

# Maximizing Energy & Activities of Daily Living

Provincial COVID Rehabilitation Provider Education Sessions

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# Thank You

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Carmen Lazorek, OT Practice Director, Provincial Occupational Therapy

Debra Froese, OT Professional Practice Lead, Occupational Therapy, Calgary Zone

Yolan Parrott, OT Clinical Practice Lead, Glenrose Rehabilitation Hospital

CRIS Community Rehabilitation Interdisciplinary Service Team

# Outline

- Brief overview of Fatigue and COVID -19
- Recovery Patterns
- Energy maximization for Post COVID Fatigue
  - 6 P's
  - Energy Budgeting
  - Rules for rest and sleep considerations
- Case study

## COVID Recovery – Persistent Symptoms

Common persistent physical symptoms include:

- Fatigue (15 to 87 percent)
- Dyspnea (10 to 71 percent)
- Chest pain or tightness (12 to 44 percent)
- Cough (17 to 34 percent)

Psychological and cognitive complaints are also common during recovery from acute COVID-19, and may be seen more commonly than in those recovering from similar illnesses.

[www.uptodate.com/contents/covid-19-evaluation-and-management-of-adults-following-acute-viral-illness](https://www.uptodate.com/contents/covid-19-evaluation-and-management-of-adults-following-acute-viral-illness)

Although there are no widely accepted definitions of the stages of COVID-19 recovery, the following are typical categories

- **Acute COVID-19:** symptoms of COVID-19 for up to 4 weeks following the onset of illness
- **Ongoing symptomatic COVID-19:** symptoms of COVID-19 from 4 to 12 weeks following the onset of illness
- **Post-COVID-19:** symptoms that develop during or after COVID-19, continue for  $\geq$  12 weeks, not explained by an alternative diagnosis

There are a few different names for this last group including long haul COVID or chronic COVID

[www.uptodate.com/contents/covid-19-evaluation-and-management-of-adults-following-acute-viral-illness](https://www.uptodate.com/contents/covid-19-evaluation-and-management-of-adults-following-acute-viral-illness)

## Return to activities - Post Hospitalization

- In one retrospective study of approximately 1300 hospitalized COVID-19 patients discharged to home, despite home health services, **only 40 percent of patients were independent in all activities of daily living (ADLs) at 30 days.**
- In another study, **almost 40 percent of patients were unable to return to normal activities at 60 days following hospital discharge.**

[www.uptodate.com/contents/covid-19-evaluation-and-management-of-adults-following-acute-viral-illness](http://www.uptodate.com/contents/covid-19-evaluation-and-management-of-adults-following-acute-viral-illness)

## Return to activities – Outpatients (mild COVID-19)

Patients with less severe disease who were never hospitalized, including those with self-reported COVID-19, have often reported prolonged and persistent symptoms for up to several months, if not longer, following acute illness.

[www.uptodate.com/contents/covid-19-evaluation-and-management-of-adults-following-acute-viral-illness](https://www.uptodate.com/contents/covid-19-evaluation-and-management-of-adults-following-acute-viral-illness)



# **Post COVID's fatigue management strategies are being adapted from existing knowledge.**

- Post concussion
- Persistent pain/ Fibromyalgia
- Multiple Sclerosis
- Myalgia Encephalomyelitis/ Chronic Fatigue
- Cancer

# Types of fatigue

## Primary fatigue:

Fatigue that is the result of a disease or medical condition.

COVID clinical presentation:

- Post –Exertional Symptom Exacerbation
- Cardiac Impairment
- Significant Dyspnea
- Exertional Desaturation
- Dysautonomia and Orthostatic Intolerance

Benard, Singh & Troop (2021)

## Secondary fatigue:

Fatigue that may not be a direct result of the diagnosis (indirect).

Secondary symptoms can often be reduced through behavior/lifestyle changes.

Factors can include:

- Changes in daily routines/ activity levels
- Diet
- Sleep
- High role demands
- Baseline energy reserve/ activity levels
- Mood
- Anxiety/ stress
- Cyclical push /crash or boom/bust cycles

# What people are saying about their experience with Post COVID fatigue.....

- “Feels like I am not living”
- “Like I am in spider web and the harder I push, the faster I get pulled back it”
- “Feeling like a jigsaw puzzle. Difficult to put the pieces of my life back together”
- “I used to work two jobs and play sports now I can’t even make a meal!”

**\*\*\*Acknowledge, Validate, Normalize**

# Post COVID Recovery

## **Often client expectations for recovery do not match their actual recovery patterns.**

- Non linear and characterized by relapses
- Slow (very slow), recovery over months
- Loss of meaningful activities/ routines
- Need to explain and defend their experience= isolation
- That they have less control over their recovery- more effort ≠ faster recovery

# Post COVID Non linear Recovery

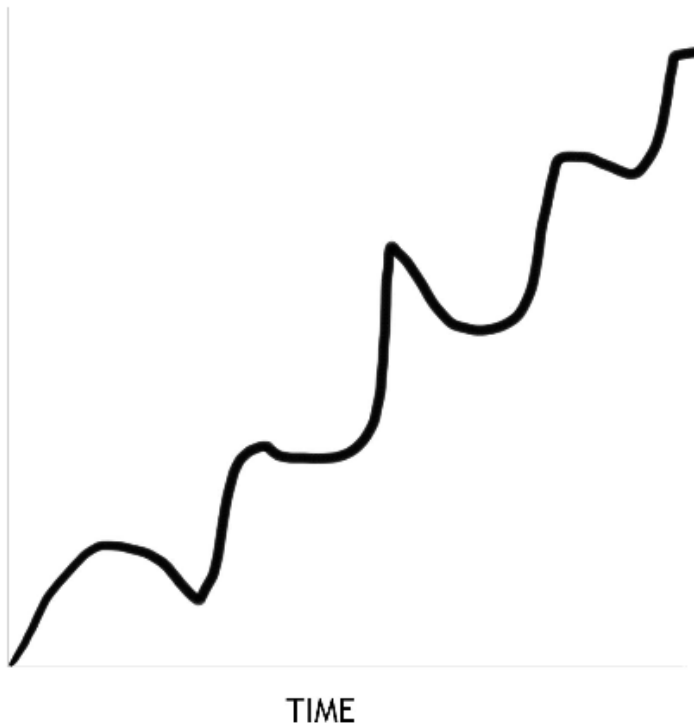
Normalize:

Even before COVID there was high and low energy days

Energy crashes are common

Encourage them to look at overall progress (tracking sheets and progressive planning can support this)

Reinforce that recovery is often slow



## Activity reengagement patterns

Wait until

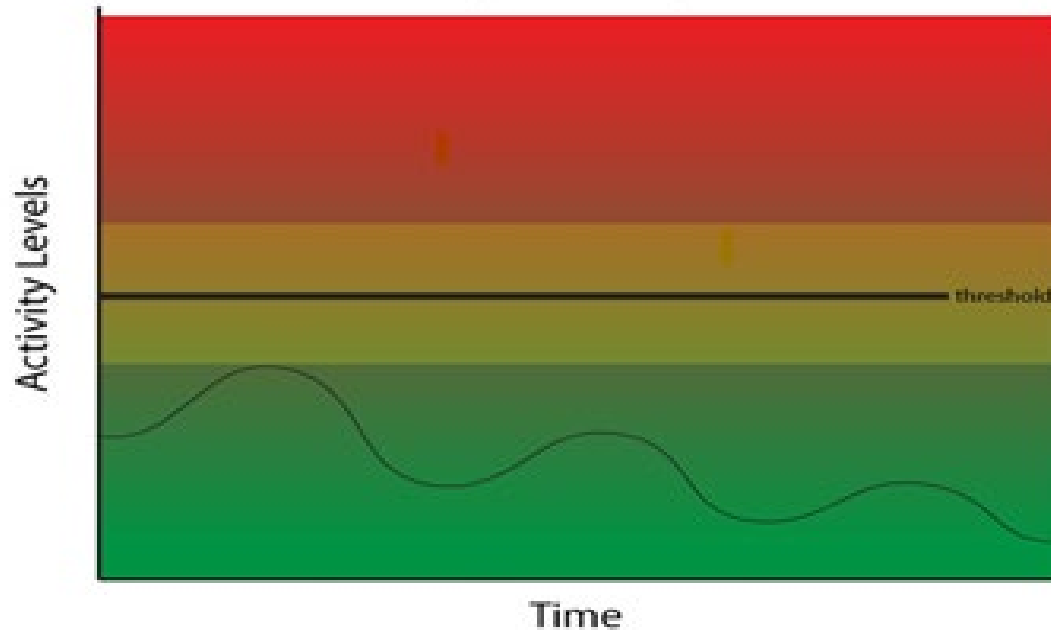


Push/ Crash or Boom/ Bust

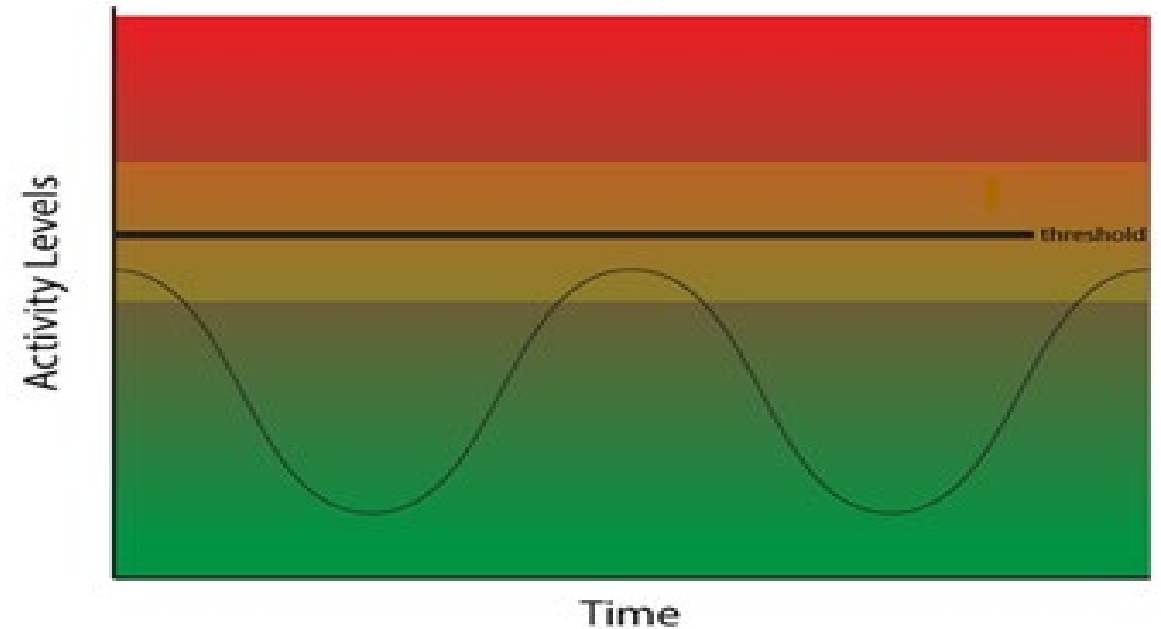


# Wait until... I feel better prior to returning to activities.

**Avoidance cycle: 'Stay low, no go'**

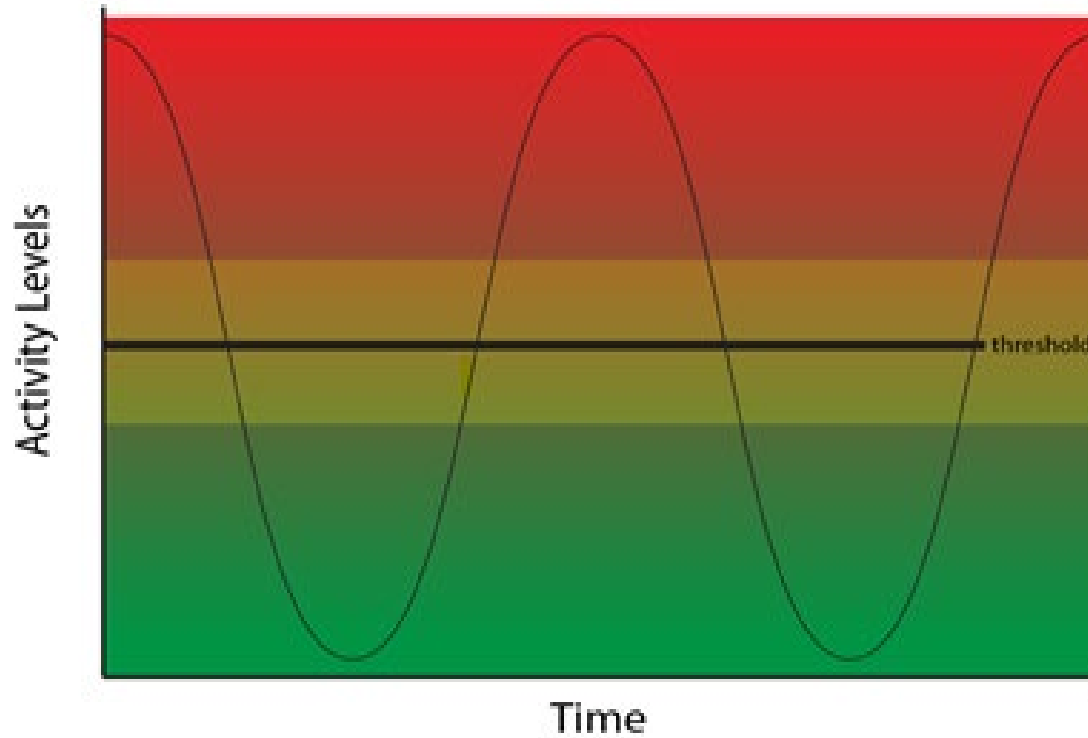


**New target zone**

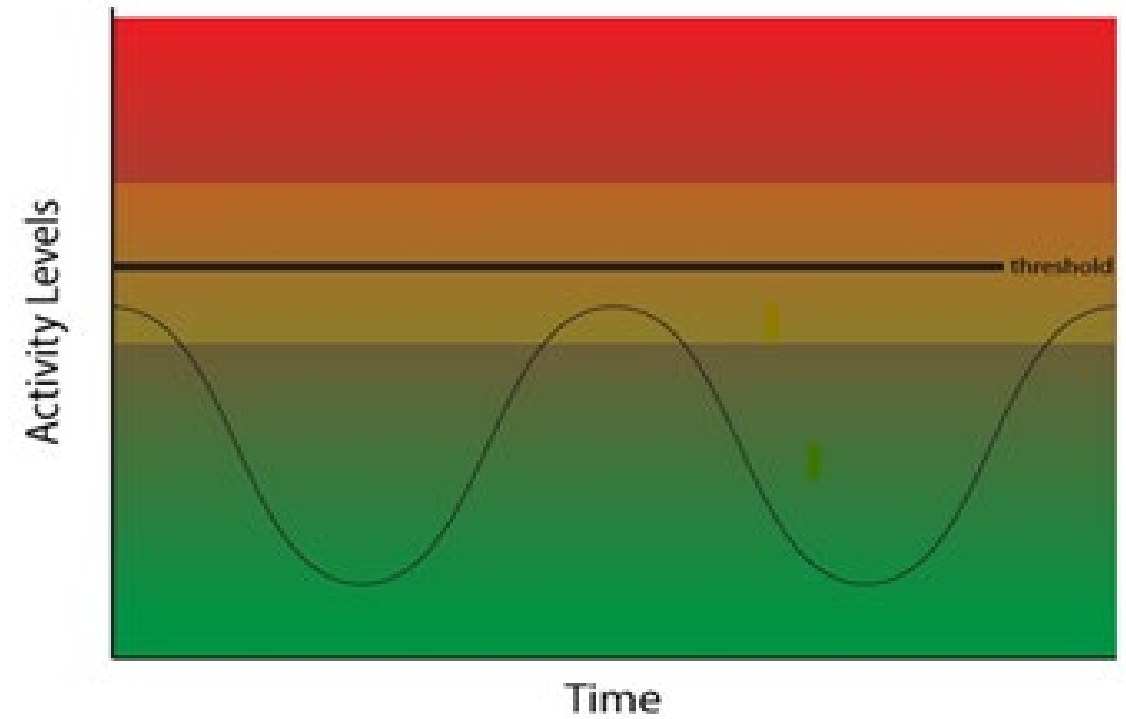




## Push/ Crash



## Ideal Energy Management



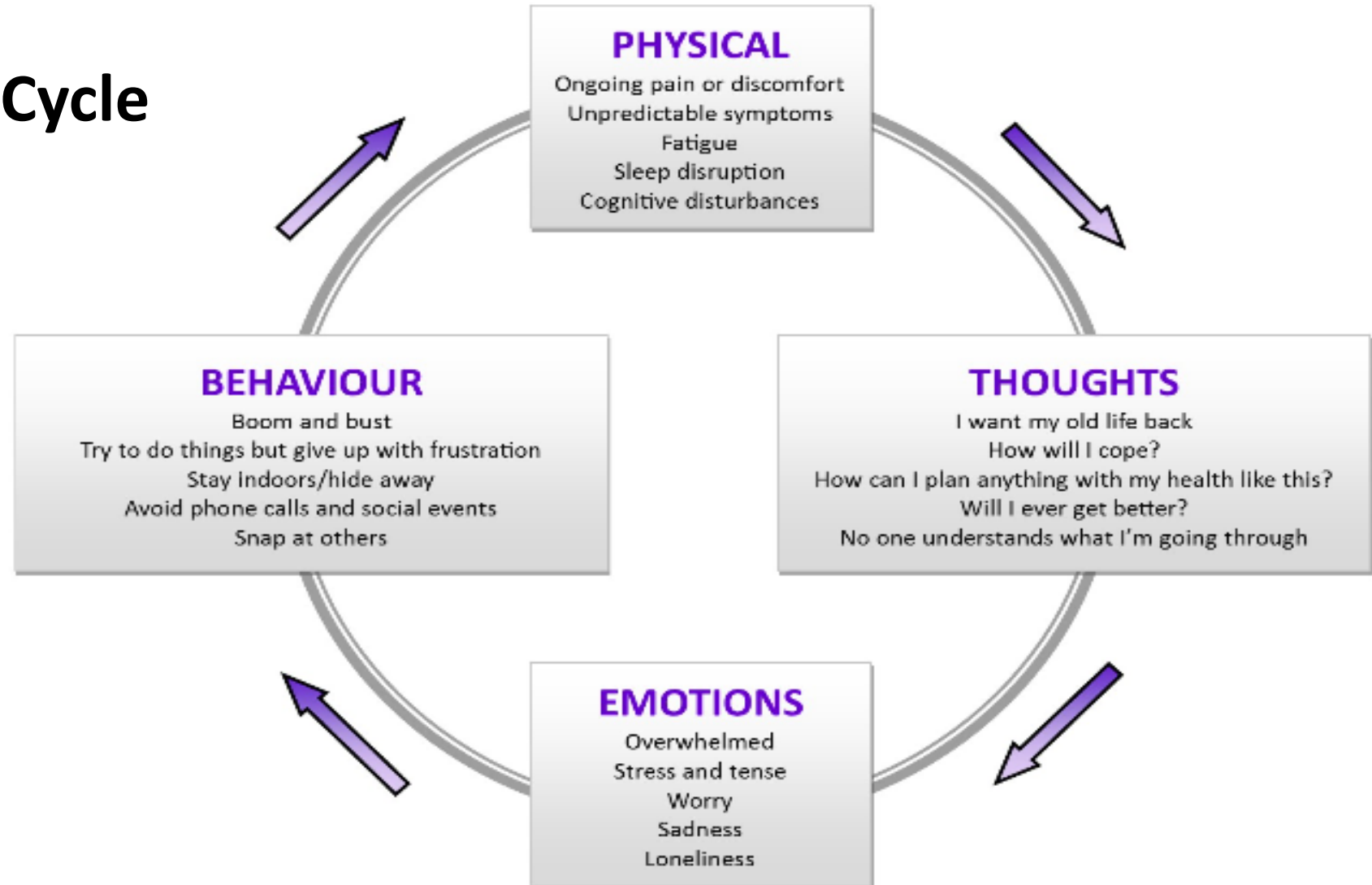
## Post Exertional Malaise (PEM) or energy crash

- Can be **physical**,  
**emotional**  
or **cognitive**

Post-exertional malaise (PEM) is the worsening of symptoms following even minor **physical or mental exertion**, with symptoms typically worsening **12 to 48 hours after activity** and lasting for days or even weeks.

[http://www.phsa.ca/health-info-site/Documents/post\\_covid-19\\_malaise.pdf](http://www.phsa.ca/health-info-site/Documents/post_covid-19_malaise.pdf)

# Push – Crash Cycle



# What emotions/ thoughts are driving behaviour?



Inside Out (2015)  
Disney Pixar

# Improvement using energy management often require **behavior change.**

- Being **client and goal centered**
- Support clients to find their own **strategies- strengths based approach**
- **Assist clients to recognize limitations and adapt to limitation**
- Explore with the client how best they **can make decisions** about energy management
- **Support client that “accepting”** the need to pace or giving themselves permission to reduce activity levels
- **Self compassion** skills
- **Prioritizing self and health** as the path to recovery
- **Rest** is like medicine

# Energy Maximization – Using Empowering Language

## Conservation:

careful preservation and protection



## Maximization:

make something as large or great as possible



# Core features of a fatigue management program

Component:	Example:
Knowledge Development	Push/ Crash, 6 P's
Skill Development	Self monitor, planning
Cognitive restructuring	"Accepting" the need to pace

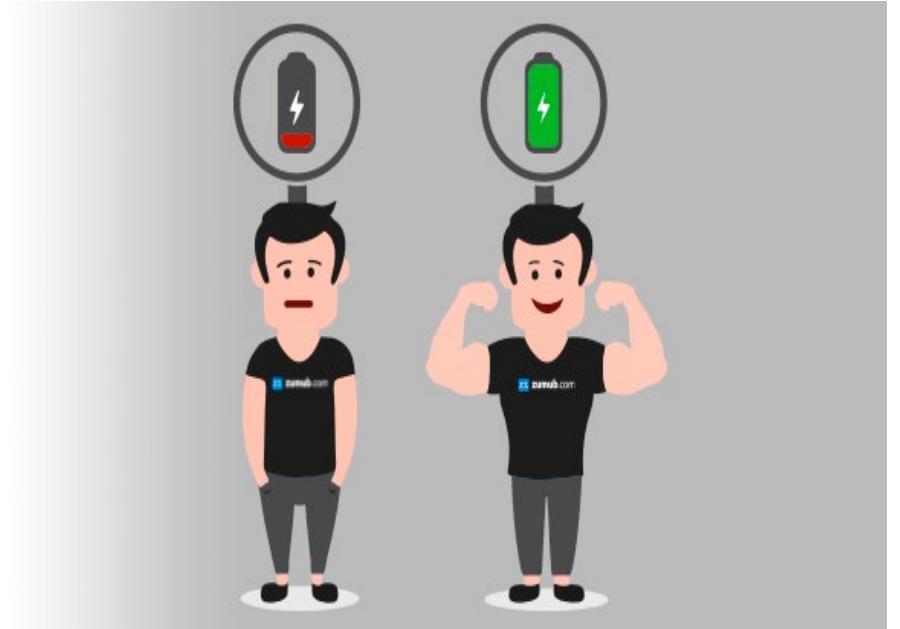
Strategies: Practice, reflection, structure for success

# Energy Maximization Concepts:

- Energy Budgeting

- 6 P's

- Rules for Rest





# Energy Budget

Your bank account will use energy like money. Just like an account you need to be aware of how much money is available

If you have a limited amount of energy then you need to budget and spend wisely

Energy "overdraft" means you will have to pay back the energy - usually with interest

If you use up more energy than you have you will become "overdrawn"

# Budgeting example

- “If you typically have a \$200 grocery budget and it has suddenly been reduced to \$100, what could you do differently to support this change in budget?”

Case example client response:

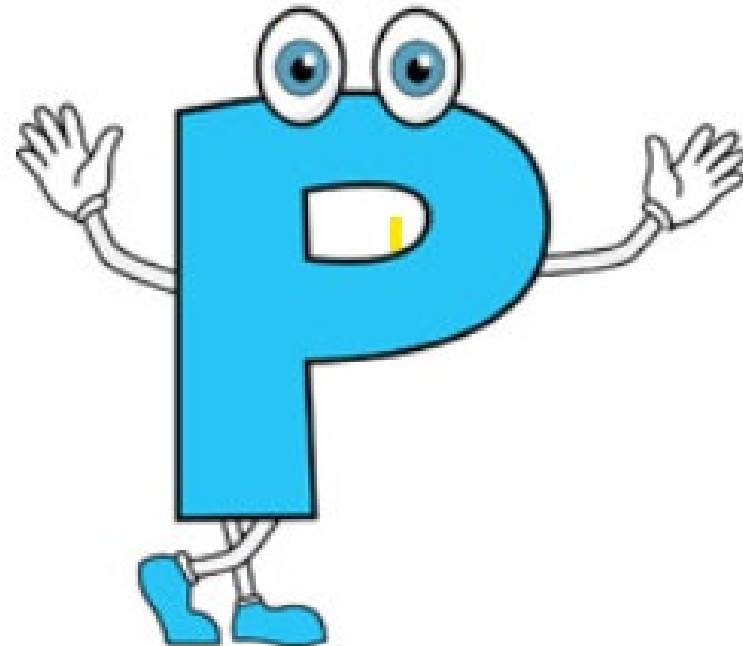
- **Prioritize** items
- **Plan** meals
- Look for ways to maximize my money (**problem- solving**)
- Spread meat out over the week because it is expensive. (**breaking up activities- pacing**)
- “Could any of these ideas be applied to support your energy?”

Case example client response:

- **Prioritize** my activities
- **Plan** my activities – I should make a schedule
- **Pace** myself during activities by taking rest breaks

# Energy Maximization – The 6 P's

**Pacing with Precaution**  
**Planning**  
Prioritizing  
Positioning  
Problem Solving  
**Permission**



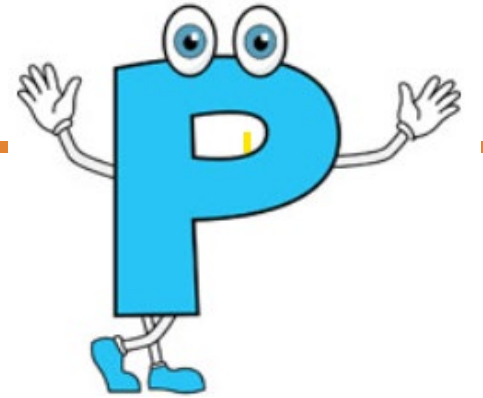
# Pacing – when doing less can help us do more

Pacing is how we avoid the push/ crash cycle.

Pacing offers a way to reduce symptoms, regain control, and increase chances for improvement.

“Pacing pushes you while protecting you which is exactly what we need to make progress when we are physically or emotionally vulnerable.”- client quote





# Pacing with precaution- finding limits

## Self monitoring and self management

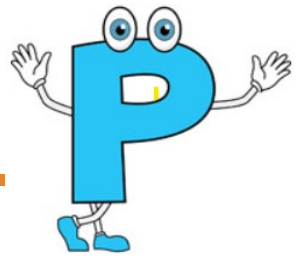
Monitoring options:

- Visual Analog Scale
- Rate of Perceived Excretion - RPE
- Dyspnea scale
- O2 sat. tracking
- Heart Rate
- Logging Forms
- Timing activity length and/or rating
- Modified BORG Scale

# Precaution: Avoid adding to a full plate



Working with the client to stay within their activity limits for occupational performance/ activities of daily living and should be addressed **prior to adding** in new activities, exercises and rehab tasks.



## Activities of daily living can be broken down in three ways:

- **Activity** – activity analysis using the P's. i.e. Laundry
- **Day**- using a day timer to plan the day including rest and wellness activities
- **Week**- spreading activities over the week. i.e. Vacuuming on Monday and laundry on Thursday

\*\*\* remind clients to build in some





# Breaking the Push/Crash Cycle – Developing New Activity Patterns

1. Recognize symptoms of fatigue and triggers
2. Find limits
3. Adapt to the limits
4. Expand limits





## Adapting to limits- Learning to work within their limits

What are their *current* activity limits? (Staying in the green)

How long can they perform activities before they need to rest to avoid PEM:

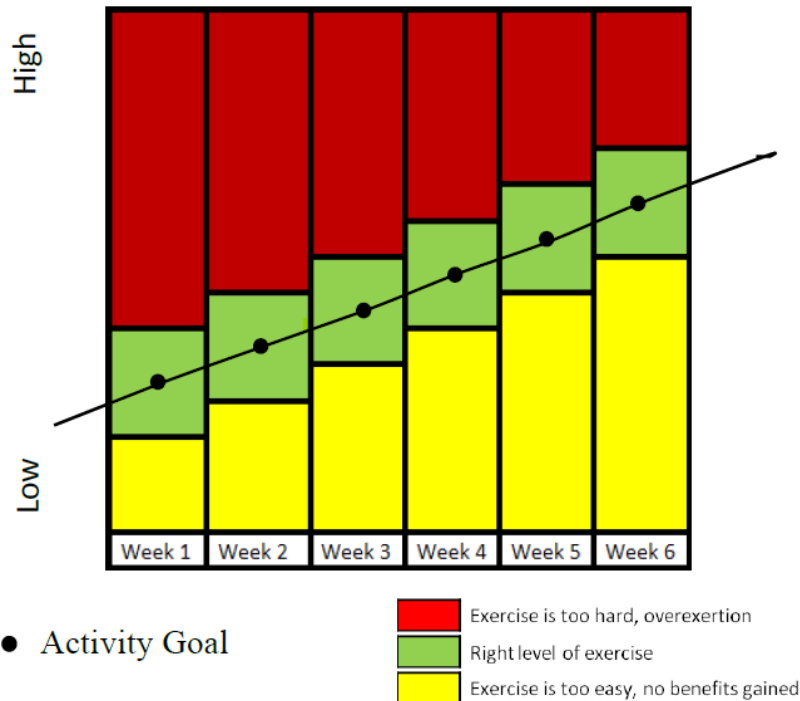
Examples:

- dressing
- housework
- reading
- spending time with people
- exercise





## Progressive Planning – use activity goals



- Progressions are based on **activity tolerance** (avoidance of PEM) and **not timelines**
- Plan how to monitor activity tolerance



# Planning – Activity Logs

- **Activity log.** Have clients keep a record of what they have done during the day and their energy level or feelings of wellness.
- Logs can help your clients spot unhelpful activity patterns, such as irregular sleep patterns and push/crash behaviours.

Activity Log  
Energy Level 1 (low) – 10 (high)

Date : \_\_\_\_\_

TIME	Energy Level 1-10
6:00 – 7:00	
7:00 – 8:00	
8:00 – 9:00	
9:00 – 10:00	
10:00 – 11:00	
11:00 – 12:00	
12:00 – 1:00	
1:00 – 2:00	
2:00 – 3:00	
3:00 – 4:00	
4:00 – 5:00	
5:00 – 6:00	
6:00 – 7:00	
7:00 – 8:00	
8:00 – 9:00	
9:00 – 10:00	



## Rules for Rest

- **Rest before you are fatigued.** If you rest when you start to get tired rather than after you are exhausted you will require less recovery time.
- **Take short, frequent rests.** They can add up to less overall rest time.
- **Plan rest into your schedule first then schedule activities around rest.** Experiment with time and length of rest.
- **Make rest a habit.** Think of rest as an activity and plan it into your day.

To use budgeting terms, resting is an investment in your health.

Stout (2010)

## Rest vs. restorative rest

- Relaxation techniques
- Mindfulness
- Breathing exercises
- Podcast vs. television
- Resting & listening to relaxing music
- Positioning at rest



# Sleep and Post COVID Fatigue

It can be helpful to screen for sleeping difficulties as it can have an impact on energy, recovery and overall health including fatigue, mood and cognition.

Types of sleep disruptions can include:

- ❖ Insomnia disorder: difficulties falling or staying asleep.
- ❖ Circadian rhythm sleep-wake disorder, delayed type: difficulty waking up in the morning and falling asleep at a societal normative time.
- ❖ Falling asleep unintentionally

Perez-Carbonell, L. et al (2020)

## Causes of sleep disruption

- Increased stress/anxiety
- Loss of daily routines
- Increased screen time
- Changes in sleep behavior
- Physiological changes like breathing changes
- Nightmares



## Sleep supports:

- Sleep hygiene
- Same wake up time – (slowly move it back)
- Relaxation techniques
- Increase day time activity and light exposure
- **Return to routines** both at bedtime and during the day.
- Cognitive Behavioral Therapy – Insomnia



## Care Scenario - Santana

- 49 year old female. COVID dx. Oct. 2020
- Previous held two jobs and very active with sports and grandchildren.
- Post COVID symptoms:
  - Fatigue
  - Pain
  - Anxiety
  - Dyspnea

## Santana

- Engaged client in **ACTIVITY ANALYSIS using the 6 P's** for hair and make up:  
Client identified **Priority-** hair and make up  
Client engaged in **Problem solving:**
  - Positioning:** sitting to do tasks, blow drying hair upside down, elbows on table.
  - Pacing/ planning:** rest breaks during and between activities and set a timeline for task completion of noon (lots of time).
  - Permission:** identified strategies for managing emotions/ thoughts that may get in the way of pacing**Goal:** To do my hair and makeup before noon 2 days this week using the **Plan.**  
**\*Santana is aware that we are trialing a strategy and that may need to revised. (Setting expectations)**

## Tools

- Fatigue Scales
- Sleep Screens
- Dyspnea Scale
- Activity Logs/ daily planners
- Self monitoring aids- Fitness tracker/ Heart Rate Monitor/Apps
- Goal setting: Canadian Occupational Performance Measure (COPM), Progressive Goal Setting Sheets
- Motivational Interviewing Skills
- Rehabilitation Screening tool



Benard, Singh & Troop (2021)

## After implementing Energy Maximization

- “The small changes are adding up over time.”
- “I feel like I have been given permission to make change and listen to my body. I worry less about the stigma.”
- “I now feel like I have some control and choice.”
- “I have a wellness plan and it is on my fridge.”



## Summary

- Some people with COVID experience prolonged recovery times- not related to initial severity of COVID-19
- Understand recovery patterns- avoiding Push/ Crash and Wait until
- Behaviour change is a core feature of energy maximization.
- Progressing is based on PEM avoidance and not timelines - Tortoise and the Hare approach
- **The use of Energy Maximization strategies is *key* to clients returning to activity**
- **OT's are fatigue management super hero's. Chat with you local OT re: energy management**

# Additional Webinars:

- **June 22** – Resuming Activity & Exercise
- **June 29** – Psychological, Spiritual and Social Considerations Important in Post-COVID Care
- **July 6** – Neurocognitive Sequelae, Functional Cognition and Cognitive Communication
- **July 13** – Nutrition, Eating, Feeding and Swallowing
- **July 20** – Re-engagement in the Community
- **July 27<sup>th</sup> to September 1<sup>st</sup>** – Caring for the Person (Community of Practice)

## For more information:

Post COVID Provider Resource Webpage (AHS external)

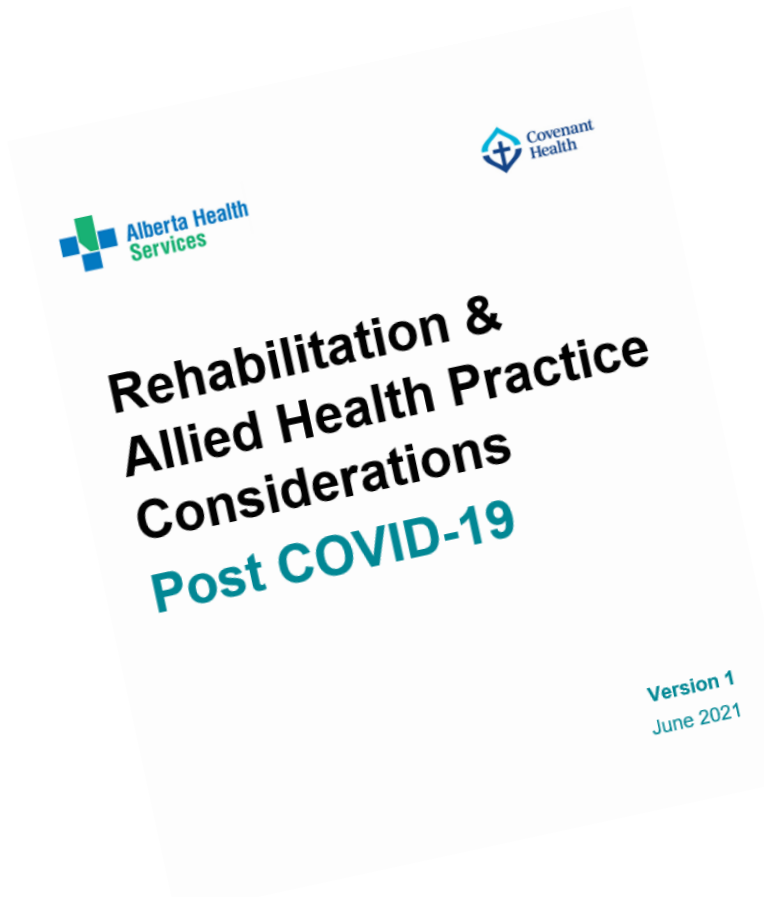
- [COVID-19 Recovery & Rehabilitation After COVID-19: Resources for Health Professionals | Alberta Health Services](#)

Allied Health Practice and Education Hub

- [Post-COVID Clinician Resources](#)









[Practice.consultation@ahs.ca](mailto:Practice.consultation@ahs.ca)

# Practice Considerations Resource



### Table of Contents

-  [Supporting Self-Management](#)
-  [Screening, Flags & Referrals](#)
-  [Post Exertional Symptom Exacerbation](#)
-  [Cardiac Symptoms](#)
-  [Respiratory Symptoms \(including dyspnea and post-exertional oxygen desaturation\)](#)
-  [Dysautonomia & Orthostatic Intolerance](#)
-  [Joint and Muscle Pain](#)
-  [Pelvic Health Concerns](#)
-  [Activity & Exercise After COVID-19](#)
-  [Maximizing Energy: Returning to Daily Activities and Meaningful Occupations](#)
-  [Sleep](#)

-  [Cognition](#) – Coming Soon
-  [Speech and Voice](#) – Coming Soon
-  [Eating, Feeding and Swallowing](#) – Coming Soon
-  [Psychological Impacts](#) – Coming Soon
-  [Social Impacts](#) – Coming Soon
-  [Spiritual Impacts](#) – Coming Soon
-  [Nutrition](#)
-  [Caseload Management & Prioritization](#)



Alberta Healthy Living Program  
ahs.ca/ahlp

## **Helping You Feel Better after COVID-19**

Client Education Series  
(open to all Albertans, free)

### Helping You Feel Better after COVID-19

#### Free courses for adults with ongoing COVID-19 symptoms

If you are one of the many Alberta adults living with COVID symptoms months after your diagnosis, our free classes can help you. You can take one or all of our five online Zoom sessions. Topics include breathing, eating, sleeping, stress, activity and more. You can take any of our online Zoom classes in any combination and in any order. Our healthcare experts will offer tips and advice to help improve your recovery and your quality of life. You can learn in the comfort of your home and no referral is needed.

Class names	Topics covered
Eating after COVID-19	<ul style="list-style-type: none"> <li>Eating, drinking and swallowing</li> <li>Loss of taste and smell</li> </ul>
Managing Breathing and Sleep	<ul style="list-style-type: none"> <li>Shortness of breath and persistent cough</li> <li>Getting restful sleep</li> </ul>
Managing Daily Life	<ul style="list-style-type: none"> <li>Getting back to your daily activities</li> <li>Conserving your energy</li> <li>Coping with cognitive changes</li> </ul>
Managing Pain and Getting Active	<ul style="list-style-type: none"> <li>Returning to work, school and leisure</li> <li>Coping with muscle and joint pain</li> </ul>
Managing Stress	<ul style="list-style-type: none"> <li>Mobility after COVID-19</li> <li>Stress and resilience</li> <li>Other useful mental health resources</li> </ul>

#### Registration details

Classes are available to anyone in Alberta 18 years old and over.  
You will need an internet connection.

You will need to be physically present in Alberta when you take the class.

- For more details or to register:
- Visit [ahs.ca/ahlp](https://ahs.ca/ahlp) → Calgary Zone → Online Registration
  - Call 403-943-2584 (long distance charges may apply)

## Maximizing Energy & ADL Resources

[Microsoft Word - Activity Rest Sleep Diaries and Daily Activity Diaries - Guidance for completing and calculating.doc \(epsom-sthelier.nhs.uk\)](#)

[Post-viral fatigue - Practical advice for people who have recovered at home \(2\).pdf](#)

Spoon Theory- <https://butyoudontlooksick.com/articles/written-by-christine/the-spoon-theory/>

Royal College of Occupational Therapists (2020). *A quick guide for occupational therapists: Rehabilitation for people recovering from COVID-19*

<https://www.rcot.co.uk/sites/default/files/Quick%20guide%20for%20OTs%20People%20recovering%20from%20COVID-19.pdf>

Royal College of Occupational Therapists (2020). *How to conserve your energy: Practical advice for people during and after having COVID-19* <https://www.rcot.co.uk/conserving-energy>

Post Exertional Malaise in Post – COVID 19 handout - [http://www.phsa.ca/health-info-site/Documents/post\\_covid-19\\_malaise.pdf](http://www.phsa.ca/health-info-site/Documents/post_covid-19_malaise.pdf)

Pacing: <http://www.cfselfhelp.org/pacing-tutorial self-management-tool-cfs-91722>

Logs, Forms & Worksheets to track your activity & symptoms:

[http://www.cfselfhelp.org/library/type/log\\_forms\\_worksheetsd](http://www.cfselfhelp.org/library/type/log_forms_worksheetsd)

# Maximizing Energy & ADL *References*

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Provincial Health Services Authority.(nd). *Post-exertional malaise in post-COVID recovery*. [http://www.phsa.ca/health-info-site/Documents/post\\_covid-19\\_malaise.pdf](http://www.phsa.ca/health-info-site/Documents/post_covid-19_malaise.pdf)

Stout , K.J. (2010). *Fatigue Management in Chronic Illness. Implications for use in a 1:1 Occupational Therapy Session*. [patient education material)

University Health Network (nd). *Returning to activity: The progressive plan* [patient education material)

# Questions?