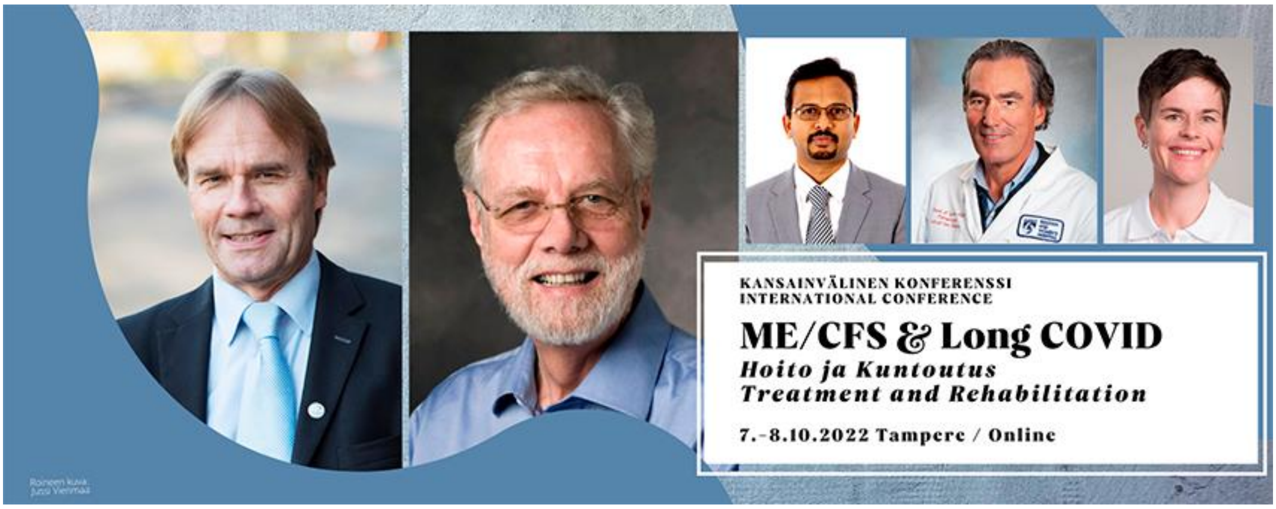
International Conference
ME/CFS and Long COVID – Treatment and Rehabilitation

Tampere, Finland / online 7th – 8th October 2022



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The international conference "ME/CFS and Long COVID - Treatment and Rehabilitation" was held on 7th – 8th October 2022 in Tampere, Finland. The conference was live streamed, so remote participation was also possible. The conference was the first of its kind in Finland and was attended by around 100 healthcare professionals from Finland and other countries.

Post COVID-19 condition (Long COVID) and ME/CFS (myalgic encephalomyelitis/ chronic fatigue syndrome) are complex, multisystemic, long-term diseases that frequently and significantly limit activities and coping in everyday life. There is no known cure, but symptoms can be alleviated and coping in everyday life can be supported. The primary method for symptom management is pacing.

The topic of the conference is of global importance, as Long COVID is a threat to public health worldwide, causing significant economic cost and individual suffering. It is estimated that around 10–20% of adults with SARS-CoV-2 infection will develop Long COVID. Children are less likely to develop Long COVID. An estimated 100-150 million of the world's population have already contracted Long COVID, with an estimated 17 million in the European Region. The number of diagnosed patients in Finland is 17,000, but the actual number of patients may be as high as 100,000 according to this estimate. Almost one in two have had symptoms for more than a year and for the majority of patients, the symptoms interfere with their ability to cope with everyday life. When considering Long COVID, it should be noted that Post-Viral Fatigue Syndrome (PVFS) is not a new phenomenon. Examples include ME/CFS, prolonged symptoms after MERS and SARS infections, prolonged Lyme disease and post-polio syndrome.

Opening speech by Sari Tanus MD, Member of Parliament, Chair of the ME/CFS Network of the Parliament


Sari Tanus

Photo. Jessica Harju

– ME/CFS has long been a poorly known and recognised disease, although it has been identified as a neurological diagnosis in the ICD classification for more than 50 years. Yet many times patients have not been taken seriously, investigations and treatments have been difficult to access, treatment trials have been difficult to access and glaring deficiencies in support systems have been highlighted. Patients have been left on their own. Patients' relatives, their parents, have often been left alone with the burden and uncertainty. For many, finances have been very tight.

– As a Member of Parliament and as a medical specialist, I have to say that I really regret that in the 21st century and even in the 2020s, patients are still being treated in this way. There is a lot of room for improvement.

– With COVID-19 came Long COVID, which will affect the lives of thousands and thousands of citizens and society.

– The symptoms of Long COVID and chronic fatigue syndrome, ME/CFS, are very similar, and yet this is something that has been given very little prominence. I think it is quite rightly asked whether, for Long COVID patients, when the criteria for ME/CFS are met, there should be a guideline to use both diagnoses with diagnosis numbers and to use these guidelines.

– This conference will bring together a wealth of expertise, knowledge, skills, and experience. This conference is the first of its kind. I hope that it will make history in Tampere and that something new will start and move forward in the treatment, rehabilitation, and practical implementation of myalgic encephalomyelitis/chronic fatigue syndrome, ME/CFS and Long COVID.

Similarities between Long COVID and ME/CFS

There are similarities, but also differences in the symptomatology of ME/CFS and Long COVID. The main symptom of ME/CFS is post-exertional malaise/ post-exertional symptom exacerbation (PEM/PESE), i.e., the worsening of symptoms after even minor physical, psychological, social, or cognitive exertion, typically within about 12–48 hours of exertion. PEM/PESE may also occur immediately during/after exercise or with a longer delay. Recovery from PEM/PESE usually requires bed rest. PEM/PESE occurs in all patients with ME/CFS and without PEM/PESE, a diagnosis of ME/CFS cannot be made. In contrast, in patients with Long COVID, PEM/PESE occurs in about 50–70% of patients. Other common symptoms of Long COVID and ME/CFS include fatigue, cognitive difficulties, dysautonomia, reduced tolerance to physical and/or cognitive exertion, brain fog, unrefreshing sleep, pain and immune system symptoms.

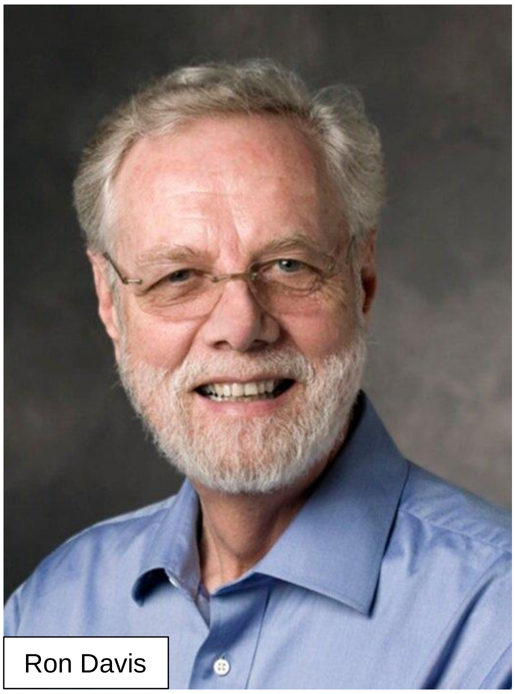
The estimated prevalence of ME/CFS is 0.2–0.9%. It is estimated that there are at least 10 000 ME/CFS patients in Finland. A proportion of Long COVID patients meet the diagnostic criteria for ME/CFS after six months, so the COVID-19 pandemic will also increase the number of ME/CFS patients in Finland and worldwide.

Conference themes

The conference explored the challenges in the treatment and rehabilitation of Long COVID and ME/CFS. By bringing together top researchers, clinicians and therapists in the field, it was possible to increase understanding of the disease mechanisms, similarities and differences between these conditions, as well as review national and international guidelines and the latest research on the topic.

The conference addressed the following themes: pathophysiology, risk factors, clinical presentation and diagnostic, guidelines and management, dysautonomia and PoTS, pulmonary symptoms, post-ICU and post-hospital care, PICS, PEM/PESE, 2-day CPET, exercise intolerance, pacing and heart rate monitoring, pain mechanisms, neuropathic pain and SFN, hypermobility and EDS, intracranial hypertension, respiratory physiotherapy, MCAS, management of children and adolescents and severe and extremely severe patients, psychologist's perspective and trauma-informed care, patients' and caregivers' perspective.

Keynote speakers



Ron Davis

Keynote speakers include one of the leading researchers in the field, **Ronald W. Davis** (USA), Professor of Biochemistry and Genetics at Stanford University School of Medicine and Director of the Stanford Genome Technology Center, USA.

Risto O. Roine (FIN), Professor of Neurology, chairman of the Finnish Long COVID expert group set up by the Ministry of Social Affairs and Health.

Manoj Sivan (UK), Associate Professor of Rehabilitation Medicine at the University of Leeds, who also is the World Health Organization advisor for COVID rehabilitation policy in Europe.

David M. Systrom (USA), Specialist in Pulmonary and Critical Care Medicine, Associate Professor of Medicine at Harvard Medical School.

Lecturers and lecture topics

Risto Roine

Photo. Jussi Vierimaa

On the first day of the conference, which focused on physicians, the expert lectures started with **Risto O. Roine** PhD MD, who lectured on the pathophysiology, clinical presentation and guidelines of Long COVID. **Salla Kattainen** MD, specialist in intensive care and anaesthesiology at HUS, spoke on pulmonary symptoms, post-ICU and post-hospital care and PICS, **Jorma Komulainen** MD presented The Finnish ME/CFS Good Practice Consensus Guideline, **Björn Bragée** MD lectured on the clinical presentation of ME/CFS and the treatment protocol of Bragée Clinic specializing in the treatment of ME/CFS patients.

Jukka Pekka Kouri

Photo. Jessica Harju

Jukka Pekka Kouri MD spoke about pain mechanisms, neuropathic pain, small fiber-neuropathy and pain management, and **Manoj Sivan** MD about the development of the Long COVID treatment protocol by his team at Leeds. **Peter C. Rowe** MD lectured on the diagnosis and management of children and adolescents, and **Ola D. Saugstad** PhD MD on the specificities of care for the severe and extremely severe patients and presented the treatment methods of the Røysumtunet Home for patients with severe and extremely severe ME/CFS in Norway.

The second, therapist-focused day of the conference featured **Justine Gosling** PT from the WHO EU Rehabilitation Development Team. Gosling's lecture covered the global situation of Long COVID and how the healthcare system should take into account the needs of Long COVID patients, while **David Systrom** MD lectured on the causes of dysautonomia and exercise intolerance, how to measure and how to treat them. **Betsy Keller** PhD presented the use of the 2-day CPET in PEM/PESE and **Tuuli Latvala** MSc PT spoke about pacing and heart rate monitoring in PEM/PESE management.

David Systrom

Photo. Jessica Harju

Hanna Markkula PT spoke about rehabilitation according to guidelines, hypermobility and connective tissue disorders**,** **Karita Palomäki** PT about trauma-informed care and patients' perspective, **Meeri Keurulainen** MSc PS presented guidelines and methods related to psychological treatment methods. **Ruth Ainley** BSc PT lectured on respiratory physiotherapy for the Long COVID patient, **Amy Mooney** MS OTR/L on the occupational therapist's perspective in caring severely ill patients and **Theresa Dowell** DNP PT on the study and treatment of dysautonomia and MCAS. The conference was closed by Professor **Ronald W. Davis**. He gave a lecture on the work of his research group on the causes, potential biomarkers and treatment methods of Long COVID and ME/CFS.

Key content

People with Long COVID and ME/CFS benefit from treatment and rehabilitation methods which are partly based on the same principles. The core components are multidisciplinarity, holistic, people-centered care and shared decision-making, individuality, symptom-specificity, continuity, coordination of care and accessibility (hybrid approach of in-person, also home visits, and remote models). Follow up with enabling re-engagement should be organized if new onset functional decline occurs. Red Flags for safe management should be ruled out and managed before consideration of physical exercise training. The presence of orthostatic intolerance and post-exertional malaise/ post-exertional symptom exacerbation (PEM/PESE) requires interventions to be modified in view of these diagnoses for rehabilitation to be safe. A distinction should be made between patients with and without PEM, as the presence of PEM has a major impact on the design and implementation of rehabilitation. It is important to listen, hear and believe the patient. The main method recommended in the guidelines is pacing.

Guidelines for ME/CFS no longer recommend graded exercise therapy (GET) or similar treatment methods or any method as curative. For the clinical management of ME/CFS patients and Long COVID patients with PEM/PESE it is recommended to use education and skills training on energy conservation techniques such as pacing. In the absence of PEM/PESE, a cautious return to symptom titrated activity is recommended. ME/CFS and Long COVID guidelines do not recommend the use of functional neurological disorder rehabilitation methods. Unfortunately, patients with Long COVID and ME/CFS often do not receive the treatment and rehabilitation they need, as implementation of the guidelines has been slow.

Rehabilitation should consider the PEM/PESE symptom, the individual symptom profile, the severity of the disease, possible hypermobility, sensory hypersensitivities, dysautonomia/ PoTS, and the needs of specific groups (children and adolescents, PICS, organ damage, severely ill). Rehabilitation differs from the usual graded exercise rehabilitation method - the guiding principle is "management" rather than "rehabilitation". The aim of management is to alleviate symptoms and support activities of daily living (ICF classification). For a return to work it is suggested to use a ”return-to-work” action plan with a prolonged and flexible phased return. The provision and training in the use of assistive products and environmental modifications may be considered for people experiencing symptoms that significantly limit activities of daily living. The clinical assessment of functional capacity may be supplemented with standardized patient reported outcome measures and objective physical capacity measurements. Assessment of hypermobility is also essential.

The key components of ME/CFS and Long COVID treatment and rehabilitation are avoidance/ minimisation of PEM/PESE, pacing, adequate rest, and integration into daily activities. The patient should be given information about the disease and guidance for pacing. Finding energy-saving strategies to carry out everyday activities and avoid “push-and-crash cycles” will help to maintain optimal health and functional capacity. Pacing targets all physical, cognitive, mental and social activities that require exertion. The focus is on promoting coping in everyday life, staying within the individual energy envelope and getting adequate rest and recovery. Patients are taught energy-saving practices that encourage them to work within their own capacity. This will help the patient to better plan their activities for the long term, and possibly even gradually increase/modify activities. However, increasing activity is not the primary goal of pacing. By doing so, the patient's health and functional capacity will be kept as optimal as possible.

Pain management, breathing control, relaxation techniques, management of dysautonomia, cognitive impairment and fatigue, modification of work and school activities, assessment of needed aids and services, self-management and peer support are also important parts of the illness management.

All activities should be carried out cautiously according to the patient's ability to cope and recover from activities. For example, a routine clinical examination can lead to a loss of functional capacity for days or weeks (PEM/PESE). The increase in activity should always be decided by the patient. Support for mental-health well-being and nutritional and speech therapy according to individual needs. In the case of the most severely ill, active exercises are often not possible at all, because the resources are not sufficient to cope even with the activities of daily living. In such cases, the aim of management is to reduce the burden of everyday life by teaching the patient and the caregiver how to save energy in daily activities. Assistive products, environmental modifications, personal assistant, home services and support for the caregiver´s wellbeing are often needed.

Disease identification and recognition, international cooperation, patient involvement both in the design of studies and in the development of care pathways are all crucial factors in addressing Long COVID and ME/CFS. The creation of integrated care pathways is important to ensure that patients receive equal treatment and that patient care is not fragmented. Children and adolescents with ME/CFS and Long COVID, as well as the severely ill, should also be considered when planning treatment and rehabilitation. Funding is also needed for biomedical research and multidisciplinary training in the treatment and rehabilitation of ME/CFS and Long COVID patients, based on evidence and guidelines, so that patients receive the care, rehabilitation and support services that best serve their daily lives.

The workshops on 6th October

Workshop by Seppo Villanen, Physiatrist: Long COVID and ME/CFS, clinical examination and differential diagnosis

Seppo Villanen

Through two case patients, the workshop delved into the clinical examination and differential diagnosis of patients. What and how do I examine? What do MRI and RTG images tell me, what about laboratory tests?

The workshop covered: ME/CFS, Long COVID and other post-viral conditions including post-polio syndrome and other diseases causing fatigue. Hypermobility, EDS and other connective tissue disorders, dysautonomia and PoTS and orthostatic test. In addition, rheumatic diseases, fibromyalgia, MCAS, upper cervical examination, craniocervical instability, anatomical variants of the upper cervical spine, Chiari, intracranial hypertension, neck trauma sequelae, immunodeficiencies, mitochondrial diseases and endocrinological diseases were discussed.

Workshop by Liisa Tinnilä, physiotherapist, nurse: Long COVID and ME/CFS, rehabilitation/ management

Clinical examination of a patient. What methods can I use in rehabilitation? The importance and challenges of individual symptomology in rehabilitation. How to set goals and how to bring out even small ways to improve functioning in everyday life?

The workshop covered: ME/CFS and Long COVID; breathing exercises, coughing techniques, mucus release, activating breathing, equalizing breathing, dysautonomia and PoTS exercises, hypermobility, pacing and heart rate monitoring, compression garments, special needs of the severely ill patients.

Presentations of the treatment units established in the European Region

Manoj Sivan, UK, Leeds Teaching Hospitals Trust, University of Leeds, WHO


Manoj Sivan

One of the keynote speakers at the conference, Manoj Sivan, Associate Professor of Rehabilitation Medicine at Leeds University College and clinical fellow at Leeds Teaching Hospitals Trust and Leeds Community Healthcare Trust, presented the Leeds Long COVID patient care protocol.

The Leeds multidisciplinary team led by Sivan is one of the leading teams in Long COVID care and treatment methods both nationally and internationally. The team's research and development work has helped to develop national guidance and international policy. The Leeds Long COVID protocol is recommended in both NHS and NICE recommendations. Sivan and his team have published several research articles on COVID-19 and Long COVID. He has lectured on Long COVID at WHO global conferences and has led a team to write the WHO self-management booklet on Long Covid.

The team also secured a £3.4 million NIHR grant for their national project LOCOMOTION (Long Covid Multidisciplinary Consortium: Optimising Treatments and Services Across the NHS) which aims at creating a gold-standard care for Long COVID across all four UK nations.
The team has also worked with patients to develop the COVID-19 Yorkshire Rehabilitation Scale (C19YRS), The scale assesses symptom severity, functional disability and overall health state. The scale was developed in partnership with patients and is the first patient reported outcome measure (PROM) in literature for Long COVID. This scale is now recommended by NHS England and NICE and has been translated to more than 10 languages and is widely used globally.

Björn Bragée, Sweden, Karolinska Institutet, Bragée Kliniker


Björn Bragée

Björn Bragée, a specialist in anesthesia, critical care and pain management, has a career spanning more than 30 years in the care and rehabilitation of patients with severe long-term pain and ME/CFS, as well as in research. He works at Karolinska Institutet and has founded the Bragée Kliniker medical center, which has a multidisciplinary team of around 100 professionals: doctors, physiotherapists, psychologists, occupational therapists, social workers, nurses and nutritionists. Bragée Kliniker in the Stockholm area is currently the leading ME/CFS clinic in Sweden.

Bragée's lecture covered the pathophysiology and clinical presentation of ME/CFS. Bragée also presented the treatment and rehabilitation pathway for ME/CFS patients at his clinic and the research work of his team.

Bragée emphasized that the focus of the patient's examination is on physiology, although their rehabilitation model is biopsychosocial. He explained the clinical research methods used at the Bragée clinic. They also do home visits and use digital rehabilitation. The clinic's motto is *"you are safe and trusted".*

Ola D. Saugstad, Norway, University of Oslo, Røysumtunet


Ola Saugstad

The Røysumtunet inpatient unit for severely and very severely ill ME/CFS patients has opened in Norway, reported Ola D. Saugstad, Professor of Pediatrics at the University of Oslo. Mr Saugstad has worked for more than 20 years, especially in the care of severely and very severely ME/CFS patients.

Saugstad works 5% working time at Røysumtunet. Saugstad gave a comprehensive account of the medical and non-medical treatment methods they use. At Røysumtunet, the resident is at the center and respect for the ME/CFS patient's own assessments, needs and feelings, as well as individualized, symptom-specific care, is essential. The NICE ME/CFS guideline is used in the planning and implementation of care. Treatment outcomes have been excellent. However, Saugstad emphasized that due to the small data set, the results still need to be validated.

Presentations from patient organizations and caregivers

Speaking on behalf of Long COVID patients, **Taija Rutanen**, MSc, RN, president of the Finnish Covid Association, raised concerns about the poor treatment of Long COVID patients in the healthcare system and highlighted the difficulty of obtaining sick leave and sick pay. Many Finnish Long COVID patients have had to leave their jobs after becoming ill. Patients would like to be heard and treated by health services without the stigma of functional disorders.

Lars Hassel, a caregiver and father of a patient with very severe ME/CFS, said that the most important thing in their case has been finding a doctor and physiotherapist who understand the condition. Through them, their son, who has been bedridden for several years, is now able to communicate with the outside world, for example through social media. Before that, all he could do was lie in the dark and was not able to communicate at all.

Katja Brandt, PhD, secretary of the Finnish Medical ME/CFS Association and a trained expert by experience, opened her presentation by explaining the socio-cultural reasons why ME/CFS is such a poorly understood disease. The presentation analysed the negative stereotypes and misconceptions in the current medical discourse that can (intentionally or unintentionally) perpetuate stigma and justify neglect, poor care and discrimination. She emphasized the importance of highlighting the correct facts among social- and healthcare professionals.

Why was it important to organize such a conference?

Jessica Harju, FIAOMT, President, Physiotherapist (OMT)

Photo. Jessica Harju

– It was important to organize an international conference because there has been a lot of research on both diseases worldwide and we wanted to share the knowledge gained from scientific research in a consolidated way with healthcare professionals. In particular, people with ME/CFS face harmful attitudes in the health care system and in the system that affect the care they receive, because professionals simply do not have enough knowledge about the disease.

– Physiotherapists, for example, can help people with ME/CFS to manage their symptoms according to guidelines. Long COVID patients share symptoms with ME/CFS, and the aim is to prevent them from experiencing the same stigmas in healthcare for as long.

Seppo Villanen, Physiatrist

– This conference was a highlight. For once an international and up-to-date conference on Long COVID and ME/CFS as if made to order. SOMTY is ahead of its time and especially in Finland. Long COVID is right now falling on the health care system and we are not ready for it...Wake up...

Tuuli Latvala, Physiotherapist, MSc

– International cooperation is important, because right now it is topical to plan and develop treatment pathways/care models also in Finland. The best results are achieved when researchers, clinicians, patients and empirical knowledge are combined. The first conference of its kind in Finland (but also unique in the world), bringing together ME/CFS and Long COVID experts and empirical data. There are many patients and more to come, so care pathways must be put into practice and education for professionals needs to be provided, otherwise the situation will explode in the coming years.

Johanna Tervonen, Psychophysical Physiotherapist

– I think this kind of conference is important because in healthcare we will indeed come across Long COVID and the problems it causes. For healthcare professionals to cope with this work and for patients to be able to receive correct diagnosis, differential diagnosis, treatment and rehabilitation, we need to have up-to-date, valid research data at our disposal. Knowledge about Long COVID and ME/CFS is constantly increasing and being updated, and the conference is a good way to get a lot of information at once. The conference is a multi-professional event, allowing representatives of several professional groups to "synchronize" their expertise, which in turn serves as a quality assurance tool.

Sirpa Granö, Occupational Therapist, Professional Teacher

– The first thing that comes to mind is that this knowledge should be disseminated quickly in the health care system, so that the wrong treatment and guidance do not cause mild conditions to become severe. Severely ill patients are unable to work and need disability services and mental health services to cope with their losses. Care-giving relatives may also have their careers disrupted. This conference also gave hope to the most severely ill through international examples of places of care and research.

Katja Brandt, PhD, The Finnish Medical ME/CFS Association, Secretary, a Qualified Expert by Experience

– Finland now has excellent (and compared to many other countries, the most recent) guidelines, but their good implementation requires consultation with experts, including international and empirical data, to put expensive care pathways on the right track. Finland has all the prerequisites to be a pioneer in this area too.

– A recent Nordic report, based on the views of 16 experts, suggests that international cooperation on post-viral diseases (ME/CFS and Long COVID) could make significant savings. The question is not whether we can afford to treat and investigate these diseases, but how long we can afford to leave them uninvestigated.

Kaisa Metsämäki, The Finnish ME/CFS Association, President

– The conference has been hugely anticipated by patients for many reasons. Finland has a unique and comprehensive set of high-quality information on ME/CFS, and the conference is hoped to attract widespread interest in the healthcare sector. A scientific, research-based and patient-centered approach is a prerequisite for ME/CFS sufferers to finally start getting the care they deserve and need in healthcare.

Jonna Strandén, The Finnish Medical ME/CFS Association, Vice President, a Qualified Expert by Experience (HUS)

– I think that raising awareness in the healthcare sector about ME/CFS and Long COVID is one of the main reasons to organize these kinds of conferences.

The ME/CFS and Long COVID Network of Professionals

For more information about the ME/CFS and Long COVID Network of Professionals in Finland, please contact:

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Organizer

Finnish Orthopaedic Manual Therapy Association (FIAOMT)
Event coordinator: Physiotherapist Hanna Markkula.

www.omt.org

Program

Friday, October 7, 2022

9.00-9.05 Conference Opening, Sari Tanus, MP, MD
9.05-9.15 Welcoming, President of FIAOMT Jessica Harju and event coordinator Hanna Markkula
9.15-10.00 Long COVID Patofysiologia ja kliininen kuva, hoitosuositukset, Risto O. Roine, PhD, MD (Long COVID Pathophysiology and Clinical Presentation, Guidelines, in Finnish)
10.00-10.35 Long COVID Teho- ja sairaalahoidon jälkitila, keuhko-oireet, PICS, Salla Kattainen, MD (Long COVID Recovery After ICU and Hospitalization, Lung Problems, PICS, in Finnish)
10.35-10.45 Pause
10.45-11.15 ME/CFS Hyvä käytäntö konsensussuositus, Jorma Komulainen, MD (The Finnish ME/CFS Good Practice Consensus Guideline, in Finnish)
11:15-12.05 ME/CFS Pathophysiology and Clinical Presentation, Treatment, and Rehabilitation in Bragée Clinic, Björn Bragée, MD
12.05-13.05 Lunch
13.05-13.15 Filha, presentation (in Finnish)
13.15-13.30 Long COVID -potilaiden puheenvuoro, Taija Rutanen, MSc, RN (Long COVID, Patients' Perspective, in Finnish)
13.30-13.40 Omaishoitajan puheenvuoro, vaikea ME/CFS, Lars Hassel, caregiver (Carer's Perspective, Severe ME/CFS, in Finnish)
13.40-14.20 Kipumekanismit ja neuropaattinen kipu, Jukka-Pekka Kouri, MD (Pain Mechanisms and Neuropathic Pain, in Finnish)
14.20-14.40 Mitä voimme oppia ME/CFS:n historiasta ja kokemustiedosta? Katja Brandt, PhD (ME/CFS: Lessons from History and Lived Experience, in Finnish)
14.40-15.00 Coffee
15.00-15.30 A Multidisciplinary NHS COVID-19 Service to Manage Post-COVID-19 Syndrome in the Community, Manoj Sivan, MD
15.30-16.10 ME/CFS Diagnosis and Management in Young People, Peter C. Rowe, MD
16.10-16.45 Caring for Severe ME/CFS Patients, Including the Example of Røysumtunet, Ola D. Saugstad, PhD, MD
16.45-17.00 Questions, Closing Speech, Hanna Markkula and Jessica Harju

Saturday, October 8, 2022

9.00-9.10 Welcoming, President of FIAOMT Jessica Harju and event coordinator Hanna Markkula
9.10-9.30 Call for Action: Health services in the European Region must adopt integrated care models to manage Post-Covid-19 Condition, Justine Gosling, PT
9.30-10.10 Dysautonomia and Exercise Intolerance in ME/CFS and Long COVID, David M. Systrom, MD
10.10-10.50 What the 2-day CPET informs us about PEM in ME/CFS and Long COVID, Betsy Keller, PhD
10.50-11.00 Pause
11.00-11.25 Pacing ja sykeseuranta PEM-oireen hallinnassa ME/CFS- ja Long COVID -potilailla, Tuuli Latvala, MSc, PT (Pacing and Heart Rate Monitoring in the Management of PEM in ME/CFS and Long COVID, in Finnish)
11.25-11.55 ME/CFS ja Long COVID, kuntoutus, sidekudoksen poikkeavuus, Hanna Markkula, PT (ME/CFS and Long COVID, Rehabilitation, Connective Tissue Disorders, in Finnish)
11.55-12.55 Lunch
12.55-13.25 Trauma-informoitu kohtaaminen ammattilaisen ja potilaan näkökulmasta, Karita Palomäki, PT (Trauma-informed Care from Professionals and Patients' Perspective, in Finnish)
13.25-13.55 Psykologi ME/CFS:n ja Long COVIDin hoidossa ja kuntoutuksessa, Meeri Keurulainen , MSc, PS (Psychologist in the Treatment and Rehabilitation of ME/CFS and Long COVID, in Finnish)
13.55-14.25 Respiratory Physiotherapy in Long COVID Rehabilitation, Ruth Ainley, BSc, PT
14.25-14.45 Coffee
14.45-15.15 An occupational therapist's perspective: the care for severe ME/CFS and Long COVID, Amy Mooney, MS, OTR/L
15.15-16.15 Dysautonomia and MCAS in Long COVID and ME/CFS; Symptoms and Treatment, Theresa Dowell, DNP, PT
16.15-16.45 Trying to Find the Cause of ME/CFS and Long COVID, Ronald W. Davis, PhD, MD
16.45-17.00 Questions, Closing Speech, Hanna Markkula and Jessica Harju