Guest Editorial

The current issue of this journal examines original articles and reviews that focus on coronavirus disease 2019 (COVID-19), risk factors for sarcopenia, exercise tolerance in chronic heart failure, and effects of exercise on depression in traumatic brain injury. Furthermore, physiotherapy guidelines on treating peripheral neuropathies due to non-traumatic injuries and clinical management of coccydynia are presented.

COVID-19, caused by SARS-CoV-2, was declared a pandemic by the World Health Organization (WHO) in early 2020 and has affected over 80 million people. Primary management includes supportive care, oxygen supplementation, and mechanical ventilatory support as and when required. Acute respiratory distress syndrome (ARDS) of any cause is known to cause pulmonary fatigue in two-thirds of the patients. This is the major cause of morbidity in patients who have recovered from ARDS in severe COVID-19 patients. Hence, pulmonary rehabilitation is suggested to be an important step in improving respiratory function and, consequently, quality of life. In this issue, Surendra et al. explain the different methods of respiratory rehabilitation that can be used in mild, moderate, and severe COVID-19, during hospital admission and follow-up. They have also highlighted the importance of telerehabilitation in COVID-19.

Agnes et al. examine the literature to identify risk factors for different stages of sarcopenia. They report that female gender, BMI, and percentage of skeletal mass show a significant odds ratio during presarcopenia stage. Female gender, BMI, quadriceps strength, grip strength, depression, and falls (SARC-F) had significant odds ratio in sarcopenia stage. Low physical performance was the only risk factor in severe sarcopenia.

Ahmed et al. review the literature on inspiratory muscle weakness in chronic heart failure (CHF). Inspiratory muscle weakness is considered to be a significant extracardiac consequence of chronic heart failure. Inspiratory muscle weakness increases the perception of dyspnea in CHF. It also decreases exercise tolerance in patients with CHF. They have also stressed abnormalities in inspiratory muscle structure and function in patients with CHF. Inspiratory muscle training (IMT) improves inspiratory muscle strength and reduces the perception of dyspnea, and improves exercise tolerance and quality of life in CHF. IMT has shown to attenuate respiratory metaboreflex in CHF patients. It is currently thought that metaboreflex is responsible for reducing exercise tolerance. Hence, they conclude that IMT should be incorporated in a rehabilitation program for patients with CHF along with aerobic exercise and resistance training.

Dolbow et al. conducted a literature search on traumatic brain injury (TBI) and conclude that there is a high variability in study protocols and also in study outcomes. Dolbow et al. report that 53% of the patients who recovered from traumatic brain injury are diagnosed with major depression. However, they suggest that general physical activity level could be effective in improving mental health, including depression, in individuals with TBI.

Lytras et al. review literature on peripheral nerve injuries arising out of nontraumatic causes and provide physiotherapy guidelines to treat them. Physiotherapy hastens

recovery of peripheral nerve entrapment syndrome. They review most common types of nontraumatic peripheral nerve injuries and specify critical guidelines for treatment in the context of physiotherapy intervention.

Coccydynia can result from injury to the coccyx. The treatment modalities are usually conservative and the literature is rather sparse on the topic. Lee et al. document how they treated three patients with coccydynia. Lee et al. propose an algorithm for conservative interventions that pose minimal risk of complications and are associated with positive outcomes.

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