



# Editorial

Seyed Mansoor Rayegani<sup>1</sup>

<sup>1</sup> Professor, Department of Physical Medicine and Rehabilitation Medicine, School of Medicine AND Physical Medicine and Rehabilitation Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

The COVID-19 pandemic changed the planet in all aspects of human life. Biopsychosociospiritual dimensions of daily activities were deeply affected. Prevention, treatment, and rehabilitation of COVID-19 are the most common and globally practiced medical tasks around the world. Rehabilitation medicine measures including prehabilitation, inpatient rehabilitation for hospitalized patients, and post-discharge measures should be integrated in all health programs of the COVID-19 victims. During quarantine period and obligatory social and physical distancing, promoting adequate and planned physical activity, respiratory exercise, good nutrition, and psychological support are mandatory to build up and achieve fitness.

There are 3 to 4 types of hospitalized

patients; mild, moderate, severe, and critical.<sup>1</sup> For mild to moderate hospitalized patients, there are some simple rehabilitation measures such as daily range of motion (ROM) of joints, ambulation training, isometric strengthening exercise, and chest physical therapy. For patients hospitalized in the intensive care unit (ICU) with critical condition, there are no specific active rehabilitation measures, just passive ROM and pulmonary support.

As a rehabilitation medicine specialist, it is our duty to devote all of the professional capacities to these patients. JPMRE announces its readiness to accept articles related to COVID-19 out of turn.

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## References

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