

The Unintended Orthopaedic Issues Associated with the COVID Pandemic

Harwant Singh*

Department of Spine and Joint Centre, Pantai Hospital, Malaysia

***Corresponding Author:** Harwant Singh, Department of Spine and Joint Centre, Pantai Hospital, Malaysia.

DOI: 10.31080/ASOR.2023.06.0785

Received: May 22, 2023

Published: July 10, 2023

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The COVID pandemic, which has affected the entire world in early 2020 for two years has some consequences for the practise of Orthopaedics worldwide. It must be reiterated that the unintended issues are still being investigated; and the data are only coming out now.

For simplicity I shall categorise the changes into the following

- Access to Orthopaedic Healthcare,
- Funding for Orthopaedic Healthcare; and
- Change in presentation of Orthopaedics to Healthcare providers.

Access to orthopaedic healthcare

A major unintended issue of the pandemic is the access to Orthopaedic Healthcare. It is seen in the following.

- **Delayed or cancelled elective surgeries:** The postponements were mainly due to concerns about hospital capacity and the ever-present risk of COVID transmissions. The unintended consequence are longer waiting periods for elective Orthopaedic surgery; which may lead to poorer outcomes. Emergency services were largely unaffected by this.
- **Reduced access to outpatient Orthopaedic rehabilitation:** The limited availability of facilities and staffing issues during the pandemic may have led to poorer outcomes for those who required these services.
- **Increased use of remote technology (telemedicine):** While this has increased access to healthcare; the absence of proper physical examination of the patient may lead to conditions being missed.

Funding for orthopaedic healthcare

- **Operational Budgets:** Operational issues theoretically may be affected by reduced budgets for institutes which deliver Orthopaedic care. These are mainly for elective Orthopaedic conditions. There may also be direct conse-

quences of budgetary reduction in Orthopaedic Training and Research. This has long term implications in the delivery of the care.

- **Third Party Payors:** As the economy of the world slowed down during the Pandemic, businesses have had reduction in profits; and as a consequence, third party payors may have reduced payments for elective Orthopaedic care. The long-term theoretical implication are poorer outcomes. This has not been evaluated yet; and I hope there will be work on this in the future.

Change in presentation to Orthopaedic Healthcare

By far, the biggest change has been the change in presentation for orthopaedic care. Again data is beginning to come out. I present some of my impressions from my own practise. Most are a consequence of the 'Work From Home', or WFH.

- **Falls at home:** The lockdown; which was somewhat universally applied to contain COVID transmission, may have led to increased falls and injuries at home. I expect injuries because of falls at home, to be increased.
- **Reduction in injuries at workplace and in commuting:** The reduction of injuries from workplace (e.g., industrial injuries); and injuries as a consequence of commuting to work may be seen, as reduced injuries from Road Traffic Accidents.
- **Change in clinical presentation to Outpatient Orthopaedic settings:** This is somewhat evident. Occupational conditions such as sacroiliac dysfunction, cervical and lumbar spondylosis, bicipital tendinitis, tennis elbow, De Quvain's tenosynovitis and trigger fingers; have been seen in large numbers because of the WFH situation. This occurs with reduced skeletal movement as a consequence from reduced commuting and reduced office activity. The sedentary nature of WFH brings about this situation as office workers now sit in front of home computers more than they are required, compared to office working.

- Consequence of over training in gyms: Some workers are cognizant of the sedentary nature of WFH. They are proactively working out; and sometimes, overwork in gyms. I have seen an increase in muscle injuries and muscle sprains and strains. Again, data on this is just being evaluated.
- Medicalisation of trivial conditions: The anxiety of patients during the pandemic may lead surgeons to over investigate conditions which traditionally did not warrant major investigations. Examples are axial pain in the neck and back for few days which gets an MRI of the spine. While surgeons are motivated to deliver the best care; the fear of 'missing something' leads to these expensive tests during a time when health resources are limited. Again, this should be studied

The above are my observations. As the pandemic has now ended, it is a good time to review and evaluate the unintended issues as a consequence of COVID.

This practise opinion has no references as it represents my observations when running an active Orthopaedic practise during the pandemic. It is time we investigate the issues I have briefly discussed.