



IMPORTANCE OF PHYSIOTHERAPY IN SEQUELAE OF POST-COVID-19 PATIENTS

IMPORTANCIA DE LA FISIOTERAPIA EN SECUELAS DE PACIENTES POST COVID-19

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Dear. Editor:

As nursing students, we have read with great interest the article titled "Functionality before and after physiotherapy in post-COVID-19 patients"⁽¹⁾, published in volume 23, issue 3 (2023) of the Revista de la Facultad de Medicina Humana. This study highlights the importance of functional physical therapy in patients with post-COVID-19 sequelae. We consider it relevant to express our concern regarding the increase in these sequelae in our country, which aligns with the findings of Goicochea et al.⁽²⁾, who report that 28.8% of post-COVID patients experienced sequelae, predominantly respiratory, musculoskeletal, and neurological, as shown in Table 1.

This increase may be related to the large percentage of unvaccinated individuals. The objective of that article was to highlight the physical and respiratory functional effects in post-COVID-19 patients, with the goal of improving and alleviating the symptoms associated with this condition. In relation to the study's approach, we emphasize the importance of a multidisciplinary intervention and the involvement of rehabilitation and post-acute care teams in managing the sequelae of the disease. We suggest that when addressing the long-term effects in post-COVID-19 patients, different health professionals should be involved to achieve more comprehensive results⁽³⁾. The inclusion of specific scales and tests to evaluate functionality before and after the intervention provides a solid basis for measuring outcomes and understanding the effectiveness of the proposed therapy. A study conducted in Peru reports similar findings, emphasizing the importance of respiratory physiotherapy in post-COVID-19 patients, with positive effects on functionality, quality of life, and reduction of respiratory symptoms⁽⁴⁾. Both studies demonstrate improvements in respiratory capacity and quality of life following the application of therapies.

We would also like to point out some concerns and suggestions regarding the article. The authors mention that there was no control group and that the sample size was relatively small⁽⁵⁾. Additionally, the absence of long-term follow-up limits a full understanding of patient outcomes after treatment. Regarding the results, significant improvements were observed in muscle strength, mobility, and functional capacity of the patients after receiving physical and occupational therapy.

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These findings are promising and reinforce the importance of implementing comprehensive rehabilitation programs to address the long-term sequelae of COVID-19. In 2021, Huerta, a representative of the Pan American Health Organization (PAHO) in Honduras, emphasized the importance of identifying the rehabilitation needs of patients and conducting hospital follow-up, noting that rehabilitation programs should be personalized according to each patient's short- or long-term needs⁽⁶⁾.

We suggest that the discussion on the study's limitations be expanded to include aspects such as sample size, lack of a control group, and the absence of long-term follow-up. Including these reflections

would strengthen the validity and applicability of the results. We appreciate the comprehensive approach of the study and the application of various scales to assess patient functionality. This type of research significantly contributes to scientific knowledge and the improvement of medical care. Despite the aforementioned limitations, the results suggest considerable benefits. We urge the scientific community to continue researching this area to improve the understanding and treatment of COVID-19 sequelae.

We hope that our suggestions will be considered for future research and that this work will inspire further studies that benefit the medical community and affected patients.

Table 1. Population diagnosed with COVID-19 by type of sequelae and sex. Hospital I Florencia de Mora, December 2021.

		Sex				Total	
		Female	Male				
Respiratory	Dysphagia	2	33.3%	4	66.7%	6	100.0%
	Dyspnea	26	53.0%	23	47.0%	49	100.0%
	Dysphagia and dysphonia, dyspnea	0	0.0%	2	100.0%	2	100.0%
	Odynophagia	1	100.0%	0	0.0%	1	100.0%
	Total	29	50.0%	29	50.0%	58	100.0%
Neurological	Headache	4	50.0%	4	50.0%	8	100.0%
	Anosmia / Ageusia	2	25.0%	6	75.0%	8	100.0%
	Anosmia	3	100.0%	0	0.0%	3	100.0%
	Total	9	47.4%	10	52.6%	19	100.0%
Musculoskeletal	Joint Pain	2	67.0%	1	33.0%	3	100.0%
	Muscle Pain	0	0.0%	3	100.0%	3	100.0%
	Back Pain	25	75.8%	8	24.2%	33	100.0%
	Muscle Hypotrophy	1	50.0%	1	50.0%	2	100.0%
	Total	28	68.3%	13	31.7%	41	100.0%
Psychological	Anxiety, Depression	0		1	100.0%	1	100.0%
	Total	0		1	100.0%	1	100.0%
Others	Hair Loss	0	0.0%	2	100.0%	2	100.0%
	Digestive Symptoms	3	60.0%	2	40.0%	5	100.0%
	Itching	0	0.0%	1	100.0%	1	100.0%
	Total	3	37.5%	5	62.5%	8	100.0%



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