# Impact of disrupted access to rehabilitation services during COVID-19 on children with disabilities and their caregivers

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## INTRODUCTION

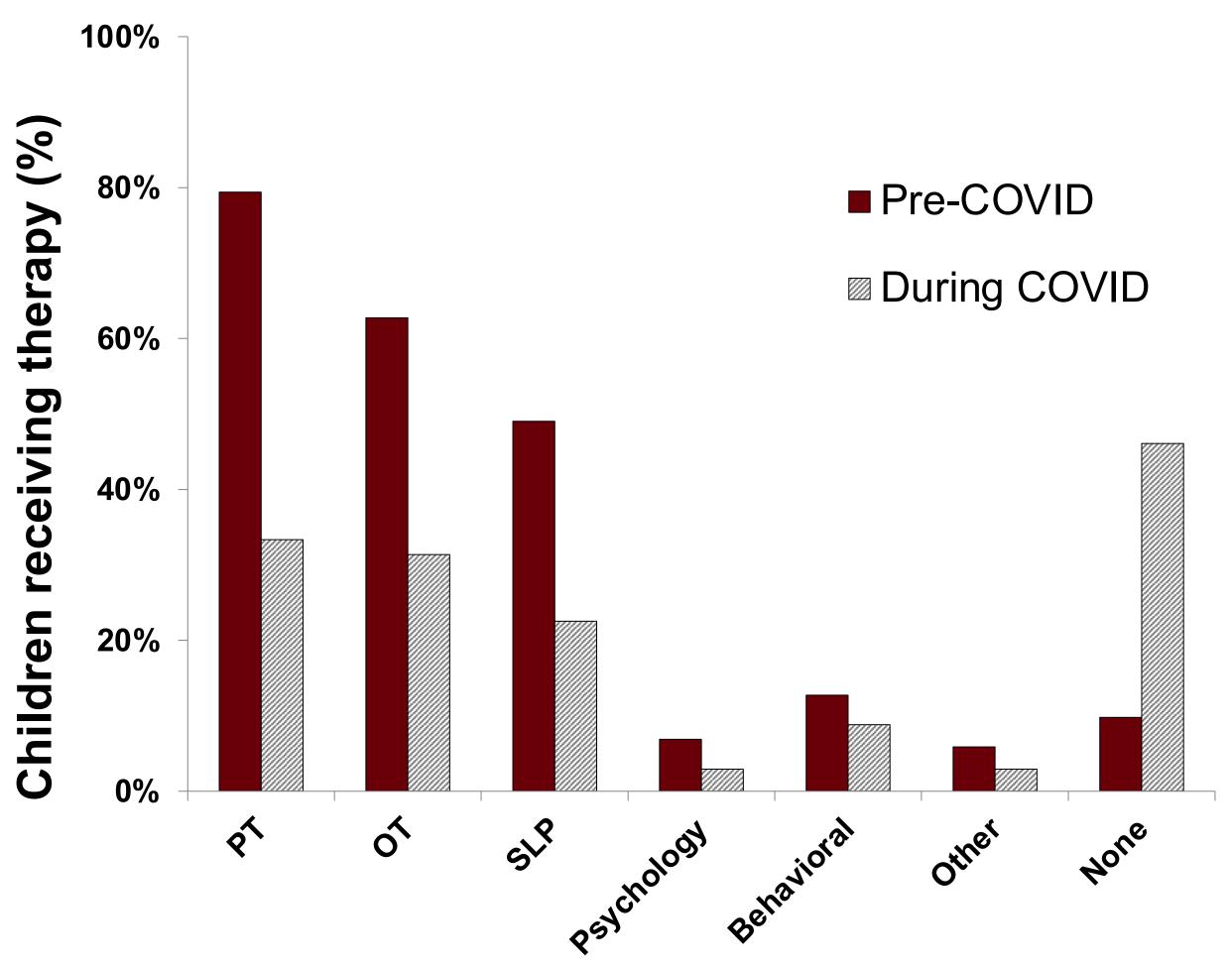
- The COVID-19 pandemic has disrupted many aspects of daily life worldwide, including employment, education, and healthcare.
- Many rehabilitation clinics transitioned to telehealth therapies in compliance with government mandates and recommendations.
- The extent to which access to rehabilitation therapies was impacted by the pandemic in the United States for children with motor impairment is unknown.
- The pandemic may have implications on child physical and mental well-being, as well as create new sources of caregiver burden.
- The objectives of this study were:
- 1. To determine the impact of the COVID-19 pandemic on access to rehabilitation services for children with motor impairment
- 2. To assess the impact of disruptions to services on physical and mental well-being of children and their families

# **METHODS**

- Participants: caregivers of children (child age <18 years) with childhood-onset motor disabilities, primarily cerebral palsy</li>
- Participants were recruited by email through nationwide contact lists from the Gillick Pediatric Research Lab, the Cerebral Palsy Research Registry, and Gillette Children's Specialty Healthcare
- An anonymous survey was completed through the online platform REDCap between May 5 and July 13, 2020
- Study was determined exempt by UMN IRB
- Survey questions included:
- 1. Demographics
- Current and prior therapies received (types, hours per week)
- 3. Satisfaction with therapies
- 4. Physical and mental/emotional health effects experienced by the child
- 5. Caregiver burden
- Data were analyzed with descriptive statistics and non-parametric statistical tests
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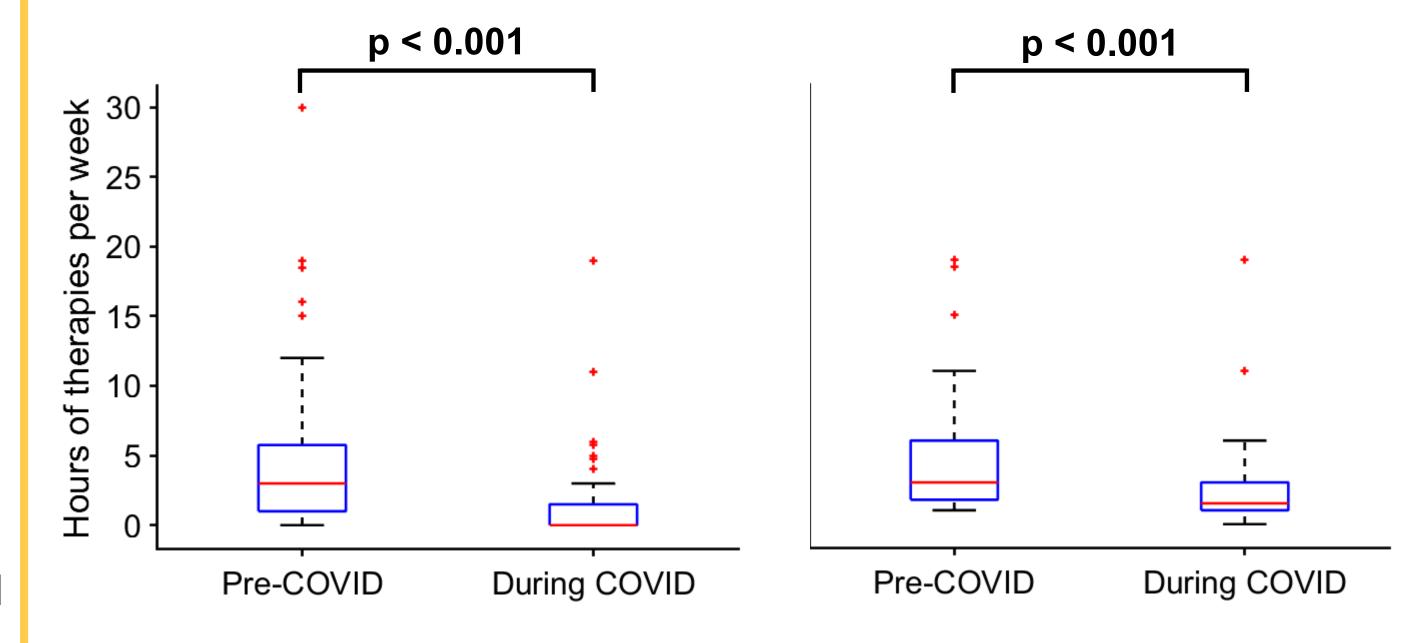
Caregivers of children with motor impairment reported via survey that the COVID-19 pandemic disrupted access to rehabilitation therapies, impacting child physical and mental health and caregiver well-being.

# Percentage of children receiving therapies prior to and during COVID-19



**Figure 1.** Percentage of children receiving different therapies (via any modality) before the pandemic compared to during the pandemic. PT = Physical Therapy, OT = Occupational Therapy, SLP = Speech/Language Pathology. "None" indicates participant was receiving no therapies at that time point.

### Change in total hours of therapies received during COVID-19



**Figure 2.** Total hours of therapies per week reported prior to and during the pandemic. Red center line indicates median, blue lines (box) indicates interquartile range, red dots indicate outliers. A: Hours reported across the total sample (n = 99 participants) B: Hours reported by a subset who received at least one therapy both prior to and during the pandemic (n = 52 participants). P-values represent results of a related-samples Wilcoxon Signed Rank test.

Satisfaction with current	
therapies	% of participants (n=55)
Somewhat or very unsatisfied	36%
Neutral	15%
Somewhat or very satisfied	49%
No response	0%

**Table 1.** Satisfaction with therapies delivered at the time surveyed, in a subset of 55 participants who reported participating in at least one therapy during the pandemic.

	Decrease in number of therapies		
Physical health impact	No	Yes	P-Value
Decline in mobility	23%	57%	0.001*
Improvement in mobility	8%	8%	0.918
Reported increase in pain	10%	23%	0.104
New onset physical symptoms that have NOT been treated	3%	11%	0.107
Outgrown or unusable			
assistive equipment that has	18%	29%	0.186
NOT been replaced/adjusted			
Adjustment to medication	23%	36%	0.164

**Table 2.** Selected physical health impacts. P-values represent results of Chi Square tests comparing participants who reported a decrease in therapies received and those who did not. \*indicates significance at p < 0.05

Well-being impact	Somewhat/ a lot higher A than usual	About the same	Somewhat/ a lot lower than usual	P value
Caregiver burden	85%	13%	2%	.015*
Child stress/anxiety	61%	33%	6%	.037*
Child sad/ down	34%	59%	6%	.285
Child behavioral issues	41%	53%	4%	.080
Caregiver stress/anxiety	84%	13%	3%	.004*
Child physical activity	17%	21%	61%	.102

**Table 3.** Impact on child and caregiver well-being. Participants responded via a 5-point Likert-type scale, analyzed in three categories. P-values represent results of Mann Whitney U tests comparing participants who reported a decrease in therapies received and those who did not. \*indicates significance at p < 0.05

# **RESULTS**

Child demographic data (n=102)			
Age (mean±SD, range)	9.95 ± 4.66 years,		
	1.3-18 years		
0-4 years	19%		
5-10 years	30%		
11-18 years	51%		
Sex			
Male	72%		
Female	28%		
Location			
Urban	14%		
Suburban	64%		
Rural	21%		
"Stay At Home" order at time			
of survey completion			
Yes	71%		
No	29%		

- 92% of participants reported receiving at least one therapy prior to the pandemic, while only 54% reported receiving any therapies during the pandemic (p<0.001)
- Of those receiving one or more therapies during the pandemic (n = 55), method of therapy delivery included video call (76%), at the therapy centers (22%), phone (16%), email (7%), and home visit (5%).
- Change in number of therapies and satisfaction with therapies did not differ with presence of a "stay at home" order at the time of survey completion (p=.745, p=.862).

# DISCUSSION

- Access to rehabilitation therapies was disrupted during COVID-19 in the sample surveyed between May and July 2020, and did not depend on the presence of a "Stay at Home" order
- Satisfaction with therapy delivery was mixed
- Disrupted access may be related to physical and mental health impacts
- Caregivers reported increased burden and stress
- Findings are similar to other surveys of families of children with disabilities world-wide<sup>1,2,3</sup>
- Responses to this survey suggest that available resources, though often helpful, were not sufficient to mitigate the detrimental impact of the COVID-19 pandemic on children with disabilities and their caregivers
- Future research should expand upon caregiver and child input and feedback related to telehealth, to optimize care for families with limited access to in-person therapies and for future health care access crises
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