



The Role of the Speech and Language Specialist in the Rehabilitation of Covid Patients 19

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Patients with MERS-CoV who are placed on ventilators need the help of speech and language specialists and the goal of rehabilitation is to help re-learn the skills lost by the patient, such as: restoring the ability to swallow, knowing that any person can develop swallowing disorders, but they are more common in the elderly.

About 90% of the care provided by speech and language specialists in the medical community is associated with swallowing disorders, and for seriously ill CORONA virus patients who have been placed on ventilators, the basic services provided by speech and language specialists relate to swallowing, communication and cognition. Since the early stage of the coronary virus pandemic, speech specialists have worked to rehabilitate patients from a zero distance where training the patient in safe swallowing strategies needs to be close to the patient and work with him directly face the log through:

1. Oxygen support management until the patient reaches normal breathing without any support.
2. Installation of speech valve to help vote.
3. Changing the position of the body and head.
4. Adjusting the diet to suit the patient's ability to swallow.
5. Swallowing exercises.
6. Speech members exercises.

Speech and language specialists provide basic rehabilitation services for patients recovering from serious cases of COVID-19. Many seriously ill COVID-19 patients are placed on ventilators due to substandard oxygen levels and include rehabilitation services for damage caused by mechanical ventilation, which include injury to the vocal cords of breathing tubes that have negatively affected sound quality as well as muscle conditioning needed to swallow

those patients who end up in the intensive care unit who either have a hole in the trachea, or have a tube pushed down through the vocal cords to get an antenna to help them breathe. They are then put on a ventilator to help save their lives on a machine that helps them breathe, maybe for weeks they are bedridden and have a tube in their throat, so they are at risk of losing their ability to eat, swallow and vote properly.

They can have difficulties swallowing fluids, food or even saliva, which makes eating difficult for these patients. Often, getting enough calories and fluid to feed the body can also be difficult, making it difficult to use the option of feeding through the tube to compensate for oral feeding until the patient is fully rehabilitated to regain his ability to swallow normally and this takes time as swallowing is a complex process.

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