lupus erythematosus, dermatomyositis, Graves ' disease, rheumatoid arthritis and psoriatic spondiloartrit, including SARS-CoV-2-induced chronic rheumatologic diseases have been reported. Inflammatory arthropathies can be triggered by SARSCoV-2 even in patients with mild or no respiratory symptoms with acute viral infection. Correlation with the COVID-19 test is required to establish this relationship in clinical practice.

NSS52
MANAGEMENT OF MUSCULOSKELETAL CONSEQUENCES IN PERSONS WITH POST-COVID-19 SYNDROME

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Musculoskeletal system symptoms and signs are reported to be common (over 15%) among patients with post-acute/long COVID-19 syndrome. Common signs and symptoms include fatigue, muscle weakness, arthralgia, myalgia, back pain and discomfort, numbness, sarcopenia, and walking difficuty. Although the exact mechanisms underlying the effects of COVID-19 on musculoskeletal system are not fully understood, it is thought that various factors such as systemic inflammation, neuromuscular involvement due to post-intensive care syndrome (PICS), and musculoskeletal sequelae of COVID treatment might have a role. Rehabilitation programs can be beneficial for patients with persistent musculoskeletal complaints recovering from COVID-19 infection. Post COVID-19 medical sequelae should be considered in all patients and relevant evaluation should be performed in post-COVID clinics. This evaluation is suggested to be performed at least 4 weeks after initial recovery to determine an individualized care plan. Rehabilitation needs of patients should be identified following a detailed functional assessment preferably by a rehabilitation physician.

Patients with PICS may present with muscle weakness, deconditioning, myopathies and neuropathies which are the physical domains of this syndrome. In order to prevent PICS, it is recommended that appropriate rehabilitation interventions including early passive and active mobilization, posture and breathing management, and swallowing exercises should be started in the intensive care unit as soon as clinical stability is reached and inclusion criteria are met. Patients sedated or with cognitive impairment should undergo passive mobilization with manual techniques and neuromuscular electrical stimulation to prevent muscle mass loss and joint deformity.

In the post-acute period, patients presenting with PICS or severe COVID-19 should have a multidisciplinary team approach for rehabilitation and receive rehabilitation interventions focusing on not only physical but psychological and cognitive domains also. Integrated and customized rehabilitation programmes encompassing musculoskeletal and pulmonary training as well as psychosocial support will be helpful for patients to return to pre-COVID-19 functioning levels. Non-hospitalised or mild COVID-19 patients with long COVID-19 may also require physical rehabilitation for the management of common symptoms such as fatigue or dyspnea, and improvement of activities of daily living including work participation. A multicomponent, structured exercise programme including progressive aerobic training combined with resistance and balance training is recommended in post-acute stage. Rehabilitation treatment for post-acute COVID-19 patients can be provided as inpatient, outpatient, home-based or telerehabilitation services. Individualised self-management strategies and telerehabilitation could be valuable in the long-term. As the prevalance of malnutrition is reported to be common among COVID-19 patients, nutritional optimisation and counselling may also lead to more rapid improvement in functional performance.

References:

1. Nalbandian A, et al. Post-acute COVID-19 syndrome. Nat Med. 2021;27(4):601–615.
2. Hasan LK, et al. Effects of COVID-19 on the musculoskeletal system: Clinician's Guide. Orthop Res Rev. 2021;13:141–150.
3. Barker-Davies RM, et al. The Stanford Hall consensus statement for post-COVID-19 rehabilitation. Br J Sports Med. 2020;54:949–959.
4. Agostini F, et al. Rehabilitation setting during and after Covid-19: An overview on recommendations. J Rehabil Med. 2021;53:jrm00141.
5. Jiang DH, et al. Postacute sequelae of severe scute respiratory syndrome Coronavirus-2 infection: A State-of-the-Art Review. JACC Basic Transl Sci. 2021;6:796–811.
6. National Institute for Health and Care Excellence (NICE), Scottish Intercollegiate Guidelines Network (SIGN) and Royal College of General Practitioners (RCGP). Covid-19 rapid guideline: managing the longterm effects of covid19. 2022. www.nice.org.uk/guidance/ng188
7. Debeuf R, et al. The effect of physical therapy on impairments in COVID-19 patients from intensive care to home rehabilitation: A rapid review. J Rehabil Med. 2022;54:jrm00242.
8. Aiyegbusi OL, et al. Symptoms, complications and management of long COVID: a review. J R Soc Med. 2021;114:428–442.
9. Jimeno-Almazán A, et al. Post-COVID-19 Syndrome and the Potential Benefits of Exercise. Int J Environ Res Public Health. 2021;18:5329.

NSS53
PAIN, BRAIN AND BIOMECANIKS

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The perception of pain is a conscious process, and therapy is impossible without a comprehensive assessment of the activity of the body and brain. However, despite its high prevalence the nature chronic musculoskeletal pain is not yet well understanding. Its mechanism remains complex included biological, psychological and social factors. Some anatomical structures and their biomechanical characters are all suspects of forming the causes of the non-specific chronic pain. Researches are constantly attempting to search new approaches for understanding mechanism of chronic pain. Obviously, we need to exam the human biomechanical status deeply for create modern methods of treatment.

NSS54
PATIENT WITH THE PAIN. WHY SOMETIMES WE FAIL?

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Pain is a complex experience that cannot be unambiguously perceived by the patient and easily diagnosed by the doctor. It is one of the most striking examples of the role of psycho-emotional disorders in the formation of chronic pathological syndromes. The report will present the main pathogenetic mechanisms of acute and chronic pain syndromes, the role of social status and models of doctor-patient interaction. Approaches to the treatment and prevention of chronic back pain will be demonstrated using cognitive-behavioral psychotherapy. The proposed diagnostic and therapeutic algorithms may be useful to doctors of various specialties in the management of patients with pain