pre-clinical data suggestive of the potential neuroprotective effects of estrogen and progesterone, these results reinforce the notion of the current clinical literature that endogenous sex hormones do not play a role in the neurological or functional outcomes of individuals following tSCI. Therefore, the authors conclude that future clinical trials should consider inclusion of males and females of all age groups to enhance recruitment and augment generalizability. ■ SEE THE FULL ARTICLE AT PAGE 1

## Psychological and Cognitive Functioning Among Patients Receiving Outpatient Rehabilitation for Post-COVID Sequelae: An Observational Study

Abramoff and colleagues examined the characteristics of individuals (n=324) receiving outpatient rehabilitation for post-acute sequelae of SARS-CoV-2 infection (PASC) and examined factors associated with variation in individuals' psychological and cognitive functioning and health-related quality of life. About 38% of survivors seeking care for their persistent COVID symptoms suffered from severe anxiety, 32% from severe depression, 43% experiencing moderate to severe PTSD symptomology, and 18% had cognitive impairment. Their health-related quality of life was substantially lower than that of the general population (-26%) and of persons with other chronic conditions. Poor and African American/Black individuals experienced worse psychological and cognitive sequelae following COVID-19 infection, even after controlling for age, gender, initial severity of the acute infection, and time since diagnosis. The authors conclude that evidence of consistent disparities in outcomes by the patients' race and socioeconomic status, even among those with access to post-acute COVID rehabilitation care, are concerning and have significant implications for PASC policy and program development. ■ SEE THE FULL ARTICLE AT PAGE 11

## Natural Course of Muscular Strength, Physical Performance, and Musculoskeletal Symptoms in Hospitalized Patients With COVID-19

Karasu and colleagues investigated the course of muscle strength, musculoskeletal symptoms, and physical performance over time in hospitalized COVID-19 patients, and their relationship with disease severity at admission. Seventy-six adult COVID-19 patients were grouped as "mild" (n=15), "moderate" (n=20), or "severe" (n=40) according to clinical and radiological findings. Several outcome measures were compared between disease severity groups, and at the end of 12 weeks, only the 5-times sit and stand test (5XSTS) was different between the groups. 5XSTS was significantly longer in the severe group. Although significant improvements were observed in the muscle strength, physical performance and musculoskeletal symptoms of patients with COVID-19 over time, the physical performance of these patients did not reach normal standards. The authors conclude that post-COVID-19 rehabilitation programs are needed to optimize the physical performance of the patients. ■ SEE THE FULL ARTICLE AT PAGE 18

## Acute Occupational and Physical Therapy for Patients With COVID-19: A Retrospective Cohort Study

Coakley and colleagues studied the function of 432 patients with COVID-19 admitted to an acute care hospital early in the pandemic and studied the change in function among those admitted to intensive care units (ICU) and to non-critical care services. They found that ICU patients receiving therapy were more likely to have impaired cognition, impaired strength, and impaired sensation than non-ICU patients receiving therapy. Patients made improvements from evaluation to discharge on the Functional Status Score for the ICU, Activity Measure for Post-Acute Care (AM-PAC) Daily Activity, and AM-PAC Basic Mobility Short Forms. The authors conclude that patients admitted with COVID-19 experienced significant functional impairments, but also demonstrated improvement during the course of their hospitalizations. This study can facilitate healthcare provider awareness of the detrimental functional impacts of COVID-19 and the potential role of rehabilitation services for these patients. ■ SEE THE FULL ARTICLE AT PAGE 27