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

Raktim Swarnakar, Shiv Lal Yadav

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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

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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.

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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].

FOOTNOTES

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