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REHABILITATION PROCESSES IN PATIENTS WITH SECONDARY DISEASES COVID 19.

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Abstract: The article discusses brief etiopathogenetic aspects of the new coronavirus infection. The role of some of the factors contributing to the development of nephro- and cerebrovascular disorders in COVID-19 is discussed. Results of work on coronavirus infection summarized foreign researchers.

Keywords. COVID-19 pandemic, SARS-CoV-2, rehabilitation, recommendations.

The necessary components of an individual rehabilitation program for patients with COVID-19 at all stages of rehabilitation, including examination of patients, correction of nutritional deficiency, restoration of respiratory function, exercise tolerance, muscle strength, self-control and training in new conditions of movement, as well as restoration of disorders of the psycho-emotional state and cognitive functions, independence in daily life.(5) Medical rehabilitation during the COVID-19 epidemic should include all components of rehabilitation assistance and help optimize vital functions, prevent complications and improve the quality of life of patients.At the moment, there is a situation in the world in which reliable professional information on the provision of medical care, especially rehabilitation, to patients with COVID-19 (CoronaVIrus Disease - a coronavirus disease that arose in 2019) is not enough, since this disease is new. The traditional method of obtaining the necessary information by drawing on data from previously performed scientific studies has proved ineffective, since the experience of treating patients with a new coronavirus infection is measured in only a few months.(4) Given the unusual situation of the pandemic itself and the peculiarities of the pathogenesis of the disease caused by SARS-CoV-2 (Severe Acute Respiratory Syndrome-related COronaVirus 2, severe acute respiratory syndrome associated with coronavirus 2), the routine use of generally accepted developments may be unsafe or ineffective. Reports from organizations and clinics that are currently providing assistance for patients with COVID-19 and already have initial experience in providing rehabilitation assistance to these patients come to the fore in the development of recommendations. A timely revision of the recommendations is required, and a huge responsibility in this work falls on the professional associations of rehabilitation therapists [1].

This review is based on reports from clinics currently involved in the rehabilitation of patients with COVID-19, as well as on the results of previous clinical studies on the rehabilitation of patients with intensive care after-effects syndrome and acute respiratory distress syndrome in adults of non-coronavirus etiology. A syndromic approach to the

use of means and methods of physical and rehabilitation medicine is also considered.(2)

The spectrum of rehabilitation problems in patients with the new coronavirus infection COVID-19

Significant demand for COVID-19 care and rehabilitation is projected to follow a surge in hospitalizations for COVID-19 patients. Professor D. Grabowski in his publication compares difficult patients

with COVID-19 with septic patients and suggests that up to 30% of hospitalized patients will need care on the basis of a medical institution and up to 20% - in medical support at home [2].

Data from China suggests that 6% of patients in general and 71% of patients with severe COVID-19 required mechanical ventilation (ALV). The average length of hospital stay was 12 days, but patients with severe disease were in intensive care units for 2-4 weeks [3]. They had complications in the form of acute respiratory distress syndrome,

syndrome of the consequences of intensive care, pneumothorax, acute damage to the kidneys, heart, liver, nutritional deficiency, decreased physical tolerance, respiratory failure (dyspnea, breathing, decreased oxygen saturation) [5].

When choosing methods of psychological diagnostics and psychological correction, it makes sense to rely on the data and experience previously obtained on the epidemics of SARS-CoV (Severe Acute Respiratory Syndrome-related coronavirus - severe acute respiratory syndrome associated with coronavirus) and MERS-CoV (Middle East Respiratory Syndrome - Middle East respiratory syndrome) [6]. When caring for patients with COVID-19, it should be borne in mind that they may initially suffer from mental illness, such as schizophrenia, autism, postpartum depression, alcohol or drug addiction, depression, etc. Patients should continue the treatment and rehabilitation they received earlier without interruption, this will ensure the safety of staff and support the behavioral status of patients.

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