**Name of Journal:** *World Journal of Virology*

**Manuscript NO:** 79204

**Manuscript Type:** LETTER TO THE EDITOR

**Effect of the pandemic on rehabilitation healthcare services in India: Breaking barriers**

Swarnakar R *et al*. The pandemic’s effect on rehab services

Raktim Swarnakar, Shiv Lal Yadav

**Raktim Swarnakar, Shiv Lal Yadav,** Physical Medicine and Rehabilitation, All India Institute of Medical Sciences, New Delhi 110029, Delhi, India

**Author contributions:** Swarnakar R designed and analyzed the manuscript; Swarnakar R and Yadav SL performed the research and wrote the letter.

**Corresponding author: Raktim Swarnakar, MBBS, MD, Doctor,** Physical Medicine and Rehabilitation, All India Institute of Medical Sciences, Ansari Nagar, New Delhi 110029, Delhi, India. raktimswarnakar@hotmail.com

**Received:** August 9, 2022

**Revised:** August 24, 2022

**Accepted:** October 12, 2022

**Published online:** November 25, 2022

**Abstract**

We would like to highlight the rehabilitation medicine perspective from India. Difficulties are impacted by the pandemic during this time, especially for people with disabilities. Awareness building among the public regarding the need for rehabilitation along with improvement in infrastructure is the key unmet need.

**Key Words:** COVID-19; India; Physical medicine and rehabilitation; Rehabilitation; Healthcare service; Disability

**©The** **Author(s) 2022.** Published by Baishideng Publishing Group Inc. All rights reserved.

**Citation**: Swarnakar R, Yadav SL. Effect of the pandemic on rehabilitation healthcare services in India: Breaking barriers. *World J Virol* 2022; 11(6): 502-504

**URL**: https://www.wjgnet.com/2220-3249/full/v11/i6/502.htm

**DOI**: https://dx.doi.org/10.5501/wjv.v11.i6.502

**Core Tip:** Rehabilitation is a vital component of Universal Health Coverage. The coronavirus disease 2019 pandemic impacted negatively on health care delivery and rehabilitation services have been hindered severely as well. Proper awareness and health care infrastructure building are essential aspects that need to be addressed soon.

**TO THE EDITOR**

We read with interest the review article by Nimavat *et al*[1] where they have shown healthcare difficulties impacted by the pandemic in India. We would like to emphasize the awareness, accessibilities and barriers of rehabilitation healthcare services in India and how coronavirus disease 2019 (COVID-19) pandemic has influenced it. Globally, 1 in 3 people is living with a health condition that would benefit from rehabilitation[2]. India, despite facing many odds, has played a distinguished role during the pandemic in terms of health care. Being the second largest populated country, it pioneered the country-wide COVID-19 vaccination drive[3]. On the other hand, though World Health Organization stated that rehabilitation should be incorporated into Universal Health Coverage as essential and indispensable health care[2], unfortunately, rehabilitation aspects are often neglected mainly due to the lack of awareness and partly due to misconception.

Physiatrists (expert doctors in rehabilitation medicine) are mainly responsible for patient care regarding rehabilitation. It is catering its service *via* the physical medicine and rehabilitation (PMR) department in Indian hospitals. The three most common misconceptions about rehabilitation are: (1) ‘Rehabilitation’ is often wrongly equated with ‘exercise’; exercises are part of rehabilitation but not the sole part of it. Rehabilitation is far broader, from medical management to surgical rehabilitation. Such thought confinement to ‘exercise’/‘physiotherapy’ leads to losing the scope of overall possibilities of holistic rehabilitation; (2) ‘Rehabilitation’/‘Rehab’ is wrongly equated with ‘only drug addiction/mental illness rehab’. It results in losing opportunities for rehabilitation; and (3) It is considered wrongly as only ‘tertiary prevention’ of the disease spectrum, forgetting its immense role in an acute rehabilitation setting. Proper rehabilitation can reduce the duration of acute illness and also prevent disability.

In India, 2.21% (26.8 million) of the population has one or another kind of disability[4]. And in cases of disability, rehabilitation plays a vital role, even PMR departments in India are involved in disability certifications in India. The COVID-19 pandemic has caused disruption of routine rehabilitation services all over the world and India was no exception. People with disabilities like spinal cord injury/paraplegia faced multiple issues like barriers in obtaining rehab services from hospitals and visiting hospitals for health complications[5]. But telemedicine facilities and telerehabilitation launched during the pandemic and opened a new arena for catering the health care service across India. Moreover, comorbidities and disabilities are risks for severe COVID-19 which led to home confinement and health service deprivation. Furthermore, stigma is another factor which causes concealment and which in turn results in avoidance of utilization of health services[6].

In this context, urgent needs are: (1) To increase the doctor population ratio; (2) To increase rehabilitation service centers at block and primary hospital levels; (3) Awareness regarding rehabilitation and its perceived benefit should be emphasized among the general population; and (4) Considering the increasing population of non-communicable diseases caused by long COVID, rehabilitation services and infrastructure should be strengthened[7]. Keeping pace with other developed countries, where much awareness of rehabilitation exists[8]; in India, developing such awareness is a key unmet need. Furthermore, there is an increasing trend or demand for the utilization of rehabilitation health services among the pediatric differently-abled population, any chronic disabling conditions like osteoarthritis, rheumatoid arthritis, stroke, traumatic brain injury, spinal cord injury/disorder *etc*, increasing geriatric population, people with cancers, amputations and many more. It is imperative that for a better post-COVID world coordinated action should be taken by all stakeholders to strengthen the health system to provide quality and timely rehabilitation (rehabilitation initiative 2030)[2].

**REFERENCES**

1 **Nimavat N**, Hasan MM, Charmode S, Mandala G, Parmar GR, Bhangu R, Khan I, Singh S, Agrawal A, Shah A, Sachdeva V. COVID-19 pandemic effects on the distribution of healthcare services in India: A systematic review. *World J Virol* 2022; **11**: 186-197 [DOI: 10.5501/wjv.v11.i4.186]

2 **World Health Organization**. Rehabilitation initiative 2030. [cited 9 August 2022]. Available from: https://www.who.int/initiatives/rehabilitation-2030

3 **Kaur H**, Kaur M, Bhattacharyya A, Prajapat M, Thota P, Sarma P, Kumar S, Kaur G, Sharma S, Prakash A, Saifuddin PK, Medhi B. Indian contribution toward biomedical research and development in COVID-19: A systematic review. *Indian J Pharmacol* 2021; **53**: 63-72 [PMID: 33976001 DOI: 10.4103/ijp.ijp\_168\_21]

4 **The National Handicapped Finance and Development Corporation**. Persons with Disabilities (Divyangjan) in India - A Statistical Profile: 2021. [cited 9 August 2022]. Available from: http://www.nhfdc.nic.in/upload/nhfdc/Persons\_Disabilities\_31mar21.pdf

5 **Swarnakar R**, Santra S. Personal hygiene care in persons with spinal cord injury during the COVID-19 pandemic and lockdown: an Indian perspective. *Spinal Cord Ser Cases* 2020; **6**: 76 [PMID: 32820154 DOI: 10.1038/s41394-020-00328-8]

6 **Swarnakar R**, Santra S. COVID-19, stigma, and people with disabilities: A mental health perspective. *World J Clin Infect Dis* 2022; **12**: 47-49 [DOI: 10.5495/wjcid.v12.i1.47]

7 **Swarnakar R**, Yadav SL. Communicable to Non-communicable Disease Pandemic in the Making: An Urgent Call for Post-COVID-19 Preparedness. *Cureus* 2022; **14**: e27453 [PMID: 36051716 DOI: 10.7759/cureus.27453]

8 **Stein J**, Visco CJ, Barbuto S. Rehabilitation Medicine Response to the COVID-19 Pandemic. *Am J Phys Med Rehabil* 2020; **99**: 573-579 [PMID: 32433243 DOI: 10.1097/PHM.0000000000001470]

**Footnotes**

**Conflict-of-interest statement:** All the authors report no relevant conflicts of interest for this article.

**Open-Access:** This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: https://creativecommons.org/Licenses/by-nc/4.0/

**Provenance and peer review:** Unsolicited article; Externally peer reviewed.

**Peer-review model:** Single blind

**Peer-review started:** August 9, 2022

**First decision:** August 22, 2022

**Article in press:** October 12, 2022

**Specialty type:** Virology

**Country/Territory of origin:** India

**Peer-review report’s scientific quality classification**

Grade A (Excellent): 0

Grade B (Very good): B

Grade C (Good): C

Grade D (Fair): 0

Grade E (Poor): E

**P-Reviewer:** Barve P, United States; Saeed MAM, Egypt; Seid AA, Ethiopia **S-Editor:** Wang JJ **L-Editor:** Filipodia **P-Editor:** Wang JJ



Published by **Baishideng Publishing Group Inc**

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

**Telephone:** +19253991568

**Email:** bpgoffice@wjgnet.com

**Help Desk:** https://www.f6publishing.com/helpdesk

https://www.wjgnet.com



**© 2022 Baishideng Publishing Group Inc. All rights reserved.**