

The importance of knowledge in respiratory physiotherapy – Editorial

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News from all over the world is spread about the COVID-19 virus and its effects. The virus is very contagious and a larger proportion than during a 'normal' flu are in need of hospitalisation and we cannot yet overview the long-term impact of the virus on the patients who recover after weeks after being intubated in intensive care.

Respiratory physiotherapy is a rather small speciality within the huge scope of practice of the profession. Even though, it covers a large field. The main foci are within pulmonary medicine, surgery and intensive care but our expertise is needed in many other fields such as in neurology, paediatrics and psychiatry. It is therefore important to gain general knowledge in respiratory physiology and respiratory physiotherapy during the basic education and more specific expertise in the area of practice after graduation.


From my opinion it doesn't matter which diagnose the patient has. We treat the patients' symptoms. Main such ones are altered lung volumes and breathing pattern, sputum retention and increased work of breathing. All these are symptoms also in patients with COVID-19. The main question is what to use when and for whom, questions that need to be raised when treating any patient, but this time we also have to be cautious as the virus is contagious and we have to protect other patients as well as ourselves.

We have a large variety of treatments to use in our clinical practice and at the same time treatment traditions varies around the world. However, in many fields there is limited evidence for our interventions. There are several reasons for this as small (underpowered?) studies, shortages in the descriptions of the intervention and out-come measures not sensitive enough to detect the impact seen clinically are some of the reasons. In addition, the quality, when assessed by traditional protocols evaluating internal validity, is

commonly low as there often are difficulties in blinding and randomisation in the design of the trials. Nevertheless, we have a big task to fill.

There are several purposes of our intervention for patients with COVID-19. One is to prevent deterioration and need of intensive care for those with mild symptoms of the infections but have low physical function or increased sputum production, as in patients with chronic obstructive pulmonary disease. Another is to be a member in the team in the intensive care. Here we have a challenging role to, with our specific knowledge and expertise, participate in the complex care of the acute ill patients. Which interventions to use and when is not yet known but these have to be based on current knowledge as well as knowledge and experiences from other patient groups, for example, like those suffering from acute respiratory distress syndrome, ARDS. There is also a purpose to intervene with different rehabilitation approaches to accelerate recovery after intensive care in order to facilitate early discharge and support the patients' continuous recovery after discharge from the hospital.

The care of the infected patients is and will be a challenge for us all but together we have the knowledge to prevent, treat and rehabilitate the patients who benefit from our practice. Therefore, it is necessary with knowledge in respiratory physiotherapy to be able to apply the optimal treatment to the patients regardless of diagnosis.

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